Author's response to reviews

Title: Comparing databases: determinants of sexually transmitted infections, HIV diagnoses, and lack of HIV testing among men who have sex with men

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Author's response to reviews: see over
Dear Dr. Minichiello,

We would like to thank you for your decision letter regarding our manuscript (MS# 2501535031671181), entitled “Comparing databases: determinants of sexually transmitted infections and HIV diagnosis and lack of HIV testing among men who have sex with men”. We are happy to now be able to submit a revised version of the manuscript, now titled “Comparing databases: determinants of sexually transmitted infections, HIV diagnoses, and lack of HIV testing among men who have sex with men”.

As you will see from the detailed responses to your and the reviewers comments, we were able to address all comments and suggestions. We hope that you can consider the revised version of the manuscript for publication in BMC Public Health.

Sincerely, also on behalf of my co-authors,

Chantal den Daas
Editor’s comments

We had the manuscript copy-edited by our communication department.

Reviewer 1, Fengyi Jin

The reviewer asks for some more information on the methods, which we provided below, and we indicated where in the manuscript this information could already be found, or where and how we expanded the provided information.

1. The reviewer wonders what the studies aimed to answer. EMIS was designed as a ‘online evaluation of HIV prevention needs of MSM in 38 countries’ (as mentioned in line 126), similarly SMON was ‘investigating health, well-being, and sexuality among MSM in the Netherlands’ (line 136), whereas SOAP is designed for surveillance purposes (this information was added in line 145). Explaining the aims in more detail is beyond the scope of this paper, therefore we refer to other data sources describing these studies.

For brevity we referred to other sources for more detailed information, including the selection and exclusion criteria for the databases. For EMIS these criteria were ‘men living in Europe, at or over the age of homosexual consent in their country of residence, who were sexually attracted to men and/or had sex with men, and who indicated that they understood the nature and purpose of the study and consented to take part’ for our study we only selected men living in the Netherlands. SMON was largely similar, but only aimed at residents of the Netherlands. In SOAP MSM visiting the STI clinic were selected. We have left out this information, as being MSM in an MSM study, being able to legally participate, and being from the Netherlands seemed implicitly clear to us.

In EMIS MSM were approached as follows: MSM were recruited predominantly via instant messages on PlanetRomeo, Gaydar, and e-mails to Schorer Monitor participants, as well as via banners on websites that are frequently visited by MSM, through gay community organizations, and by using printed materials (lines 127-130). In SMON recruitment was done via banners, printed materials, snowballing (men could invite three friends to participate), and as the SMON was a yearly initiative; men that participated in 2009 were invited to participate again (lines 137-140). In SOAP MSM were not approached (lines 146-148).
A Dutch responder in EMIS was indeed someone living in the Netherlands at the time of the survey (as indicated by postal code); we have made this explicit in line 129.

Being MSM is an indication for free testing in the Netherlands, therefore sexual orientation is one of the question posed to all STI clinic visitors.

2. The time frames for STI tests were within the last 12 months (EMIS and SMON), or outcome of the STI clinic visit. The time frames for HIV and HIV testing lifetime, self-reported (EMIS and SMON), and a combination of lifetime self-reported and diagnosis of last STI clinic visit (SOAP). This information can be found in Table 1.

3. We are not entirely sure if we understand this inquiry correctly. Does the reviewer mean the strengths and limitations of the recruitment methods, thus internet survey versus venue-based surveys? This investigation has been done extensively in other papers. Most commonly a limitation is the different populations you reach depending on recruitment method, is that the limitation the reviewer has in mind? We do discuss this short coming, for example from line 263, where we mention that the EMIS survey seems to attract older MSM, sexually active, gay identified, and HIV positive MSM. However, all three databases seem somewhat comparable in this regard. So do all these recruitment methods reach only older MSM, or is that a characteristic of the Dutch MSM population? This question was exactly one of the reasons to do this comparison, and what we aim to identify. We think at least for the never testing outcome all three databases are comparable, generalizability over all Dutch MSM remains a question. It seems that we are not reaching (in all three databases) some MSM, such as from the four largest minority groups. We think generalizability is still issue, but our results have provided some clarity into the degree in which this is a problem. Does this answer this question?

4. We have been very careful not to suggest causality and are unhappy we slipped up in this paragraph; we have changed the text to indicate the correct relation between variables, one of association not causation. Specifically, it now reads ‘Using drugs was positively associated with STI diagnosis, diagnoses with HIV, and had tested for HIV.’ – lines 305-306.

Finally, after these clarifications the reviewer suggests to shorten the manuscript substantially. We have reread the manuscript critically, shortened it as far as we could, and we feel that shortening it further would be at the expense of clarity and content. If the editor agrees that the manuscript could be shorter without hurting the content we
would be happy attempt this. However, we also understood that BMC public health has no word limitation?

Reviewer 2, Xiaojun Meng

We are very thankful for the detailed comments, and as can be seen below have implemented all of them fully.

Minor essential revisions

1. This statement refers to the same source as the sentence before, for increased clarity we now repeat the reference (Dutch STI data).
2. The Schorer Monitor was a yearly anonymous survey, without laboratory tests; as such in the Netherlands no approval is acquired. This survey was conducted among others in cooperation with the University of Maastricht, as such the Dutch Guidelines were followed.
3. We added the explanation for SOAP (dutch abbreviation for 'SOA Peilstation' meaning STI registration system) - line 143.
4. We apologize there was a mistake in Table 2, 3800 is the correct number. The people from Utrecht were added to 'other areas' by mistake. We checked all other numbers and percentages, also in response to inquery number 6 below, and are certain the correct values are reported now. (new number for 'other areas' is 1785; 1785+93 = 1878).
5. We apologize for the confusion and have rewritten that section of the methods, the variable we analyzed in the study is non-steady sexual partners, as is also indicated in Table 1 (now mentioned in line 160). In this paragraph we explained we could not recoded the data to match SOAP, because we could not add the steady partners to the 'non-steady partners' variable in the EMIS and SMON variables. EMIS and SMON measured steady partners differently (lines 160-168). We aimed to make this distinction more clear.
6. We added the missing values to the table for clarity, and unfortunately forgot to change the percentages in the 'residence variable' of the EMIS to include these, therefore, this added to more than 100. We have corrected this mistake. The percentages for SMON and SOAP have been checked and were correct.
7. We have changed included a digit after the decimal point, the percentages now read: 'In addition, a significant portion of the participants never had an HIV-test (EMIS 20.4%, SMON 24.0%, and SOAP 12.9%).' – line 204.
8. In the earlier version, where we stated ‘Condom use with last partner did not reach significance in the multivariable model of SMON’, we meant to indicated an univariate effect, we agree this was confusing and have changed this in the current version, condom use is now removed from the effects for EMIS and SMON together, and mentioned separately (lines 207-208).

9. We have changed shows into showed (line 216).

10. We have changed does into did (line 220).

11. We have changed Aids into AIDS (line 262).

12. We have clarified the minority groups in the discussion: ‘This included some of the most important minority groups in the Netherlands (i.e., minorities from Turkey, Morocco, Surinam, and the Netherlands Antilles).’ – lines 283-284. Although this information could already be found in the result section (lines 193-194).

Discretionary revisions

1. We completely agree and have added ‘in all three databases’ as suggested (line 41).

2. As mentioned, we have not added IDU in our analyses, and have thus as suggested removed this variable from Table 2.