Reviewer’s report

Title: Willingness of using a rapid diagnostic test for malaria in a rural area of central Côte d’Ivoire

Version: 2 Date: 4 July 2012

Reviewer: Zeno Bisoffi

Reviewer’s report:

I found the paper greatly improved, easier to understand, much clearer in the definition of the scope and methodology and of the results. Overall, a nice paper that I enjoyed reading and that proves how a qualitative and quantitative approach can be usefully combined to provide excellent pieces of information. The language has been much improved, too.

Compared to my previous report, I would now therefore answer YES to all points of the checklist.

Major essential revisions:

I remain with only one major doubt, as regards the weaknesses duly acknowledged by the authors in this version, and specifically at lines 347-348 (sample size). While I do not see any problem with a convenience sampling in this case, what is not at all clear to me is why the number of interviewed subjects should correspond to the number of tests available. As about 2/3rd refused to be tested (unless I have wrongly assumed), using all the available tests would have provided about thrice as many subjects for the interviews, giving more robustness to the conclusions. I would appreciate an explanation, that could simply be related to time or budget constraints (which I would perfectly understand…).

Minor essential revisions:

1. Lines 207-208. If I look at Table 2, it seems that responders were not actual patients with suspected malaria, as it would appear from the text.

2. Line 231. The high proportion of patients declaring fear of the test result, concerning malaria, is surprising, and I would appreciate some comments in the Discussion. Normally, most/all febrile patients would be diagnosed/treated as malaria cases on clinical grounds, thus I do not see why they would fear this to be confirmed by a test…

3. Line 276. I would rather say “do not necessarily agree…”, otherwise such a statement should be corroborated by citations.

4. As a last comment, it is surprising that when we did our study in the neighbour country of Burkina Faso (your citation n. 51), we did not have any problem of refusal to do a blood test (just a few refusals to give the informed consent over more than 5,000 patients…), and generally, our impression was that most of them were rather happy to have a test done at no cost (though our study was not
designed to assess willingness). The high proportion of refusals could have been related to local problems such as a bad reputation of the health centre (as it is somehow hinted by the authors), therefore I would suggest that this further limitation of the study (that is, the difficulty of generalizing finding from a single health unit) be added to the discussion.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests