Reviewer's report

Title: A hidden HIV epidemic among women in Vietnam

Version: 1 Date: 22 August 2007

Reviewer: Allyn K Nakashima

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Abstract

[Compulsory revision] The Findings section of the abstract is weak and should be revised to focus on available data documenting the increasing estimated prevalences in women (e.g., childbearing surveys, MoH estimates, etc.) and over what time period.

Introduction

[Compulsory revision] A main premise is that the Ministry of Health (MoH) may be underestimating the HIV epidemic in women, however, no methods or explanation is provided for why case ascertainment in this group should be more difficult than other risk groups. More explanation and references on how the MoH makes its projections would also be helpful.

More information could also be provided on how few HIV/AIDS programs are focused on women in Vietnam (e.g. dollar amounts, screening of pregnant women, PMTCT programs, etc.)

At the end of paragraph 2 on page 4, there is a poorly worded explanation (in parentheses) for why risk information may be incomplete or inaccurate. In HIV/AIDS surveillance data, risk information is often incomplete because this information is often incomplete or inaccurate in registers and medical records, which are the usual primary sources of surveillance data. Evaluations of surveillance data using face-to-face interviews of a sample of case patients are needed to validate risk information and these have not usually been done for many surveillance systems.

A typo on page 4, paragraph 1, line 3 should be corrected from “. . . injecting drug us. . .” to “. . .injection drug use . . .”

Methods

[Compulsory revision] In the last paragraph, page 6, you state that you will use data based on estimates and projections published by the MoH, but the methods for making these estimates and projections are not referenced or described. Since these data are your main sources, a discussion of how these estimates and projections are made and any evaluation of these methods would add credibility to your conclusions.
Page 7, paragraph 1 – a reference or footnote should be included for the software you are using. Are these packages commercially available?

Results

[Compulsory Revision] Overall, the Results section rambles and needs to be re-organized to better communicate to the reader the important points of your review. Suggest reorganization of into two main sections: 1) Prevalence of HIV in different subgroups – general (i.e., pregnant women), IDUs, FSWs; each section should include the estimated range of prevalence from various studies and the total projected number of cumulative HIV/AIDS cases (--if possible should break out these estimates by the number living and deceased) attributed to each of these subgroups; 2) Studies of risk behaviors of different subgroups – female IDUs, female sex partners of male IDUs, FSWs, migrants, unmarried couples, youth, etc. Under each of the subgroups provide data in the text or refer to a table with the data.

Pages 7-8. The section entitled Epidemiology of HIV in Women needs to be rewritten to help the reader understand the overall epidemic in women in Vietnam. For example, reference is made to the projected total number of female HIV/AIDS cases in 2005 in Vietnam, but the actual estimate does not appear in the text. Therefore, the reader cannot compare the cumulative reported number of female cases of 15,633 to the estimated total number of cases. Several other comparisons are made out of context, for example, at the bottom of page 8 you say “. . . the [estimated] number of HIV-infected FSW would be 10,900, only 12% of total”, however, the total is not shown anywhere. The total estimated number of women living with HIV/AIDS in Vietnam in 2005 should be stated.

Page 9. Under Female Infecting Drug Users, it would be helpful to provide ranges of percentages of female IDUs found to be HIV positive in different studies reviewed. Also, estimates of the total number of female IDUs in Vietnam would be useful. (Some of these estimates for the entire IDU population are shown on page 11, but these data need to be shown for women if possible.)

Page 11. Under General Female Population, you have a subheading of potential transmission from IDU partners. In most communications, IDUs and their sex partners are not considered to reflect what is going on in the “general population”. The “general population” usually refers to heterosexual transmission without other risks. This is reflected by general surveys of childbearing women, sexually transmitted diseases in the general population, etc. No mention is made of trends in other sexually transmitted infections (e.g., syphilis, gonorrhea) in the general population, which may be a measure of important trends risk behaviors in the population. STIs are briefly mentioned on page 15, but no perspectives on trends or type of STIs are provided.

Discussion

[Compulsory revision] Page 16, paragraph 2. You tell us that the male-to-female ratio was projected to fall from 6 to 2 over an unstated period of time (--this
should be specified). However, reported data show that the percentage of reported cases that are female has remained stable at 15% (again, the period of time should be specified). You make the assumption that the discrepancy is due to differential underreporting of cases in women, however, you have shown no data to show us that this is the case. You have also not critically evaluated or discussed the methods used for the projections that would lead us to believe that there is differential underreporting of cases (or less HIV testing) among women. These explanations must be provided or you should state that the projections may be inaccurate and need to be evaluated.

Page 19, paragraph 1. Again, overall, there seems to be underascertainment and underreporting of HIV in Vietnam. However, the assertion that underreporting among women is differentially greater than among men needs more support throughout.

References

1. Many references are not available to the general public through typical library services or on the Internet; they are exclusively from the Vietnam Ministry of Health so there is no way to evaluate the accuracy or quality of the data.

2. [Discretionary Revision] Some potentially important references have not been included in the reference list suggesting an incomplete literature review. These references are also more readily available for international readers to evaluate. The reference list should include some of these. Examples found on a quick search of PubMed online:


3. [Compulsory Revision]. Many references are not formatted to journal style, and there are numerous typos throughout the reference list which need to be proofread and corrected. The reference author lists are especially out of format with some references listing authors by first and last name rather than the usual journal convention of last name followed by initials. Suggest that the authors review, the journal’s Information for Authors for formatting instructions for references.

Tables

[Discretionary Revision] If space is an issue, the information in Tables 1 & 2 can
be included in the text since no data are provided on how many references met each of the inclusion criteria.

Figures

[Compulsory Revision] Figure 1 – it is difficult to note which scale belongs to which line if this figure is not in color. Consider using broken line for one of the scales.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.