Author's response to reviews

Title: Assessment of routine surveillance data as a tool to investigate measles outbreaks in Mozambique

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Author's response to reviews: see over
To:
The BioMed Central Editorial Team
http://www.biomedcentral.com/

Dear Sir/Madam,

Thanks you for considering the publication of the manuscript numbered 1365486140635245 entitled “Assessment of routine surveillance data as a tool to investigate measles outbreaks in Mozambique” in your Journal.

Please find below authors’ reply to both reviewers’ comments.

We hope that you will find the revisions adequate, and the paper can be taken to a final acceptance and publication in BMC Infectious Disease.

Yours sincerely,

Jagrati V. Jani
Reply to Reviewer’s Reports

Reviewer: Rick Spear

Minor Essential Revisions

1. Title: “detect” was substituted by “investigate”.

2. Abstract:

2.1 Aims: the wording is now “coverage and efficacy are calculated based on mathematical projections of the target population”.

2.2 Methods: provincial weekly reports are now mentioned. A paragraph was added to explain the “baseline” data.

2.3 Conclusion: text modified as suggested.

3. Introduction:

3.1 Text changed to explain the nature of the campaigns.

3.2 Text modified as suggested.

3.3 Correction introduced.

3.4 Text changed to emphasise the “data collected for action” concept.

4. Methods:

4.1 The study was retrospective and carried out as described in section 2.3 under Methods. As the study was performed retrospectively, the people reporting the data did
not know that the system was going to be monitored. This point has been included in the text.

4.2 Calculation of the attack rate is now explained in section 2.4 under Methods.

4.3 Flow diagram constructed (Figure 1).

4.4 The “Register Book” is kept at the HF and is used to write down all patients’ demographic and diagnostic information.

4.5 and 4.6 Changed.

4.5 Page 5, Section 2.1: case definition is now placed at the beginning of section 2.1.

4.6, 4.7 and 4.8 Page 5, Section 2.1: the daily sheet is a data collection form that has the same format as the BES. These sheets are used by the preventive medicine staff to generate the BES and prevent them form going back to the register book. Details explained in the manuscript.

4.9 Reference introduced.

4.10 Changed.

4.11 Date format changed.

5. Results:

5.1 The results section now starts with a comparative analysis.

5.2 It is not possible to put the data side by side in a table because of missing data in the register book, especially regarding age and vaccination status.
5.3 Modifications done.

5.4 Done

5.5 “register books” is used throughout.

5.6 Done

5.7 Done

5.8 Done

5.9 Done

5.10 Done

5.11 Attack rate explained in Methods.

5.12 Done

5.13 “Alarm” changed to “warning”. Pattern of the outbreaks is commented.

6. Discussion:

6.1 Suggestion taken.

6.2 Text corrected. We mean that the information on hospitalization status is not collected.
6.3 A significant proportion of the fatal cases occur at home and this deaths never enter the hospital statistics.

6.4 Included in the text.

6.5 Done

6.6 Done

6.7 It is highly unlikely that the rise in the number of measles cases verified was due to an increase in the rate of reporting. Data for this study was collected retrospectively in the first quarter of 1999 and 2003 for Maputo City and Manica Province, respectively.

6.8 Suggestion taken and comments about motivation of clinicians to collaborate in surveillance included.

6.9 We agree with the reviewer. Timeliness is now excluded.

7. Figures:

7.1 Corrected

7.2 Corrected as suggested.

7.3 Clarified. It is 1992.

7.4 Corrected as suggested.

7.5 Changed to “References”.

7.6 Corrected.
8. Tables

8.1 Table 1 was removed.

8.2 The 1448 in page 7 refer to children with ages that were recorded in months; of these 1448 children, 713 are younger than 24 months and the remaining 735 are older than 24 months. There are only 125 children that do not have any information on age.

**Reviewer: Julie Cliff**

The following was added to the first paragraph of the discussion: “It may be argued that the findings reported in this study are not representative of the situation in all districts of the country. However, many of the factors identified to be in the root of the problems of the surveillance system, such as the format of the register books and of the BES, are common throughout Mozambique.”

Results:

3.2. Attack rates: modified as suggested. Attack rates are now expressed using the estimated population of vaccinated and non-vaccinated children in the target group as the denominator.

3.3 The data of the two districts in Manica Province is now presented separately.

Discussion:

4.1.1 Sentence is now placed in the Results chapter.

4.2.2 The reason for the sub notification is now discussed.
4.1.3 Corrected as suggested by the reviewer.

4.3. References supporting the need for laboratory confirmation are now included, and issues related to its feasibility are discussed.

Recommendations:

Re-written according to reviewer’s suggestions.

**Minor essential revisions:**
The figure titles and labels were added.
The age’s through out the text was made uniform.
Results: The second sentence was omitted.
Introduction: The Poliomyelitis strategy is eradication corrected.
Results: Table 3 corrected and enumerated as a table 2, included in the text.
Data quality assurance new heading as suggested.
Conclusions and recommendations modified to recommendations.

**Discretionary revisions:**
Introduction: Information of the National measles vaccination campaign was introduces as suggested.
Study sites: The clarification that Maputo City is considered as a Province was added as suggested. The vaccine coverage was included in the test under 2.2.
Discussion: The case reporting system was now discussed.
Table 2 the age group was corrected.