Reviewer's report

Title: Patterns of geohelminth infection, impact of albendazole treatment and re-infection after treatment in schoolchildren from rural KwaZulu-Natal/South-Africa

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Reviewer: David W Crompton

Reviewer's report:

1 The paper is timely and the work appears to have been well done. The 54th World Health Assembly passed a resolution urging member states to have essential drugs for schisto and STHs (geohelminths) accessible for school-age children in areas where the infections are endemic. This report is in line with WHO policy and adds to the growing body of experience about deworming school children.

2 I advise using "geohelminth" throughout; no need to switch to "soil borne ..." (see Introduction).

3 The first para of the Introduction is common knowledge and could be dropped.

4 I suggest that claiming children..."most vulnerable to the effects of worm disease" does not always stand up. What about hookworm infections in already iron-stressed pregnant women?

5 The authors refer to morbidity. However the authors do not offer any evidence of the reduction/prevention of morbidity. I think the strength of the paper is as a solid piece of operational research - I would not get into morbidity unless some data are available.

6 Do we really need Figs 1, 2 and 3?

7 Since treatment at school for schisto and STHs can be given at the same time to the same children - why not include the results of that work in this paper? Otherwise delete all reference to schisto?

8 The clearance/ consent section is reassuring. I suggest the authors include a statement about the consent of the staff. If deworming at school becomes widespread, school staff co-operation will be essential. Were the staff paid?

9 Re Kato Katz - how do we know the egg counts were accurate? Was there any form of "quality control" over the counting? Who "read" the slides?

10 Is Fig 4 depicting a Frequency Distribution? I am confused over Prevalence on the y axis.

11 Unless stated otherwise by the authors, ascariasis, trichuriasis and
hookworm disease are usually reserved for disease/morbidity. I suggest stick to A. lumbricoides infection etc etc throughout.

12 Regarding Trichuris - if difficult to make conclusions about re-infection, why is it "however remarkable that prev... and inten...decreased...? (Perhaps rephrase?)

13 If CR and ERR are "notoriously unreliable indicators" why should we be concerned about the authors' results concerning Trichuris? (Perhaps rephrase?)

14 "Mild side effects" are mentioned. Can some qualitative and quantitative detail be mentioned? This aspect is important.