Author's response to reviews

Title: Injury in China: A systematic review of injury surveillance studies conducted in Chinese hospital emergency departments

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Editors
BM Public Health

Dear Editors and Reviewers

RE: Re-submission of manuscript, Injury in China: A systematic review of injury surveillance studies conducted in Chinese hospital emergency departments

We would like to thank both Reviewers for taking the time to review our manuscript and provide detailed and thoughtful comments. We have addressed each of the points raised in both Reviews and have amended the manuscript accordingly.

As per the request from the Editor, we have added the term ‘systematic’ to the title, and have modified it accordingly. We have also included a flow diagram of the search strategy employed per the PRISMA format.

As a general statement, we have edited the text substantially in an attempt to remove redundancies and to improve written expression. We also acknowledge that the manuscript is lengthy and while an effort has been made to reduce the manuscript in sections, the ambition of the two aims of the manuscript requires and warrants the (revised) length. The initial manuscript included three aims; however we have deleted one aim and made the two remaining aims clearer. The two aims are:

1. To describe the characteristics of persons presenting to an emergency department following injury and the associated mechanisms of injury, and

2. To document that type of patient and injury information commonly reported, and following this, determine the extent to which this reporting is consistent with commonly accepted global reporting guidelines.

The first aim was motivated by the fact that commentators have pointed to a need for more injury surveillance research. By describing the studies in more detail than what might be normal for a Review, our intent is to aid in the accessibility of the past research given that it has been published in Chinese language journals. In fulfilling Aim 1, it is then possible to assess the comparability of the published studies with respect to the use of internationally accepted data points (Aim 2); it then follows naturally to comment on the need for and the feasibility of establishing a distinct trauma registry and/or strengthening the national injury sampling surveillance system.

An important point was made concerning the use of the PRISMA statement in the description of the review. Accordingly, the Method section has been revised to reflect the requirements of the PRISMA statement. A new figure, Figure 1 has been included to allow the reader to follow the initial search and the subsequent narrowing of the published papers to those of interest to the Review. An Appendix has also been included documenting the search process.

We have also made substantial amendment to the Table structure of the manuscript in line with the comments from the Reviewers. These are as follows:

1. Table 1 has been added – this table lists the name of the Chinese journals searched by hand, and this has been removed from the text.

2. Table 2 has been added – this table lists into appropriate categories the variables of interest to the Review, based on published guidelines

3. Table 4 has been revised, and with the deletion of the Supplementary Tables the data fields of interest to the Review have been consolidated here. The data on mechanism has been moved to create Table 7. Table 4 can be quickly examined to determine the extent of non-use of the data points of interest. This also allows a significant volume of text to be removed from the manuscript.

4. Table 6 has been updated to reflect the changes in Table 4
5. Table 7 includes the injury mechanism data, and also for comparison purposes includes the Global burden of disease incidence estimates by cause as well as mechanism data for Europe, the US and Australia. This allows the causes of injury to be compared with other regions, and this picks up a point from the Reviewer.

6. Supplementary tables S3 to S7 inclusive have been deleted, with the age data incorporated into Table 4

Below we address each of the comments made by the Reviewers by section of the manuscript.

Comment on the Introduction

Reviewer (Hans Morten Lossius) notes that the ‘little is known about in the Western world about Chinese trauma care...and that the subject will be of interest to researchers and clinicians.’ The Reviewer notes that the Introduction sets the scene that trauma are a ‘major health problem...but do not in the same way justify why the study was conducted’.

In response, we accept this comment and have consequently revised the last paragraph of the Introduction to make the rationale for the conduct of this study clearer. In short, it is accepted that that incidence of injury in China is high, is growing and affects large numbers of people; consequently commentators have called for the implementation of health systems, however we wished to examine the Chinese literature to determine whether a ‘gap’ truly exists, what the ‘gap’ looks like, and what could be initiated to fill this gap.

We have also deleted the (original) first aim, which was ‘to determine the extent to which injury surveillance studies have been conducted in the emergency departments of Chinese hospitals’. This aim confuses from the core goal of the Review, that being to document the injury population and to assess the types of data fields reported upon. It is hoped that the two aims noted above provide a clearer focus to the purpose of the article and the search terms used.

METHOD

As a response to the need to structure the Review per the PRISMA guidelines, we have revised the Method section significantly, and include in an Appendix the search strategy used. In doing so we have also detailed the Data Collection Process and the Data Fields of Interest in accordance with PRISMA, and in doing so have added Table 2. This specifies the data items of interest that were specified at the outset of the Review, with appropriate references included.

RESULTS

The results section has been modified with greater emphasis placed on comparability of the studies with the a-priori identified data fields. Table 4 is presented as a matrix of the data that was reported by the studies to aid the reader. A description of each study is provided where this text could not be included in the Table, or was used as a reference point for later comparison. An effort has been made to simplify this section and align the description of each study with the two aims of the paper more closely.

DISCUSSION

Thank-you for the positive comments on the Discussion. We have made some additions that we hope that improve this section further. In particular:

- Added a comment about the use of ISS and the AIS in China, and the need for training given that it is acknowledged that this capacity is a considerable constraint;
- Inserted Table 7 so as to permit direct comparison with the leading mechanisms of injury with other jurisdictions (US, Australia, Europe), with a note on how these data were collected.
- A number of updated references have been included in the Discussion

Sincerely

Dr Michael Fitzharris, on behalf of the Co-Authors.