Author's response to reviews

Title: Stigmatizing attitudes and low levels of knowledge but high willingness to participate in HIV management: A community-based survey of pharmacies in Pune, India

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Version: 6 Date: 9 August 2010

Author's response to reviews: see over
August 7, 2010

Melissa Norton, MD  
Editor-in-Chief  
BioMed Central

Dear Dr. Norton,

On behalf of my co-authors, I am submitting a second revision and response to reviewers comments for the manuscript entitled “Stigmatizing attitudes and low levels of knowledge but high willingness to participate in HIV management: A community-based survey of pharmacies in Pune, India” for consideration by BMC Public Health.

We hope we have adequately responded to the reviewers comments and that our manuscript will be favorably reviewed.

Our data have not been submitted for publication elsewhere and all authors have reviewed the revisions and agreed to its contents.

Sincerely,

Amita Gupta, MD, MHS  
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Response to Editors’ comments
As requested previously, please also do the following:
(1) Provide the aims of your study within the background section of your abstract

Response: we have added the aims of our study to the background of our abstract on page 2.

(2) Provide a copy of the questionnaire administered in your study as an additional file
to your submission.

Response: We have uploaded the copy of our questionnaire.

Please also highlight (with ‘tracked changes’/coloured/underlines/highlighted text) all changes made when revising the manuscript to make it easier for the Editors to give you a prompt decision on your manuscript.

Response: We have used track changes to highlight the changes made to our revised manuscript submission.

Response to Reviewers comments
Title: Stigmatizing attitudes and low levels of knowledge but high willingness to participate in HIV management: A community-based survey of pharmacies in Pune, India

Version: 5 Date: 15 July 2010

Reviewer: Christopher Williams

Reviewer's report:
The authors have made the suggested modifications and the paper is now clearer and without over-interpretation.

Minor essential revisions:
p.7 - sampling pharmacies, also methods: Could you make clear that the 48 pharmacies identified by ward sampling were additional ones i.e. some were already on the list. From this you should be able to get an idea of how incomplete the list of 670 was and then put this in as a justification for the dual sampling method.

Response: We have added this to the methods section on page 5. To clarify, if a pharmacy was already on the list of 670, then they were not included in the ward sampling. All 48 pharmacies from the Ward sampling were not on the list of 670 pharmacies. Seven pharmacies which were identified from the ward sampling were already on the PCPA list of 670 pharmacies and therefore excluded.

Reviewer 2: Lincoln Sargeant

Reviewer: Lincoln Sargeant

Reviewer's report:
In general the points raised by both reviewers have been addressed.
Some results relate to pharmacies and others to respondents from the pharmacies. Two sentences from the abstract illustrate the confusion that can arise. The manuscript needs to be checked to ensure that unqualified numbers are not the subject of sentences.

**Response:** We have tried our best to ensure that unqualified numbers are not the subjects of sentences throughout the manuscript.

The reported median number of ARV pills that patients bought at one time was 30 (range: 3-240) and 6 (2.9%) [pills, pharmacies or respondents?] reported selling non-allopathic medicines (i.e. Ayurvedic, homeopathy) for HIV. Ninety (44.2%) [what?] knew that ARVs cannot cure HIV, with those stocking ARVs being more likely to respond correctly (60.3% vs. 34.8%, p=0.001).

The second sentence of the results section in the Abstract should be split. The first part is about number of pills and does not link naturally with the number of pharmacies where respondents report selling non-allopathic medicines.

**Response:** We have clarified and split these sentences.

Indicating that 30 tablets represents a typical two week supply of HIV meds is an important piece of context for the reader. Otherwise the median number of tablets is meaningless. Although the cover letter indicated that this was included it was not done in the revised manuscript.

**Response:** This has now been added to the abstract and body of the paper on page 8. “The reported median number of ARV tablets or capsules that patients bought from respondents at one time was 30, a two-week supply of ARVs (range: 3-240 pills)”

The conclusion mentions the need for modernisation of pharmacies e.g computers. This does not follow from the study findings or discussion and should not be introduced for the first time in the conclusion.

**Response:** We have removed modernization of pharmacies from the paper as it does not follow from the study findings or discussion.

Typo on page 8, line 3 – mis-spelling of “selected”

**Response.** We have corrected this mis-spelling on page 8, line 3.