Author’s response to reviews

Title: The Epidemiology of HIV and other Sexually Transmitted Infections in African, Caribbean and Black Men in Toronto, Canada

Authors:
LaRon Nelson (laron.nelson@yale.edu)
Wangari Tharao (wangari@whiwh.com)
Winston Husbands (winston.husbands@sympatico.ca)
Ting Sa (ting.sa@cchmc.org)
Nanhua Zhang (nanhua.zhang@cchmc.org)
Sameer Kushwaha (sameer.kushwaha@mail.utoronto.ca)
David Absalom (AbsalomD@SMH.CA)
Rupert Kaul (rupert.kaul@utoronto.ca)

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Author’s response to reviews:

REVIEW COMMENT 1: I think the paper is much improved.

OUR RESPONSE: Thank you. We also believe that the paper is improved and that the improvements are a result of the prior feedback from the reviewers.

REVIEWER COMMENT 2: There are still some inconsistencies in language that should be addressed. For example, the authors use "HIV-positive and non-infected" to describe HIV serostatus, but should use the conventional terminology in HIV prevention--either "HIV positive and HIV negative" or the preferred terminology "HIV infected and HIV uninfected". Whichever the authors chose, be consistent across the entire manuscript.
OUR RESPONSE: We have revised the text to improve consistency in use of language. We now use the terminology “people living with HIV” (PLHIV) and “people not living with HIV” (non-PLHIV) instead of HIV-infected and HIV non-infected.

REVIEWER COMMENT 3: The authors use the word predictors which implies longitudinal models, since you cannot "predict" with cross sectional data. So, for example, the authors say "Logistic regression assessed past STIs as predictors of HIV infection." The correct way to say this is "Logistic regression models were constructed to assess whether or not history of STIs are associated with current HIV-serostatus."

OUR RESPONSE: We agree with reviewer’s feedback and have modified the text to remove the term “predictors” whenever it is used in a way that makes reference to our study data.

REVIEWER COMMENT 4: In the abstract and the body of the paper, need to operationalize "high risk anal" -- what does that mean? Do you mean "engaging in condomless anal sex"?

OUR RESPONSE: High risk anal refers specifically to high-risk anal human papillomavirus. We have corrected the typo in the abstract. We also corrected this in the statistical analysis section, including a clarification that the high-risk refers to HPV subtypes 16 and 18.

REVIEWER COMMENT 5: The results presented in the abstract should follow a logical order... for example, when listing prevalence estimates, you start with HIV, then some STIs, then anal sex, then more STIs -- this looks messy. Report the data in groups: HIV, all STIs, anal sex, etc.

OUR RESPONSE: We believe that clarifying that “high-risk anal” refers to HPV addresses this key comment. The data are reported in groups: 1. Overall prevalence, 2. Comparison of prevalence by MSM and MSW, 3. Comparison of prevalence by PLHIV and non-PLHIV and 4. Regression results.

REVIEWER COMMENT 6: Need to change some of the language throughout. So, for example, this sentence (should be corrected throughout the paper) ""There were increased odds of HIV infection for men with histories of syphilis (OR=6.48, p<.01), genital warts (OR = 4.32, p<.01)
or genital ulcers (OR = 21.3, p<.01)." This would be better stated as "MSM with a history of syphilis infection (OR=6.48, 95%CI: XX,XX), genital warts (OR = 4.32, 95%CI: XX,XX) or genital ulcers (OR = 21.3, 95%CI: XX,XX) had an increased odds of HIV infection." ***need to report 95% confidence intervals.

OUR RESPONSE: We changed the language in the abstract per the reviewer’s suggestion, including adding the 95% confidence intervals. We agree that this wording is a clearer presentation of the results.

REVIEWER COMMENT 7: I am not sure that highlighting their finding that "Self-reported history of having an STI with a name that could not be recalled (i.e. "Other STI") was a stronger predictor of HIV infection for MSW than for MSM" really adds much to the paper. What does this mean for intervention development or HIV prevention approaches?

OUR RESPONSE: We removed this from the abstract as not to highlight it as major finding from the study. We did retain the results in the body of the manuscript because we believe that it is a possible reflection of poor health literacy and/or poor-quality health care due to lack of sufficient attention by health care providers to ensuring that men understand their diagnoses. We provided language in the discussion section regarding how healthcare providers can support sexual health literacy of ACB men which can enable the men to make more informed behavioral choices.

REVIEWER COMMENT 8: Table 4, remove the R-squared. It generally is not reported unless there is a specific reason to do so.

OUR RESPONSE: Thank you. We removed the R-squared column from Table 4.