Author's response to reviews

Title: Factors associated with non-adherence to Artemisinin-based Combination Therapy (ACT) to malaria in a rural population from holoendemic region of western Kenya

Authors:

Elizabeth O Onyango (lizopiyo@gmail.com)
George Ayodo (gayodo@gmail.com)
Carren A Watsierah (carrenwatsierah@yahoo.com)
Tom Were (mugogwe@yahoo.com)
Wilson Okumu (okushw@yahoo.com)
Samuel B Anyona (sbonuke@gmail.com)
Evans Raballah (eraballah@hotmail.com)
George O Orinda (rudevsol@gmail.com)
Collins Ouma (collinouma@yahoo.com)
John M Okoth (okoth_jm@yahoo.com)
Sussy Gumo (suguku@yahoo.com)

Version: 3 Date: 25 May 2012

Author's response to reviews: see over
25 May 2012

The Editor
BMC Infectious Diseases

RE: Re-submission of manuscript ID MS 3443423660684289 entitled, ‘Factors associated with non-adherence to Artemisinin-based Combination Therapy (ACT) to malaria in a rural population from holoendemic region of western Kenya’

Dear Rose McGready:

We again appreciate the thorough and prompt review of our work. We have made all the suggested changes in the manuscript. We have read through the comments and addressed them in a point-by-point fashion - indicated in the text of the revised version of our work (in red). It is with great pleasure that we re-submit this manuscript for consideration in BMC Infectious Diseases.

Comments from the Editorial team:

These 3 further points that should be addressed are:

Comment 1. There are too many tables. The univariate and logistic analysis can be combined in one table. For an example of this the authors can look at http://www.biomedcentral.com/content/pdf/1471-2334-10-196.pdf. Table 3 and 5 can be combined; table 4 and 6 can be combined Table 7 - needs the univariate to be added.

Response 1: We really appreciate the reviewer’s comment and suggestions to merge the Tables. We have now merged Tables 3 and 5, and 4 and 6. We have additionally provided the univariate analyses for Table 5 (previously Table 7).

Comment 2. There is one further (and late) limitation of the study that should be added to the discussion as it an important and often forgotten aspect of Co-Artem treatment. Do the Kenya National guidelines state to take coartem with fat.? Can this be added to Table 1 as a footnote. Even if the answer to the above question is not please add 2 sentences before the conclusion of the discussion along the lines of: "Not asking study participants how they took Co-Artem or what advice they were given about how to take their Co-Artem was a limitation of the study.

Absorption of hydrophobic lipophilic lumefantrine is greatly increased by a small amount of fat (1.2g) coadministration(Ashley et al 2007; ) and failure to implement this component during prescribing has resulted in increased failure rates (Schoepflin et al 2010)."
Response 2. We appreciate the reviewer for raising this excellent point. Since administration of Co-artem in Kenya do not employ the use of small amount of fat, we have included the following statement in the manuscript as part of the limitations of the study to address this important point, ‘Finally, not asking study participants how they took Co-Artem or what advice they were given about how to take their Co-Artem was the other major limitation of the study since we could not asses the level of failure rates as a result of these components. This follows previous observations that absorption of hydrophobic lipophilic lumefantrine is greatly increased by a small amount of fat (1.2g) co-administration [Ashley et al., 2007] and failure to implement this component during prescribing result in increased failure rates [Schoepflin et al., 2010].

Comment 3. The word 'contented' should be changed to 'content' e.g at the bottom of Table 9. This word appears 3 times in the manuscript.

Response 3. We have changed all the words ‘contented’ to ‘content’ in the manuscript.

Reviewer # 1

Comment 1. I appreciate your responses to my comments. But I did not make myself clear on the rounding of P values. P values greater than 0.01 can be rounded to the nearest hundreth, for example, in the Abstract, Results, line 3, P = 0.011 can be rounded to P=0.01. P=0.017 can be rounded to P=0.02. P values in the Tables (for example, Table 5) can be rounded in a similar way.

Response 1. We appreciate the reviewer’s comments on rounding off the p-values. However, we request to maintain the exact p-values since this is more informative on the level of significance between the factors and ACT adherence in the current study.

If you have any further comments and/or suggestions, we would be happy to address these concerns.

With highest regards,

Prof. Collins Ouma, PhD