Reviewer’s report

Title: Sexually transmitted infections among HIV-infected women in Thailand

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Reviewer: Sten Vermund

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These unique data should definitely be published. I do not think that their 2006 origin is any reason not to share the findings that have implications for the validity of syndromic management, the success at that time of “positive prevention,” and the actual prevalence levels themselves.

Major Comments; suggest compulsory revisions

1. Abstract: When you say, “Among 655 women without chlamydia and/or gonorrhea symptoms or signs, … had chlamydia, gonorrhea, or “chlamydia or gonorrhea”,” the reader very much would then like to see the logical contrast: “Among xxx women with chlamydia and/or gonorrhea symptoms or signs, ….” Thus the potential for syndromic screening could be approximated.

2. Abstract: When you say in the last sentence, “particularly for pregnant women”, I think just as strong a case could be made for younger women, as the difference of 11 (95% CI, 7-30) and 8 (95% CI, 5-45) is very small (in fact, if the upper bound were considered, the argument for screening the younger women is even stronger.) Perhaps you have dropped the age due to the multivariable findings (p.11), which would be legitimate, but then you should reference these multivariable results.

3. Abstract: In the conclusion, please reiterate that all the women are HIV+ since I think this would be helpful to remind readers in the context of the summary.

4. p.6: When you say, “All consenting women…”, please tell us what proportion consented of the total approached. If you do not know, state this and try to estimate it by qualitative interview of the study nurses or recruitment personnel.

5. p.7: If a woman had an RPR titer of 1:4 and a reactive TPHA test, she would not be considered to have syphilis. Is this a standard US CDC or Thai MoH cutoff? Can it be referenced?

6. p.12: You say, “As shown in this study and other reports on HIV-infected women … some STIs … can have no symptoms or signs, as shown in this study.” I think this is misleading as it is not unique to HIV+ women, as referenced in papers such as Hylton-Kong T, et al. Marginal validity of syndromic management for reproductive tract infections among pregnant women in Jamaica. Int J STD AIDS 2004;15(6): 371-5. I think the findings here also throw doubt upon the utility of syndromic diagnosis in pregnant women, albeit now in HIV+ women, so that “spin” should be considered.

7. p.14: The limitations of the study are well presented, but the authors may have
to add another if that cannot resolve issue #4 above. I also think that having obtained syphilis testing from a blood sample, it is a limitation that such HIV-relevant STIs as HSV and HBV were not also studied.

8. Discussion: Could a clearer statement be made that in the time of the study, reduction of risk among HIV+ women was disappointing in that STI rates remained so high in this population? This clarion call for “positive prevention” is needed, I think, as it’s an obvious element of the public health implications of these findings.

9. Table 1: I was concerned that you mix the lab findings with the clinical observations under the Sexually Transmitted Infections (Genital ulcer disease). Your note does not help as you say “laboratory-confirmed genital ulcer” and I don’t believe that’s what you mean to say. Suggest this fix: move GUD into a sentence in the manuscript, take it out of the Table OR move it to a separate line, apart from the block of STIs (segregate it in the table). A corollary to this suggestion is to make “Any STI” into “Any laboratory-diagnosed STI”. Otherwise this is a muddle.

Minor Comments, both minor essential revisions and discretionary revisions

10. Abstract: Please write out OB/GYN. If the editor agrees, one could abbreviate GC and CT for the two diseases, saving space and permitting a longer abstract (point one in Major Comments). They could also be abbreviated in the manuscript.

11. p.4: gram stain should be capitalized as Gram stain.

12. p.5: CD4 monitoring is fine later in the paper, but with first time use it should be spelled out, something like: CD4+ T-lymphocyte monitoring.

13. p.7: This is convoluted wording: “Fisher’s exact test was used for categorical data when > 20% of expected frequencies in 2x2 table were < 5.” Suggest this: “Fisher’s exact test was used for categorical data when the expected frequency of any cell in 2x2 table was < 5.”

14. p.9: I think you should not refer to “women overall”, since all the women have HIV. Can you find a better wording?

15. p.9: This is just a suggestion--can the headers be made more pithy? e.g., Prevalence of STI symptoms and signs, prevalence and correlates of chlamydia and gonorrhea symptoms and signs among women overall

16. pp.9-10: With slight reorganization of the results, I think the juxtaposition of STI rates among syndromically positive vs. negative persons could be more easily presented. This could prove especially useful as Thai officials contemplate whether syndromic management really works very well for HIV+ women (or pregnant women). Both Table 1 and 2 are perfect for this comparison, but the text does not follow as cleanly.

17. Table 1: Would “clinics” be better than “hospitals” in the header? Or perhaps “hospital clinics”? I think it sounds like an inpatient study just saying “hospitals”.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.