Author's response to reviews

Title: Caregivers practices, knowledge and beliefs of antibiotics in paediatric upper respiratory tract infections in Trinidad and Tobago: a cross-sectional study

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Dear Editor,

Re: MS: 5645364023527074 'Antibiotic Use in Paediatric Upper Respiratory Tract Infections: A Cross-sectional Study of Knowledge, Beliefs and Practices of Children's Caregivers in Trinidad and Tobago, West Indies'

Thank you for the Reviewers comments on the above manuscript. We now submit a revised version of the manuscript on the basis of the comments and suggestions. The title of the revised submission is also edited on reading the reviewer's comments and now reads as 'Caregivers practices, knowledge and beliefs of antibiotics in paediatric upper respiratory tract infections in Trinidad and Tobago: a cross-sectional study'. Below we present a point-by-point response to the comments.

1. The statement on the median knowledge score was incorrectly phrased - it was not used to divide the population. The corrected statements are on page 6, para 2, lines 8-9.
2. The number of common drugs in the knowledge test was 8 and is now uniformly presented throughout the manuscript.
3. The statement on analysis is edited on page 6, first para, last line.
4. Relevant information on the methodology from the previous publication which the reviewer's comments request are:
   a. Participants were informed about antibiotics with a simple explanation now on page 5 last line, para 1.
   b. The design of the study is described on page 4, last para.
   c. Information on the questionnaire used to generate the data, including pilot-testing and number of items and the maximum score is now given on page 5, para 2, lines 1-9.
5. The question 'are antibiotics safe' was included based on the explanation provided on Page 5, para 2, lines 9-12.
6. The typographical error of number of subjects who gave correct response is corrected to read as '49' now on page 6, 2nd paragraph in RESULTS, line 3.
7. The ABSTRACT has been shortened as suggested with omission of the suggested sentence.
8. The INTRODUCTION has been revised in line with the reviewer's comments. The last paragraph of the INTRODUCTION, describes the rationale for undertaking the study.
9. In METHODS the text of 'Study Setting' has been edited to be concise as suggested
10. In METHODS, page 5, last para, we state why participants were not asked to name the antibiotics they used. Adverse drug events were not recorded as data from the pilot study indicted this information was subject to memory recall and was unreliable. This feature is also discussed on page 9, lines 5-7.
11. The questions were addressed to caregivers of children who were 12 years as indicated on page 5, line 7. The individual age of each child cared for was not determined and information was sought for children [greater than or equal to] 12 years of age.
12. In RESULTS page 6, lines 3-4 of para 1, the absence of urban/rural residence influencing caregivers knowledge is stated.
13. Para 2, page 8 discusses why caregivers with a lower AKS demanded antibiotics. Compliance as meant in the interview is stated on page 7, first two lines.
14. Antibiotics for self-treatment were obtained from drugs kept at home from past incomplete use, seen in RESULTS on page 6, para 2, line 7. The point also features in the DISCUSSION, page 9, para1 lines 11-12.
Tables are edited for consistency and according to the journal format. Table 4 is also edited for clarity and references are now in line with the Journal format.

In making this revised submission we appreciate the commentary which has indeed resulted in a finer and detailed manuscript.

Your sincerely,

Lexley Pinto Pereira