Author’s response to reviews

Title: Trial and error: Evaluating and refining a community model of HIV testing in Australia

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Author’s response to reviews:

Dear Dr. Tuepker,

Thank you for the opportunity to submit revisions for our manuscript “Trial and error: Evaluating and refining a community model of HIV testing in Australia”. We also thank the reviewers for their insightful comments. Please find our responses to reviewers one and two as follows.

Reviewer one:

Line 49 and 56: the word "vast" is difficult to quantify and a little emotive. It might be preferable to either drop it or use an actual number.

We have amended the sentences to remove the word “vast” (line 50, 57).
Amongst the group that were disinclined to seek STI testing after Pronto!, do we have any analysis as to their demographics, risk behaviour or previous testing behaviour that might differentiate them from those who self report a likelihood to seek testing?

We compared characteristics between these two groups using chi square statistic and found no difference, we have added the following sentence to the discussion. “There was no significant difference in the age, country of birth or high risk classification among those who did and did not plan to seek STI testing (data not shown).” (line 205-206)
Given that many people tend to undertake sexual health testing opportunistically as part of an overall medical consultation, it may be difficult to determine whether a self reported intention to test or not test is really indicative of actual testing. Given the significance and importance of this paper's conclusions, that standalone community based HIV RPOCT may inhibit wider STI testing, it would be useful if the authors could suggest what studies might be undertaken in future that could better verify this conclusion eg cohort longitudinal studies, or studies of overall GP access by Pronto! Attendees

To reflect ongoing evaluation of the impact of STI testing we have added the sentence “Preliminary analysis of repeat testing at PRONTO! following the introduction of STI testing shows a significant increase in six month repeat testing(36), and additional research into the impact of this change is ongoing”

The discussion refers to initiatives undertaken at VAC to address the need to integrate STI testing with HIV RPOCT. It would be useful to look at other diagnostic innovations that break the link between STI testing and clinician oversight/laboratory based pathology, in particular, the potential for POC technology for chlamydia and gonorrhoea (GeneXpert) as being trialled through TTANGO in Northern Australia or the RAPID clinic in Brisbane. The issue of Medicare payments and remote use of clinicians to order pathology on self collected tests would be interesting to discuss further, even if only to point out the limitations of the current Medicare system. I acknowledge this was mentioned in the paper, but I wonder whether there could be an opportunity here for this research to advocate for a system change.

We agree that this paper reflects broader finding regarding regulatory barriers to convenient models of testing, in particular the barriers to STI testing faced in remote Australia with the current reliance on conventional models of testing and have expanded the discussion to reflect this.

“The issues raised in this paper relate to broader regulatory barriers to the implementation of adapted and tailored models of care. For example, the lack of regulatory approval in Australia for point-of-care STI tests means that convenient and acceptable testing models for STIs are not readily delivered to high-risk populations in regional and remote Australia, such as those recently trialled in Northern Australia. The further development and funding for non-conventional models of care including point-of care tests, and hybrid community-based and clinical models is needed to offer clients highly acceptable and convenient models of comprehensive HIV and STI testing”
Reviewer two:

Background section

Line 38: The BMC Health Services research guidelines for references should be followed for reference #2 and other reports and grey literature that is online. For online documents a URL and ACCESS date should be provided. The relevant part of the guidelines is:

Online document


We have updated this reference and other grey literature in the paper to be meet the BMC referencing guidelines.

Line 40: The reference provided (#4) I think should in fact be #6 (Cohen et al.)

We have updated the reference

Line 43: The references provided as modelling studies should be revised. only one (Wilson et al.) is a modelling study about undiagnosed HIV infections driving new HIV transmissions, whereas the other two (Pedrana et al. and Holt et al.) are studies of the prevalence of HIV infection and undiagnosed HIV infection among gay and bisexual men.

We have updated the references.

Line 44: The study cited in reference 11 (Gray et al.) found that increased HIV testing frequency would have only a 'modest' impact on reducing transmissions, although the study also found that a reduction in testing frequency would lead to an increase in HIV transmission. The claim in the text about "...increased testing frequency likely to have a considerable impact on reducing transmission." should be revised or alternate studies cited. Consideration should also be given to providing some data from the study cited to quantify the impact of increased HIV testing.
We have updated the sentence to better describe the limited impact of increased testing to read “Australian modelling has suggested that increased testing frequency to quarterly testing is likely to have the greatest (albeit modest) impact on reducing transmission (11).” (line 44)

Line 66: Regarding reference #22 (Keen et al.) a paper has now been published in a peer reviewed journal which would be a better citation than the conference presentation cited: https://doi.org/10.1016/j.jcv.2016.11.006

We have updated the reference.

Line 71: Full-stop needed after '...exists'

We have amended this sentence.

Method section

Line 92: Consider adding to the text to include the incubation period, eg. 'During the 10-minute test incubation period clients remain...'

We have amended this sentence.

Line 125: Consider providing criteria regarding how 'high risk/not high risk' were defined in this study.

We have amended the sentence to include “based on national risk based testing guidelines” prior to referring the reader to the document that describes the risk categories. (line 126).

Line 133: Typo: insert 'and' before 'likeliness'

We have amended this sentence.
Results

Line 190: the sentence 'majority of comments (n=16) should be revised as earlier (line 187) data is provided that 35 respondents provided free text responses (so 16/35 can't be a majority).

We have amended this sentence to read “comments most commonly”.

Discussion section

Line 327-331: Some data from other studies should be provided to contextualize the results in this study.

We have separated the evidence of acceptability from international literature from community models of testing with the local evidence of acceptability from rapid point of care testing services in clinical settings to improve the clarity of the evidence.

Line 399: A reference should again be provided to the earlier study (reference #26) that reported on HIV testing frequency among men in this trial.

We have included the reference.

We look forward to your response.

Kind regards,

Kathleen Ryan