

Editor's comments:

- .1) Patients who entered the study are visited every month, hence we are dealing with a retrospective cohort. Anyway, data can be analysed using a cross-sectional approach. The authors calculated a period prevalence using 10 years of data. The period prevalence is substantially a cumulative incidence rate and it is calculated by dividing the number of persons who newly experience the disease during a specified period of time divided by the (average) total population at risk. when a long period of observation is used (10 years) it is quite misleading to calculate a period prevalence. The population at risk varies year by year and you should consider patients who died, who left the treatment etc. I suggest to calculate the period prevalence year by year. The prevalence should be less biased and the authors can also analyze the time trend of OI prevalence. When calculating the annual prevalence, patients who received a diagnosis in the year x cannot be considered at risk in the following years.
- 2) Among the limitations it should be included that only one episode of OI was considered. It would be worthwhile to specify whether it is about the first episode or not.
- 3) The title of the Figure 1 indicates the period 2009-2013, that is inconsistent with the information reported in the methods section (data from 2004 to 2013).
- 4) The reference 2 in the first paragraph is out of date (WHO 2010) and should be updated.

Authors' feedback:

Thanks very much for your observations. 1) We reviewed HIV patients' records for the period 2004 to 2013. However what happened was that these patients after registration with the care organization i.e. the AIDS support Organisation, they were enrolled on HAART when eligible and then required to attend monthly clinic visits at the HIV/AIDS clinic. However each year new clients joined and others relocated elsewhere or were reported dead which is common experience in ART programmes. So for monthly prevalence we considered any patient diagnosed with any OI out of the total attendance in a particular month. We have also computed mean annual prevalence by summing up monthly prevalences in a year and divided by 12 months. Hope this gives a better estimate than the period prevalence we had previously used. A plot of the mean annual prevalences has been inserted in the article. 2, 3 and 4 have also been addressed.