Author's response to reviews

Title: Determinants of hospitalization for cutaneous injection-related infections among injection drug users: a cohort study

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Author's response to reviews: see over
Dear Drs. Zauner and Patel,

Thank you for your e-mail dated 4 February 2010. We were pleased to be invited to submit a second revised version of our manuscript for potential publication in *BMC Public Health*. We found the suggestions of the reviewers to be extremely helpful and believe the manuscript is substantially improved as a result of the feedback we received. We have taken all of the reviewers’ comments into consideration and have sought to address all of their concerns.

A revised version of the manuscript has been prepared, and the details of all revisions are presented below. Each response is numbered according to the comment it is meant to address.

We hope you find these changes acceptable. If there is any other information you require, please do not hesitate to ask. Thank you again for your consideration.

Yours sincerely,

Thomas Kerr, PhD

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Revisions in response to Reviewer’s Comments

REVIEWER # 2:

1. The reviewer felt our interpretation of reduced length of stay in hospital should acknowledge the possibility of selection bias given the heterogeneity of our outcome.

We agree that our interpretation would be strengthened by including the possibility of selection bias and have included the following sentences in the limitation sections of our discussion:

“Nursing intervention has value in reducing barriers to hospitalization. However, the finding of decreased length of stay must be interpreted with caution given visible or acute infections may lead to selection bias of CIRI and related infectious complications with a shorter length of stay (e.g., abscess versus endocarditis). For example, it is possible that nurses may be referring to the hospital SEOSI participants that require shorter lengths of stay (e.g., abscess versus osteomyelitis)” (pg. 15)

2. The reviewer felt our reasons for HIV seropositivity being a predictor of hospitalization for CIRI should include HIV positive individuals being more likely to be hospitalized than HIV negative individuals.

We agree that our discussion of HIV and hospitalization for CIRI could be improved by including this reason and have included the following sentence in our discussion section:

*Individuals with HIV may be more likely to be treated as an inpatient as opposed to an outpatient (i.e., HIV positive patients with abscesses may be more likely to get admitted to hospital than HIV negative patients with abscesses).* (pg. 12)

3. The reviewer felt that Tables 2 and 3 need better labeling and more detailed footnoting in order to aid interpretability.

We have revised the labeling and footnoting of Tables 2 and 3 and provided greater details therein.

4. The reviewer pointed out that the phrase “to hospital” had not been changed to “to the hospital” in all cases, although the latter phrase had been agreed upon to be better. We have revised the manuscript to include this change.
5. The reviewer noted that the finding of heroin not being a risk factor for hospitalization deserves some discussion.

“There are some factors that differ from risk factors in other cities. For example, research from San Francisco reports an associated between developing a CIRI and frequent black tar heroin injection [2] whereas in Vancouver, frequent cocaine injection has been associated with developing a CIRI [20].” (pg. 11)