Author's response to reviews

Title: Prevalence of sexually transmitted infections among pregnant women with known HIV status in northern Tanzania.

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Author's response to reviews:

To
Regina Kulier
The Editor-in-Chief
Reproductive Health Journal

Date: 06.12.2008

Dear Madame,

RE: The manuscript “Prevalence of sexually transmitted infections among pregnant women with known HIV status in northern Tanzania”

Thank you for the response and comments we have received from the reviewers and the opportunity to resubmit the corrected manuscript. We have addressed the issues raised by the reviewers and incorporated their recommendations in the revised manuscript. The issues raised have been specifically addressed as follows:

REVIEWER NUMBER 1

Q 1 In the materials and methods:
The population of Moshi urban should be mentioned as well as the names of two primary health care clinics

We have added the population of Moshi urban and the names of the two clinics as recommended, in the methods section, first paragraph.

How common is antenatal care attendance in Moshi?

Reproductive health care clinics are very well attended in the district, > 97% attend for antenatal care, 89% attend for immunization of children and about 39% use modern contraceptives (National Bureau of Statistics, 2005). We have added
the attendance rates for antenatal care in the first paragraph of the method section.

Is your study population representative of the pregnant population in Moshi urban?

We believe our study population is representative of the pregnant population. Because of the high attendance, the problem of selection bias is minimal. These two clinics were the largest (number of attendees) and also represent the largest geographical area, improving the possibility of random selection among women of reproductive age.

What is the approximate ratio of your study sample to the total birthing population of Moshi?

This question was unclear. If it refers to the number of deliveries per year, there approximately 6000 deliveries per year recorded in Moshi urban in 2002 (records includes all the deliveries from primary health care centres, Mawenzi regional hospital and K.C.M.C referral hospital). Therefore the ratio will be (~ 1300/6000) for the deliveries. If the question refers to the number of women of childbearing age, there are approximately 60,000 women of childbearing age in the district (1999 District estimates), thus the sample was between 2 & 3 % of the total population. However we couldn’t incorporate this information in the manuscript because it was not clear to us.

Table 2 is a comparison of incidence rates between 1999 and 2002-2004 in the same clinics. The total study group in 1999 was only 176 women. Was that a representative group? Please elaborate on the 1999 study.

In 1999, we did a pilot study looking at the burden of sexually transmitted infections and HIV among women of childbearing age in Moshi urban district. The study was conducted between September and December 1999, and was comprised of 382 randomly selected women; 176 pregnant and 206 non-pregnant women (Msuya et al, 2001; reference no 18 in the manuscript). In attempting to express possible changes in prevalence of non-viral STIs over this time period, we referred only to the 176 pregnant women. While that sample size was small, we feel that it was sufficiently random to be representative. Of course, caution should be taken in considering the real significance of any study with a small sample. Lastly, to address the need to elaborate on the study from 1999, we have briefly described it in both the second and third paragraphs of the Methods section.

Q 2 Why did you choose women in the third trimester? Why not at the first antenatal care visit? Had some of them been examined and treated for STI before (in the same pregnancy)?

One of the major aims of the larger project (a prospective cohort study) was to examine the incidence and determinants of mother-to-child transmission of HIV, at a point in time (2002), when little was known about the situation in Tanzania and no programs existed at primary health care centres. This required an 18 month follow up of mother-infant pairs after delivery. Given that time span, the third trimester of pregnancy was chosen to avoid increasing the time span to an unmanageable level. In addition, and in answer to the second part of the
question, no routine check for STIs, like syphilis, was available in the primary health care centres. Also, even at that time, if syphilis had been diagnosed at another hospital, it would appear on the patient’s antenatal record card. None had a history of previous treatment for infection like syphilis for example.

Q 3 The first paragraph in the Results gives the composition of the study group. Could some of this information be tabulated for easier understanding?

We have added table number one which shows the demographic characteristics of the participating women to reduce the volume of text in the first paragraph of the results.

Q 4 Abbreviations should be spelled out in the abstract when first mentioned.

The suggestions have been incorporated in the abstract.

Q 5 The difference between STIs and RTIs in the manuscript is the addition of bacterial vaginosis in the latter. Is it possible to simplify the text by using one acronym, with a short explanation about the difference?

We have explained the difference at the end of the introduction and attempted to limit to only the one acronym.

Q 6 On ethical approval: the “Norwegian Ethical Committee” is not an official name.

Approval for the study when we applied to conduct the study in Norway was obtained from The Regional Committee for Medical Research Ethics; Region III (Regional komite for medisinsk forskningsetikk region III). Now it is referred as Regional komité for medisinsk og helsefaglig forskningsetikk, Sør-Øst-Norge (REK Sør-Øst). We used the first name in the manuscript.

Q 7. On page 5, “gram-stained” should read “Gram-stained”.

The suggestions have been addressed and changes made accordingly

Q 8. On discussion “The findings of the study shows..” is cumbersome. Rephrase and shorten

Rephrased and shortened as suggested

Q 9. On page 7, “genital infection aetiology..” would “spectrum” be better?

In the second paragraph “consider this was” add “that” after considering. Also the same paragraph "Studies have also suggested.." Studies hardly suggest anything, but they may "indicate”.

The changes have been made as suggested

Q 10. Page 8: "presumptive treatment” and "presumptive disease" (the latter from the reference title) are new terms to me. Should they be elaborated on?

On page 8 presumptive treatment is described briefly.

Q 11. Page 9: "Efforts to expand HIV-counselling ...” What is the official Tanzanian policy today, and is it being followed?

The national program for prevention of mother-to-child transmission (PMTCT) of HIV was launched in 2003. At that time, these services were only available at the
four national referral hospitals. The aim was to establish the services in all primary health care clinics offering antenatal care, by the end of 2006. The package includes voluntary counselling and testing for HIV. Those found HIV positive are offered antiretroviral prophylaxis, counselling on infant feeding, cotrimoxazole prophylaxis for the infants and testing of exposed children at 18 months after delivery. However, at the present time the service has been implemented only in approximately 28% of the government primary health care clinics.

Q 12. Reference no 24, the name has been spelt wrong.
The correction has been made.

REVIEWER NO 2

1. Methods: On page 5, last sentence under Laboratory methods, use plural verb "were" and Discussion: On page 7, second paragraph, second sentence, use "has been associated..."
The changes have made as suggested.

2. Reference: On page 13, Reference number 15, correct author’s name
The name has been corrected to Riedner G instead of Reidner G.