Reviewer's report

Title: Travel-related schistosomiasis, strongyloidiasis, filariasis, and toxocariasis: the risk of infection and the diagnostic relevance of blood eosinophilia

Version: 1 Date: 16 December 2010

Reviewer: Tom Doherty

Reviewer's report:

I think this is an interesting, well performed and well written report of a useful study.

Major revisions: none

Minor revisions:

1. Abstract, Background: "short term travellers to helminth-endemic countries. "From" implies these were people visiting Holland.

2. Introduction: Wuchereria is not endemic "world-wide" in developing countries

3. sub-Saharan Africa is the correct spelling

4. There should be some mention of loa loa. The filaria elisa is not specific for either lymphatic filariasis or onchocerciasis but would also be positive if someone had picked up loa.

5. I'm not sure why the authors chose to screen for toxocariasis - perhaps because they had the assay available to them? I would not screen travellers for toxocara - and you're probably just as likely to acquire it in Holland as in the tropics. This probably needs further explanation.

6. The antibody response to schistosomiasis can take as much as three months to become positive. I have some concerns that screening 2-6 weeks after return may have been too soon. This needs to be addressed.

7. "Participants were included only AFTER informed and written consent"

8. What sort of automated analyser was used? This should be mentioned.

9. Why no mention of S. japonicum in the laboratory methods? This would be the only form of the disease that would be acquired in Asia.

10. Avain schisto? This might explain why three people had positive results without previous travel.

11. Four patients with positive filaria serology but no history of travel is worrying - and casts some considerable doubt on the assay. I know this is mentioned in the Discussion - but still it worries me quite a bit.
12. What about atopy as a cause of eosinophilia - particularly at screening? Almost certainly, atopy is the commonest cause.

13. As far as I am aware, there is no schisto in India. To suggest that the "endemicity" "might have changed" seems a bit spurious to me.

I would recommend that the paper be published in a slightly modified form. It is rare for studies of travellers to have denominator data - which makes this a very worth-while report.

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Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests