Author's response to reviews

Title: A Single-Blind Randomized Controlled Trial to evaluate the effect of extended counseling on uptake of pre-Antiretroviral care in Eastern Uganda.

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Author's response to reviews:

The Editor
BMC Trials

Dear Sir/Madam
Re: A Single blind Randomized Controlled Trial to evaluate the effect of extended counseling on uptake of Pre-antiretroviral care in Eastern Uganda.

Please receive a research article titled as above for consideration of publication in your journal. It has not been sent and is not being considered elsewhere for publication.

Although the WHO provides post test counseling guidelines for people living with HIV (PLHIV), in many low income settings these guidelines are not followed in offering the care partly because the staff are overloaded or have not been trained on basic counseling skills. Consequently, many newly screened PLHIV in such settings do not appreciate the importance of regular pre-ARV care and either do not take up the care or are lost to follow up during pre-ARV care.

In Eastern Uganda, the research team conducted an intervention providing specialized counseling by trained counselors, combined with monthly home visits by HIV/AIDS net work support agents for on going counseling to newly screened PLHIV. 400 participants were randomized to receive the intervention or the current post test counseling by clinic staff without basic training in counseling skills, the comparison arm. The outcome measure was the proportion of newly screened and counseled PLHIV in either arm who had been to their nearest HC for clinical check up in the subsequent three months after enrollment +2 months allowed time.

We established that provision of post test counseling by staff trained in basic
counseling skills, combined with home visits by community support agents may have a significant effect on uptake of pre-ARV care which is an important pre-requisite for timely initiation of antiretroviral therapy.

We recommend that in settings that are able to mobilize volunteer community support agents a similar intervention would be sustainable. The authorities would, however, need to address other important system deficiencies such as stock-outs of HIV testing kits and cotrimoxazole as well as staff attitudes towards pre-ARV care and staff confidentiality which have been found lacking in similar settings.

The trial was registered by your BMC trial series No ISRCTN94133652.

We hope that you will find the article scientifically interesting to your readers in this era when timely entry into HIV care is a greater challenge for comprehensive HIV/AIDS care and timely initiation of antiretroviral therapy.

Sincerely yours
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