Reviewer’s report

Title: A guidance for contact tracing of plane passengers with Viral Haemorrhagic Fever - Results of an expert consultation

Version: 1 Date: 6 July 2012

Reviewer: Scott Dowell

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BMC Public Health - MS: 9309479587228044

A guidance for contact tracing of plane passengers with viral hemorrhagic fever

General comments:

This is a sensible guidance document for European countries considering the need to conduct contact tracing after patients with Lassa, Marburg, or Ebola are found to have been ill while flying. Other viral hemorrhagic fevers are not considered, and non-European participants, pathogens, and issues are not included. Based on sparse evidence, the lack of transmission to other passengers in the past is taken to mean that it is unlikely in the future, and this stretch is not adequately acknowledged in the review. The writing and logic needs to be tightened in places to make this a more useful reference document.

Major revisions

1. Title – should specify that this is a European review and that it focuses only on 3 of the many viral hemorrhagic fevers. Suggest “A guidance for…with certain Viral hemorrhagic fevers; Results of a European expert consultation”

2. Abstract – needs review by an editor or native English speaker. For example, in the results section – “plus if” is unclear. Do the authors mean “and” or “or”? Conclusion – last sentence appears to contradict all that precedes it. If all should be decided on a case-by-case basis what is the value of this guidance? What is “all relevant information”? Something besides the information included in the algorithm?

3. Background – this is lightly referenced for such a guidance document. Why was there no review of other hemorrhagic fever transmission (South American arenaviruses, CCRF, and importantly dengue)? What about the experience with other airline transmission events? The experience with SARS, influenza, TB, and others is relevant. SARS especially had many many flights with passengers infected that resulted in no apparent transmission. A conclusion similar to this one would have been logical on this basis, except for the one flight from Hong Kong to Beijing on which for some reason there was abundant transmission, to more than 20 other passengers and crew, resulting in 5 deaths. Such an experience highlights the need for humility and caution in drawing conclusions about minimal risk based on very limited exposure events.

4. Results – were the 9 incidents of Lassa only those with importation to Europe?
Were there other incidents for passengers traveling elsewhere?

5. Results – Marburg – citing the WHO fact sheet as an information source is particularly weak. Is there no original source material on which that fact sheet was based?

6. Discussion, paragraph 3 – need more guidance on the restriction to follow laboratory confirmation. What if this will take many days or is not possible? What minimum delay should be tolerated in making a trace-back decision?

7. Algorithm – The requirement for “body fluid” exposure seems critical and likely to exclude most potential flight circumstances, unless sweat is included as a body fluid. If so, then it would seem that any touching of the patient would qualify, and would require much more extensive trace-back since it would be difficult to know without interviews who might have touched the ill person. Should specify in the box and text whether sweat is intended to be included.

Minor revisions
1. Editing by a native English speaker throughout would improve the clarity of the document.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
no competing interests