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| **Subject: Case 1—Testing for Zika Virus**  The authors have described a case study on testing of ZIKV in the United States. They have described the background very well and clearly. When it comes to ethics of performing a diagnostic test / screening test, there are some important scientific issues that need to be clarified:  1. What is the validity of each of the diagnostic tests for ZIKV? What are its sensitivity and specificity? What are the fasle positivity and false negativity rates? Each of these has important ethical implications in addition to access and availability of the tests.  2. There is an important distinction in the arguments from a purely clinical perspective and from a public health perspective. This should be highlighted in the guided reflection following the case study. While for an individual couple who want to get pregnant, getting a chance to find out their ZIKV status might be important, can it be made policy? This balance is important to be brought out in the discussion.  3. Justice issues are of absolute importance. If testing is made available unconditionally, those with more resources may use the free facility depriving those who are poor and at high risk, eg pregnant women, who do not have access to health services.  4. What are the implications of such a testing paradigm in the low and middle income country context like India? The inequity in access would be more glaring in a LMIC.  5. It might also be important to look at the linkage between ZIKV testing and access to abortion and reproductive health services. This may be more relevant in a LMIC context. |

Reviewer 2:

1. Since the person may need to take up to 3 tests, is $800 for the three tests together?

2. If the authors accept to include an LMIC scenario, is it relevant to ask in the questions how the situation would change if the test was made cheap? Especially in an LMIC which could in theory issue a compulsory license?

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