Author's response to reviews

Title: Prevalence of HIV, Herpes Simplex Virus-2, and Syphilis in male sex partners of pregnant women in Peru

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Author's response to reviews: see over
To the Editor,

Thank you for the opportunity to revise our manuscript, “Prevalence of HIV, HSV-2, and Syphilis in Male Sex Partners of Pregnant Women in Peru” (Manuscript # 2811671171617362) for publication in *BMC Public Health*. We have incorporated the reviewers’ additional recommendations for changes and include a point-by-point response to the comments below. We would like to thank all of the reviewers for their comments, which have resulted in significant improvement of the manuscript.

Thank you for your consideration.

Sincerely,

Jesse Clark
1. Page 8, second paragraph and Table 1. What is the difference between a "live-in partner" and a "wife"? I was struck by the low % of partners of pregnant women who reported the woman to be their wife compared to "live-in partner". Do couples in Peru usually not marry but live together? Response: The difference between a “live-in partner” and a “wife” is based on the marital status of the participants. Since no additional clarification of the terms was provided to study participants, we do not feel comfortable providing further clarification or these terms in the manuscript. The large number of unmarried “live-in partners” reported is striking, particularly in the context of Peru’s predominantly Catholic religious culture. However, we are not certain of how to interpret the result as a component of Peru’s demographic index.

2. Page 9, last sentence of first paragraph. Please be more clear: what do you mean by “consolidation of behavioural risk factors”? Response: The phrase is used to describe the fact that most of the recent high-risk sexual behaviors were reported by a small core group of men in the sample who reported multiple risk behaviors. In order to clarify this statement, the word “consolidation” has been changed to “concentration.”

3. Page 10, second sentence, and last sentence of third paragraph. I have some problems with the reasoning behind these statements. There is an essential piece of date missing here: the HSV-2 prevalence among the pregnant women themselves. HSV-2 positive men only pose a risk for congenital herpes if their partner is not infected with HSV-2. In order to assess the risk of herpes for the newborn one needs to know the rate of concordance and discordance for HSV-2 infection among the couples. Response: We agree with the reviewer’s reservations about the statements as written. To clarify that the risk of transmission lies in previously HSV-2 negative women, we have modified the cited phrases as follows: “The rate of HSV-2 infection among men in our study indicates an important risk factor for HIV infection and potential congenital herpes transmission for HSV-2 naive female partners,” and “In addition, the high risk for genital herpes transmission to HSV-2 negative pregnant women from their HSV-2 positive male partners speaks to the need for improved public health control of HSV-2, including educational campaigns to decrease transmission by limiting sexual contact and increasing use of antiviral treatment (e.g., acyclovir) during active outbreaks.” As stated in our previous response, data on the prevalence of STIs among the pregnant female partners was not obtained and the extent of serodiscordance among the couples cannot be determined.

4. Page 11, top. There is indeed an issue of representativeness of the male partners. In their reply to my comments they stated that they do not know how many pregnant women attended the services with their partner. Response: We agree with the need to explicitly acknowledge the limitations of the data presented. We have added the following statement to clarify: “The refusal rates of participants recruited at the different sites were not recorded.”