Author’s response to reviews

Title: An Epidemiological Analysis of Acute Flaccid Paralysis and its Surveillance System in Iraq, 1997-2011

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Author’s response to reviews: see over
Referee 1:

Major compulsory revisions
1- A new section is added to the Result and Discussions about the dynamic changes that the polio eradication strategies witnessed over the past two decades owing to the dramatic political, social, and economic changes in the country.
2- The capture-recapture method was described in pages 9-10 as it is largely considered a more sensitive method than the routine surveillance data analysis currently used in Iraq. It is more commonly used in developed countries. By providing a section about the method we tried to explain the potential challenges of adopting this method in Iraq, especially concerning the “independent resource” and “stable population” assumptions.

Minor essential revisions
1- The word “other” is used to indicate that polio is a CNS infection in both pages 3 and 7, as suggested.
2- More than one Polio Laboratory is suggested as the % of stool specimens in the laboratory within 3 days of collection was only 69%, especially from the far Northern and Southern provinces owing to transportation challenges in the insecure nowadays Iraq. By having a separate analysis laboratories, this surveillance indicator can be more satisfactorily made.
3- As suggested, the word “cases” is replaces by “infections” in page 4 to reflect that the vast majority of the subclinical infections are not “cases.”
4- As suggested, the phrase “decrease by >99.9% since 1988” is used in page 4.
5- As suggested, the phrase “of those who died” is used in page 7.
6- As suggested, Figures 5 and 6 are switched.
Referee 2:

Major compulsory revisions

1- The aim of the study was discussing epidemiology of AFP and evaluation of its surveillance performance. The “epidemiology” part of the “Result and Discussion” section contains information about the total number of reported cases, annual incidence of AFP/100,000 population below the age of 15 years, age distribution, geographic distribution, gender distribution, different causes, and case fatality rates. These were covered in pages 6, 7, and 8 and supplemented by one table (Table 1) and three figures (Figures 1-3). Owing to the heterogeneity of AFP causes, we think that descriptive epidemiological data are sufficient as each cause (e.g. GBS, polio, meningitis..etc) has its own epidemiological characteristics. Nevertheless, these characteristics are largely driven by GBS epidemiology as it represents the vast majority of reported cases. We added this rationale to the “Results and Discussion” under “Epidemiology of AFP.” We are totally willing to elaborate more on the epidemiology of AFP if you provide us with specific characteristics that are not otherwise mentioned in the study.

2- The BMC guidelines allow us to mention both “results” and “discussion” part together. However, to eliminate any confusion thereby occurred, we did dissect the “Result and Discussion” part into the following sections: “epidemiology of AFP”, “AFP case classification”, ”Impact of political and socio-economic changes on polio eradication strategies in Iraq”, and “AFP surveillance evaluation.”

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