Reviewer’s report

Title: Perspectives on the ethical concerns and justifications of the 2006 Centers for Disease Control and Prevention HIV testing: HIV screening policy changes

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Reviewer: Jason Haukoos

Reviewer’s report:

Thanks for the opportunity to review this manuscript describing a qualitative evaluation of ethical considerations of the 2006 CDC recommendations for HIV screening in healthcare settings. This manuscript is very well written, well organized, and clear; it also nicely contributes to the ongoing knowledgebase in the area of HIV screening.

Major Compulsory Revisions:

The methods/analyses sections are clear and thorough; I have no methodological concerns.

I have several comments that should be addressed by the authors prior to publication.

The authors use the word “universal” throughout to actually refer to “nontargeted” screening. Unfortunately, use of universal in this context continues to promulgate the notion that everyone can be screened for HIV infection, even when nontargeted approaches are used. Instead, I would strongly urge the authors to replace “universal” with “nontargeted”, which is also in accordance with standard nomenclature as put forth by Lyons et al.

Related to the above comment, it appears the authors identified “universal screening” as a central component to the CDC recommendations, and I’m troubled by the loose use of this terminology and that it may continue to propagate misunderstanding. The CDC recommendations call for non-risk-based screening in patients 13-64 years of age, and this should be clarified. However, with this said, I understand the authors likely used the phrase “universal screening” to drive the interviews; was this phrase defined prior to the interviews so that respondents understood the context of the discussion? In the end, if changing the term would change the context of responses by subjects, it may be best to include how “universal screening” was introduced or defined at the outset of the interviews.

The authors appropriately comment on the Affordable Care Act (ACA) and the recent U.S. Preventive Services Task Force (USPSTF) recommendations; however, I don’t think the authors go far enough with this discussion of these important policy changes relative to the CDC recommendations and their findings, and actually confuse them slightly. The 2013 USPSTF
recommendations gave “routine HIV screening” a Grade A recommendation, and they say nothing about how they should be enacted relative to insurance companies (this latter aspect relates to the ACA). I think it would be useful to expand this section slightly (last paragraph before the Limitations section) to include thoughts about how the findings of this study relate to the new “synergy” of HIV screening policy in the U.S. (e.g., how do the findings of this study support or conflict with the ACA and/or USPSTF recommendations?).

Finally, the authors comment on potential future work related to implementation of “routine, universal HIV screening” as it relates to knowledge of testing; however, it seems they should expand this section to include other areas of future work. I think the authors point to several conflicts in perception related to the ethics of the CDC recommendations, and it isn’t clear what they believe the next steps should be.

Background, Line 5: I believe the authors mean “explicit” (instead of implicit) here. Shouldn’t it read, “…either explicit in the recommendations themselves or implied by them…”?

**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:**

Research funding from the NIH, AHRQ, and CDC to support work related to HIV screening. I have no other competing financial interests.