Author's response to reviews

Title: Multilevel analysis of HIV related risk behaviors among heroin users in a low prevalence population

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Author's response to reviews: see over
Dear Editor

**Multilevel analysis of HIV related risk behaviours among injecting drug users in a low prevalence community**

I refer to our submission of the above manuscript to BMC Public Health. In accordance with the comments of the reviewers, we have revised the article. Our responses to the respective reviewers’ reports are explained on the following pages.

On behalf of all authors, I confirm that the revised manuscript has not been published elsewhere, and is not currently under the consideration of any publication.

We wish to take this opportunity to thank you and the reviewers for the useful comments.

Looking forward to hearing from you soon.

Yours sincerely

Shui Shan LEE
Corresponding author
Responses to reviewer Ricky Bluthenthal’s report

We wish to thank the reviewer for the useful comments. Our responses are grouped under the following paragraphs:

1. The HIV and heroin addiction situations are quite unique here in Hong Kong. Despite the continued transmission of HIV in South East Asia, the prevalence has remained low. Our impression is that the high coverage methadone programme introduced over 30 years ago (before the global spread of the HIV epidemic) is one most important protective factor. On the other hand, syringes are easily available without the need for a prescription. A figure (figure 1) has been added to describe the methadone treatment programme in Hong Kong.

2. We admit that the title of the manuscript, and the description of clients as IDU may have caused some confusion. We have therefore changed the title to read as “Multilevel analysis of HIV related risk behaviors among heroin users in a low prevalence population”, thereby focusing on heroin users specifically.

3. The risk score used in this study has been designed for the purpose of examining the possible impacts of an integration of multiple factors. This is a simple measure the calculation of which is now added to the Methodology. Our intention is to use a simple means to make better use of available service statistics. The value of “1” has been used as a cutoff between high and low risk as this would highlight the effect of injection related behaviours. The summation of scores for sexual risk, because of a 0.1 weighting attached, would not normally lead to an unusually high risk compared to injection. We found this quite useful while field testing.

4. The number of community level data is limited to those available in from the by-census. Since Hong Kong is a very small place (1000 Km$^2$) in term of area, differentiation of community factor at district level is not possible. We have therefore selected to focus on the more robust ones in the manuscript.

5. Description on the risk score and their association with demographics has been revised (second last paragraph under Results). We have added the median risk score on a district level.

6. Wording and sentence structures have been re-examined and revised accordingly.
Responses to reviewer William Zule’s report

We wish to thank the reviewer for the useful comments. Our responses are grouped under the following paragraphs:

1. We agree that the study has focused on heroin users, and specifically those who have been on methadone treatment. The title and the relevant parts of the manuscript has been revised. The title now reads: “Multilevel analysis of HIV related risk behaviors among heroin users in a low prevalence population”.

2. The methods section has been revised to describe in better details how the risk score is computed.

3. Variables included in logistic regression are age, gender, admission time, all of which have been added into the model by Enter method. These variables have been found to be significant in other studies in the course of our literature review. These are also the available individual variables included in the service questionnaires administered on methadone users attending the clinics.

4. Additional information about methadone clinics in Hong Kong have been added as figure 1.