Author's response to reviews

Title: A hidden HIV epidemic among women in Vietnam

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Version: 2 Date: 20 October 2007

Author's response to reviews:

Dear Dr J. A. Le Good

Thank you very much for your interest in publishing our paper on the underestimation of HIV infection among women in Vietnam. We appreciate the care with which the reviewers read the manuscript and provided valuable advice about how to improve it.

Please see the revised manuscript for the changes made according to the suggestions of the reviewers.

We hope that these changes will be satisfactory to the reviewers and editor and that the paper will now be acceptable for publication.

With kind regards

Nguyen Thu Anh

Responses to comments by reviewers:

Reviewer Sudha Sivaram

We thank the reviewer for a positive review of the manuscript and relevant suggestions for improvement.

1. On page 9, we have eliminated the separate section on female IDU behavior, because reading the response of the two reviewers we recognized that there is simply not enough data on female drug users who are not sex workers to justify a separate section.

We appreciate the reference cited by the reviewer, which contributes very relevant information, but we feel that its findings are more appropriately cited in the section on women whose risks come through their partners (because the article suggests that male IDU often have non-IDU partners but do not use condoms with them, thereby transferring to them the men’s risks through IDU
and sexual activity with other women. That reference led us to another one by the same authors, also useful for this paper.

2. Page 13: The reviewer suggests restructuring the results section. The other reviewer suggested a different type of structure. We have chosen to modify the original structure, deleting the separate section on female drug users and clarifying the reasons for the sections on different levels of risk through the different male partners’ risk behaviors. We hope that this will satisfy the reviewer. We have also tried to delete some less necessary information to reduce the volume and improve the flow.

3. Discussion: this reviewer suggests a different structure for the discussion, while the other reviewer requested clarification but not restructuring. We have tried to improve the discussion, making a flow chart as suggested and relating the points in the discussion to the arrows in that chart.

4. We have reviewed carefully and tried to improve the spelling and grammar.

Reviewer Allyn K Nakashima

We thank the reviewer for a careful and comprehensive review of the manuscript and numerous suggestions for improvements.

Abstract: The findings section has been revised to show more clearly the findings about the numbers of women expected as opposed to detected as being HIV positive in Vietnam.

Introduction: The methods used for making the projections are described in the Methods section, in more detail to make clear that the software used was a standard international program and approach. We do not know yet why the case ascertainment among women is possibly lower than for men, but the paper proposes some explanations for that in the discussion section.

The focus of HIV/AIDS programs in Vietnam is now illustrated by examples of funding and attention from international programs; the available information is not segregated for sex of the targets groups but we have tried to follow the reviewer’s suggestions to illustrate the focus on drug users who are mostly male.

The reviewer was quite correct that this sentence was poorly worded and unclear and we have removed the confusing part of the sentence.

The typo on page 4 has been corrected, thank you for noting it.

Methods: description of the method for making the projections has been clarified to explain that the method was not a local one, but a standard approach and program introduced by the World Health Organization.

Results: This reviewer suggested separating the prevalence data and the risk behavior information for the different risk groups among women. The other reviewer suggested a different rearrangement of this section. We feel that
separation of the prevalence and behavior data would make it more difficult to discuss the relation between the two and the sources of information are often the same papers. Therefore we have not followed this suggestion. But we have tried to improve the flow of the results section by reducing the number of groups (combining female drug users and female sex workers, which are often one and the same). We have also tried to satisfy the recommendation of the other reviewer in making this change.

Pages 7-8: The reviewer did not find the projected total number of female HIV/AIDS cases in the text, but it did appear in the second paragraph. However, we have tried to insert the numbers in the text to make it clearer. We also adjusted the sentence on the FSW to make it clearer to the reader.

Page 9: Under female IDU: There are no studies on female IDU who are not sex workers, so we have deleted the separate section on that theoretically possible subgroup. All the studies up to now have identified female sex workers to include a sub-group that also injects drugs, but not any groups of female drug users not doing sex work, so no data are available on them.

Page 11: We agree with the comment about general female population, although in Vietnam many of the women who marry a drug user are not aware of his drug use at the time of marriage and would be considered to be part of the general population. We have adjusted the formulation to be more precise.

The question of trends in other STI is a good one. Trends in other STI are difficult to describe because even the sentinel surveillance data, which is relatively recent (starting in 2005), is not reliable. A program to collect HIV and STI data together was started in late 2005, but a trend is not yet identifiable and cannot be related to the data in this paper. Much of the diagnosis and treatment of STI is done by patients themselves (antibiotics are unfortunately freely available) or by private practitioners, who unfortunately do not yet contribute to the national data on STI. This is a serious problem in Vietnam but it means we just do not have data on this topic to compare with data on HIV infections.

Discussion

Page 16, fall in male-to-female ratio: the reviewer thought that the time period was unstated, but we wrote, the first case was found in 1990 and fifteen years later (which would be 2005) the numbers. We think that this should be clear enough, especially since the rest of the paper refers continually to the year 2005.

When we compare the predicted and reported numbers for men and for women (using the internationally approved software as described above), the apparent under-reporting is much more serious for women than for men (detection by the system of 40% of infected men compared to only 16% of infected women). This is now clarified in the beginning of the discussion.

References
1. We understand that many of the references are local and not easily accessible, but they are the sources of data in many cases so we must refer to them. One sentence in the introduction notes that in this way, we are making a large amount of relevant and interesting information available that is otherwise limited to those with access to the local reports and to the publications in Vietnamese.

2. We have noted the references proposed by the reviewer, and tried to improve the number of relevant references. Some of the references proposed by the reviewer presented data that were already included in the Vietnamese references, so we have replaced the Vietnamese ones with the papers published internationally.

3. We apologize for the incorrect formatting of many references; we have reviewed and corrected them.

Tables: We hope that space is not an issue and prefer to leave the tables as they are.

Figure: The reviewer is quite right and we have changed the lines so that they are legible in black and white.