



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	Ms_I-SRR_36373
Title of the Manuscript:	Use and effectiveness of HIV indicator conditions in guiding HIV testing: a review of the evidence
Type of the Article	Review Paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments		
Minor REVISION comments	References: - Online reference sources should be preceded by "Available:", while the date accessed/viewed is not necessary. - Within the manuscript references should be indicated in square brackets [], not round brackets (). Indicate multiple references within the same square brackets, e.g. [1,2,3] General: - Line 26-27: "In England" was repeated in the same sentence. - Suggestion: Shift Table 1 to below the paragraph that it currently divides.	- Online references have been preceded by "Available" and the date accessed/viewed has been removed where necessary - References within the manuscript are now indicated in [] brackets replacing the () brackets. Multiple references have also now been placed within the same square brackets - The second "in England" has been deleted in the sentence on line 32 -33 (previously line 26-27) - Table 1 has been shifted to below the paragraph so that it no longer splits the paragraph in the text <u>Other typos noticed by author</u> We have also inserted the authors names and affiliations as these were missing under the title (lines 7 to 12) Have added 'found in or' to first line of abstract '%' sign added to 'Soft tissue infections/skin infections' section in Table 1 '%' sign added to 'Hepatitis C' in Table 1 '%' sign added to 'Fatigue' section in Table 1 'Not reported' added to column next to 'Cytomegalovirus esophagitis', 'Ocular toxoplasmosis' 'Toxoplasmosis of the hand' and 'CMV retinitis' sections as this was missing The following words have been inserted 'includes' 'and' and 'either' to line 200 to line 203 'OR' and ')' inserted to lines 219 and 220 Changed 'have' to 'had' on line 354 Added 'the' to line 355 Have added 's' to 'tool' on line 503



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<u>Optional/General</u> comments	It is important to note that the review was conducted on research in high-income countries (HICs), making it less applicable in medium- and low-income countries (LMICs) where the brunt of HIV occurs. That said, this review brought forward deeper understanding of the need to identify and implement guidelines on using HIV ICs in HICs, along with the need to train HCPs and GPs in their use. Title: As expected of a review article, the title is informative and clearly indicates review objectives and its contribution. Abstract: The abstract reflects all aspects of the manuscript. Introduction: The authors presented a helpful background of HIV ICs commonly reported and efficacy of using these for early detection of HIV. This led to the motivation to do this review and to establish how their results can aid policy makers and HCPs in HICs to contribute to decrease late diagnosis of HIV. Methods: Data sources consulted during the review, and methodological approaches were sufficiently explained, as well as inclusion and exclusion criteria. Results: Coherent and well-structured results were presented. E.g. Table 1, which included categorisation and references, provided clear insights into most commonly reported HIV ICs according to symptoms, among HIV-positive individuals. Table 2 is particularly insightful in summarising interventions that used HIV ICs to guide HIV testing and improved case finding. These will be useful to update researchers, practitioners and policy makers on a pool of knowledge on this critical topic. Discussion: Authors explored results to synthesize and interpret findings. The review contrasted HIV testing practices between the USA and Europe/UK, based on cost-effective ratio and HIV prevalence. Acknowledging some limitations, this review showed the potential use of HIV ICs for early HIV detection, testing and improved case-finding. This review further serves to alert policy makers on the value of decision support systems as a guiding tool when HIV testing should be recommended. However, the need to educate and train HCPs and GPs were similarly emphasized. Future reviews could attempt comparison with work on this topic in LMICs.	
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