Reviewer's report

Title: The impact of Provider-Initiated (Opt-out) HIV Testing and Counselling of patients with sexually transmitted infection in Cape Town, South Africa. A controlled trial

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Reviewer: Mike English

Reviewer's report:

This paper is to be commended for being of a size and nature that it should inform health service delivery strategies in South Africa and probably more widely. It is well written and for the very great part clearly laid out.

I do not suggest any major compulsory revisions but would ask for some clarifications to help the reader.

Clarifications:

1. It is not quite clear whether this was planned a priori as an intervention trial or whether it was an opportunistic evaluation of a programme intervention – at the start of the methods it is implied that the intervention was planned and initial PHC clinics identified before the investigators were involved – could this be clarified?

2. Was it possible for the control groups to decline participation? If not the fact that two clinics in the intervention group opted out and provided no data might represent a considerable bias – especially as the reason given was operational difficulties in which case the intervention may only be effective in $2/9 = 78\%$ of clinics which means the overall effectiveness is what is reported $\times 0.78$.

3. Was there any justification for an ICC of 0.08 in the sample size estimation?

4. Was the baseline, pre-intervention data collected prospectively or retrospectively?

5. For data checking it is not quite clear if the corrections to age, sex were made only to the 10% sample or whether the whole dataset was re-checked and re-entered?

For further discussion (perhaps after further statistical input as I have no great expertise)

6. In the analyses it is stated that no adjustment for baseline characteristics was required. This is a puzzling statement given that the clinic selection was not random and that the sample, being based on clusters, is of necessity quite small. It may not be easy (or that effective) to try adjusting for baseline imbalance but I would not agree that it is as easy as saying it is ‘not required’. As an example although providing useful qualitative data to explain that the baseline imbalance in HIV test acceptance was unlikely to explain the difference in study groups at
the endpoint could this baseline imbalance not be adjusted for in the multinomial regression?

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:
I declare that I have no competing interests