Author's response to reviews

Title: Willingness to use a rapid diagnostic test for malaria in a rural area of central Cote d'Ivoire

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Author's response to reviews: see over
Dear Editor

We refer to your e-mail dated 1 November 2012 and thank you very much indeed for sending us a third set of peer-review comments. We are deeply grateful to Dr. Lindsay Mangham for all her efforts and for offering this additional set of constructive comments and helpful suggestions.

We have now further revised our manuscript in light of Dr. Mangham’s comments and our point-by-point response is given below. We clearly indicate how and where in the manuscript (line numbers) changes have been made. To readily assist you in tracking our changes made, we used blue ink to highlight our changes.

We very much hope that our further revised manuscript meets your and the external referees satisfaction. We look forward to your final disposition and remain with best wishes.

Alassane F Ouattara, Jürg Utzinger & Benjamin G Koudou (on behalf of all authors).

Reviewer: Lindsay Mangham
Reviewer's report:

PREVIOUS COMMENT:
Lines 36: I don’t think there is good evidence on the use of malaria RDTs in reducing malaria mortality in most parts of the world. Certainly they offer potential, but it is my understanding that this has not yet been achieved.

AUTHORS' RESPONSE:
The respective sentence has been reworded (see revised manuscript, lines 33-35).

REVIEWERS' RESPONSE:
The sentence remains in the past tense, which states that RDTs have contributed to reduced malaria morbidity and mortality in most parts of the world. I am not aware of evidence to show that RDTs have already had such a large effect, but they do offer potential (as you explain in the background).

This sentence has been reworded as follow: “Some important control interventions (e.g. long-lasting insecticidal nests) have contributed to reduce malaria morbidity and mortality in different parts of the world. Moreover, the development and effective use of rapid diagnostic tests (RDTs) hold promise to further enhance the control and elimination of malaria” (see revised manuscript, lines 34-37)

PREVIOUS COMMENT
Lines 226-229: Please check the explanation – are you saying that both 19.0% and 72.7% of patients that were found the test useful? I find the current explanation quite confusing.

RESPONSE:
In the multiple choice questions, patients who were in favour of an RDT found it useful (only 19.0%), but most found it a useful tool for malaria diagnosis (83.3%) (Fisher’s exact test, p <0.001). When considering utility, 85.1% of patients rejecting an RDT found it of no utility.
REVIEWER'S RESPONSE
Thanks for the edits, but I still find this confusing. Perhaps it would be helpful for the editors of the journal could take a look at this prior to publication.

After considerable thinking we decided to omit this sentence all together.

REVIEWER'S COMMENT
Presentation of Table 4 could be improved. e.g. distinguish variable from categories, and check categories are meaningful (e.g. should “know status” be replaced by “know HIV status” and VIH with HIV). Also I find it confusing to have variables listed with no ORs reported.

Table 4 has been revised and previous variables listed without ORs have been removed (see revised manuscript, Table 4)

COMMENTS FROM REVIEWER ON LANGUAGE:
• The terms “a malaria RDTs” and “a RDTs” confuse singular and plural terms: it is better to write either “a malaria RDT” (singular) or “malaria RDTs” (plural).
• Line 290: I suggest replacing “unfavourable to an RDTs for malaria” with “unwilling to have an RDT test for malaria”

We followed the referee’s suggestion and have amended the manuscript accordingly (see revised manuscript, lines 284)

• Tables 2 and 3: please could you update “Favourable” and “Unfavourable” to the revised headings used in Table 1? From what you have explained, the terms willing and unwilling are more accurate and meaningful.

Table 2 and 3 have been update (see revised manuscript, Table 2 and Table 3)