Reviewer's report

Title: Injury morbidity in an urban and a rural area in Tanzania: an epidemiological survey

Version: 1 Date: 13 October 2004

Reviewer: Olive C. KOBUSINGYE

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Severity of injury is classified as minor if resulting in less than 30 days of lost activity and major if resulting in more days of lost activity.

The basis of this severity categorization is unclear. One can imagine that a lot of truly minor injuries that only slowed a child down for two days are lumped up with those which might require a splenectomy, from which operation a child will fully recover and be back in school before the month is out. Most previously healthy young people will recover from severe injuries in two or three weeks, if they receive prompt and appropriate care – except for severe extremity injuries or burns. Since this choice of cut-off affects the rest of the analysis, it is worth either considering different, previously validated measures of severity, or at the very least explaining the rationale for this categorization.

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Discretionary Revisions (which the author can choose to ignore)

Statistical analysis:

2. Introduction and literature review, page 3:

The authors say that “little is known about the causes and groups at high risk of injury in low income countries, especially in Africa.” I consider this to be untrue, given what is available in the literature on the subject, especially over the last 10 years. What may not be well known is what interventions work well to reduce risk, but the causes and risk groups are well known, even from the references given by the authors. In fact, two of the papers cited later are also population based:


The authors may also want to look at work by Alex Butchart and others on the epidemiology of intentional injuries, and Samuel Forjouh on burns and other injuries.

3. Results:

First paragraph concerning the description of the study population. It would be good to tell readers if the observed proportions of persons below and above 44 years are similar to national averages.

(Discretionary)

Types of injuries recorded: Drowning and poisoning are conspicuously absent. Were they not seen at all, or were they not included in the range of injuries? Dar es Salaam being a port city has extensive water surface, and if indeed there were no drowning seen, it should be commented on as
an important negative finding.

4. Discussion:
Page 12, second paragraph: “Primary education was found to be associated with an increased risk of injuries.” This statement is subject to varying interpretations – as it stands, it makes the attainment of primary education a risk factor. But it could also mean that the lack of post-primary education is a risk factor for injuries. The authors should write it so as to avoid ambiguity.

5. Third paragraph, second last sentence: “... the severity of injury could not be assessed anatomically by retrospective self-reporting.” This may be true, but it makes it sound like anatomical assessment is the gold standard. In fact, there is no such agreement on the measurement of injury severity, and some of the tools that are widely used have both anatomical and physiological parameters. A common example is the Revised Trauma Score. It is probably better to say a clinical injury severity assessment was not possible. (Discretionary)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None