Reviewer's report

Title: Rapid Assessment of Injection practices in Cambodia, 2002

Version: 1 Date: 8 February 2005

Reviewer: Lone Simonsen

Reviewer's report:

General
This is a nice, solid paper that investigates injection practices in Cambodia, using standard tools developed by the SIGN network. But it also seems a bit "mechanical" in terms of following the SIGN recommendations for such investigations and does not discuss some important issues (raised below). The author also needs to acknowledge the relatively good safety profile of Cambodia (no "double dipping" noted) and give this country some credit for having confronted this important public health issue and apparently achieved great improvement in safety (albeit not combatted their injection overuse situation).

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

1. Conclusion section of abstract should be rewritten to also conclude on injection safety (not only overuse as is currently the case). Although disposal safety was an issue, more importantly the practice of "double-dipping" and using unclean syringes on several patients did not seem to be a problem in 2002.

2. While the paper argues soundly that injection safety was good in 2002, there is no reason to assume this was the case in the (near) past before the education efforts during the late 1990's (page 9). Therefore, the current high endemicity of HCV and HBV in Cambodia (infectious that are typically carried for many years) may in fact be due to unsafe injection use of yesteryears. This caveat should be stated in the abstract and discussion section. Also, the Burkina Faso observation discussed on p. 10 supports the idea that the education campagn in Cambodia drastically reduced the prevalence of unsafe injection practices.

3. The finding in this study - that most injections in Cambodia are based on a prescription, which were picked up at a pharmacy by the patient and administered at home by a nurse - suggests yet another possible source of unsafe injection use not commented on in this paper: Unsterile syringes for sale in the pharmacy. In some countries, including China, re-packaging syringes for re-sale to hospitals and pharmacies was documented in the past (and motivated by the relatively high cost of single-dose injection syringes. Were observational data collected to address this possibility? (could be purchase of syringes, testing for blood contamination). This possibility should at the very least be brought up as a caveat in the discussion section.

4. The first reference is not accurate. It should be Simonsen et al, Bull WHO 1999. The citation used here is a later paper repeating the original findings.

5. Last sentence on p. 9 is not supported by Figure 2, panel A. Indeed, the survey of 500 adults suggests only about 14% of injections (Figure 2) were administered by lay health care workers - not the majority as suggested by ref 19.
6. Last paragraph in the discussion sentence is not well supported by the study and rest of the paper: it seems Cambodia is already doing fine in terms of injection safety (except for disposal issues) - but in contrast there is a significant overuse problem which should be addressed.

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. Please clarify: The paper is not clear with respect to what "single-use" syringes mean. Are these auto-destruct or conventional disposable syringes that are supposed to be only used once?

2. With respect to injection overuse, it would be interesting to see more data on which injections were given and for which complaints. Especially the 14% intravenous infusions are worrisome - what was that of? Were there oral alternatives? Were these IV injections typically unnecessary or were these the ones given at the hospital to the more ill patients? I suggest you elaborate here and include more data, or, if data were not collected, comment on this limitation of the study.

3.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests