Author's response to reviews

Title: The self-reported prevalence of childhood allergic diseases in three cities in China: a multicentre study

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Dear editor:

Please note I highlighted the text all changed by red words.

Authors

1#one name of author “Li Xiang” was made a mistake for “Xiang Li”, I have corrected it.

Abstract

1#I have added the aim of our study in the abstract.
and added one sentence describe the face to face interview.

2#conclusions: I changed one sentence which is more suitable for this article.

Background

1#I have added some findings of previous study in this part.
2#I have added the aim of our study in the background.

Methods

1#“Study population and subject recruited”# in this part, I added the description of the sampling method in the survey.
2#I added a new subtitle “Questionnaires ” which describes the questionnaire used in the survey.
3#“Ethics” in this part, I added the service what we offer to children who may have asthma.

Results

1#I added the response rate of every city.
2"Table 2" I have condensed it and made some changes of words to make the table and word suitable to each other.

3# To make table 2 more clear, I made the part of “coexistence of coexistence of allergic disease” an independent part.

Discussion

1# I add some discussion on the comparison between our finding and previous study.

2# I add some reasons discussion about our findings.

3# I also add some discussion the sex-age- based difference in prevalence of allergic disease.

4# I added some potential bias and shortage of our survey.

Other comments on advice of peer reviewers:

1# ISAAC questionnaire is a good tool to evaluate the prevalence of allergic disease. But it is suitable for using in the two age group 6-7 years old and 13-14 years old. Why the authors used the same questionnaire to evaluate the aged 0-14?

The prevalence of allergic disease in different ages are different, we want to know the difference in prevalence of allergic disease in children with different ages. Besides, we found some study used ISAAC questionnaire to investigate prevalence of allergic disease in children who not aged 6-7 or 13-14. see: asthma epidemiology and hygiene hypothesis in Aisa.

2# It is very difficult to definite diagnosis of allergic disease, especially asthma less than 5 years old, even less 2 years old by pediatric allergic specialist. How did the authors to standardized and validated the face to face interviewer?

All the investigator who took part in the survey must be trained, besides, all parents whose children have been diagnosed as asthma must offer medical records of their child.

3. In general, the rate of prevalence is higher than current rate (last 12 months), but in Beijing 3.15% vs 5.54%, in Guangzhou 2.09% vs 3.93%, why?

Some of the children who had wheezing symptoms in the last 12 months may have not been diagnosed as asthma.

Minor Essential Revisions:

4. In children the prevalence rate from high to low is allergic rhinitis, asthma and atopic eczema, but in this study, atopic eczema is the most high prevalence, Why?

In our survey, the subject included children aged 0-14. The prevalence of eczema in little children is relatively higher, maybe this partly increase the prevalence of eczema.