Author's response to reviews

Title: The gap in injury mortality rates between urban and rural residents of Hubei Province, China

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Author's response to reviews: see over
Dear Dr. Dizon,

Thank you very much for your letter and advice. We have revised the manuscript in accordance with the reviewers’ comments and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers’ comments are listed below this letter.

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

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We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

Responses to comments:

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**Reviewer #1 (Remarks for the Author):**

**Major compulsory revisions**

*The authors have responded satisfactorily to most of my queries.*

*However, the increased detail on methods has raised some additional queries.*

1. Results paragraph 3: don’t need to give all results and CI – just give the top 3-5. Some of the additions to the text also require clarification and some editing; for example discussion paragraph 4:

“The data are drawn from Disease Surveillance Points (DSP) system which has been approved to be representative [14].” Presumably you mean reported to be representative of the general population?

We analyzed the injury death rate from 2006 to 2008 and the result is close each year. So we think the results are reliable.

This requires editing for English language; in addition, this seems out of place in this paragraph.

**Answer:** Following referee’s advice, only the top 5 result and CIs were given. We also deleted the sentences referred to above which did not fit well in this paragraph.

The English has been re-edited by Dr Mertz, Kristen Jean whose mother’s language is English.

2. In the next paragraph (5), page 9-10, there is some lengthy discussion on elders in rural areas and lack of insurance. This section needs to be shortened, and appropriate references added. The whole paragraph is over a page long, and covers several topics so needs editing. The authors state that suicide may be more acceptable in central China – some comment should be made about how that relates to Hubei province and whether it can explain the findings there.

**Answer:** We have shortened the section and updated the references. (see pages 9-10). We also clarified that Hubei Province is in central China.

3. Need to reference the statement about higher injury rates due to RTI in older people due to increased fragility.
Answer: we have updated the reference about higher injury rates due to RTI in older people due to increased fragility (see reference 46).

4. I would also suggest looking at our recent papers from India for more comparative analyses:
http://www.who.int/bulletin/volumes/89/10/11-086306/en/index.html


Answer: thank you for your papers, we have cited data in your papers for comparative analyses. (see page 11)

5. Regarding the potential for differential misclassification of injury deaths – this has real potential for bias, with very different proportions of deaths coded from verbal autopsy in urban and rural areas. If for example VA (more common in rural areas) was more likely to code injury deaths accurately, this could result in the higher injury rates seen in rural areas.

Answer: Yes, this is possible and the point has been discussed as a limitation of the study (page 13).

The authors states that “Falls in the elderly usually were misclassified as other causes due to co-mobidities, but compensating patterns of misclassification would appear to suggest that the method yields population-level cause-specific estimates that are reasonably reliable”

-this statement needs further clarification – what compensating patterns are being referred to?

Answer: More explanation is provided (see page 12). The compensating patterns are misclassification of some other death causes, i.e. stroke, hypertensive diseases, IHD, as falls.