Reviewer's report

Title: Prevalence and pattern of injuries among residents of Igbo-Ora, Nigeria: a community-based study

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Reviewer: Marilyn Leff

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General
This is an important paper because more community level, injury surveillance data is needed in Nigeria and other countries in Africa. However, I think that this paper would help contribute to that body of literature if reworked in a number of ways. In general, I felt the paper could be a little better organized and more substantial. I suggest that the authors follow the organization of those of other articles, e.g., references 7,10, and notice the attention to more specifics e.g., definition of injury, why the data presented are those chosen for presentation, etc. There was a lot of data presented in this paper but after the first reading I wasn’t sure what I had read, i.e., too much data without enough explanation.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. The authors said that all households were “visited” in the two enumeration districts. Is that the same number of households in these 2 districts? The authors need to specifically report the response rate for households and individuals within households.
2. Was there a specific definition for injury or how was that described/defined for the respondent?
3. The authors report that the unit of analysis was “an injured person who sustained injury in the last 6 months”, yet in the methods section the authors report that the number of injuries is for the last 4 months. I didn’t understand this discrepancy. I think the authors mean that the unit of analysis was at the individual rather than the household level. Was data gathered for individual injuries within the last 6 months but only those injuries sustained in the last 4 months used to estimate prevalence?
4. I’m confused by the reporting of the mechanism of injury in the paper. First, Figure 2 presents “fracture” as a mechanism of injury. I do not believe it is a mechanism. There are different levels of mechanisms within Figure 2. I think in order to add to information about injury, it is important to use terms that are generally accepted and can be used when compiling information from various surveys. The authors state that they adapted the interview tool used by Kobusingye, Guwatudde, and Lett and from reviewing that instrument it appears that there are specific mechanisms used in the interview. Why didn’t the authors report the data using those mechanisms? Another that could be followed would be the International Classification of External Causes of Injury (ICECI). See http://www.rivm.nl/who-fic/ICECleng.htm. Or using the same nomenclature as those used in other articles, e.g., see reference 10 in the paper. Do these categories that have been used by others work in this survey? If not, why not?
5. When talking about intent of injury, the number of injuries don’t add up. 49 intentional + 15 assault = 64 injuries, but the authors report 60 people injured in table 3. Is that because there was more than one injury to some individuals? Is the unit of analysis, the injury event or an individual? This issue comes up in other parts of the article as well. E.g., under “Injury Outcomes” the authors write – “Thirty-one of the injured lost less than one week. In fifteen of the injuries (25.8%) ….” However, 15 of the injuries would be 25.0%. A sentence in the results saying that there were 60 injured people for a total of the number of injuries would be helpful. Make sure the reader can understand what the numerator is i.e., injury versus injured persons. And if injured persons is the numerator, which injury was used to determine the injury data, e.g., mechanism, seeking health care, etc. Was it the most recent injury or the first injury?
6. The numbers don’t add up when the authors talked about the injured who were helped – 20 by family and friends+ 17 received no help ---- what happened to the other 33?
7. In talking about injury outcomes, how did the authors define “disability” and what does “yet unrecovered” mean? I think more specific definitions would help put this into the larger injury context. Defining for the reader both how injury itself was defined (see #2) and disability or major or minor injuries and reporting those would make the discussion section more relevant. For instance, in the last paragraph the authors say that the health-seeking behaviour of the residents was good. That depends on how injury was defined.
8. Nowhere do the authors talk about the limitations of the study. First, the number of injuries is smaller than those reported by other studies. What effect could the small number have? Reference number 1 points out several limitations of community surveys on injuries and I suggest the authors think those through and bring those into the discussion section.
9. The authors did not say if they took into account the cluster sampling design in the analysis. If they did,
they need to say so. If not, they need to say how not taking this into account may have influenced the results. EpiInfo, which is free from CDC, has the availability to do such an analysis with the data the authors have. The authors state that they tested for statistical significance but really didn’t report any. I’m not sure that such is needed in this descriptive paper.

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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. I wondered why the authors chose the age categories that they did. It would seem that very young children might sustain injuries in different ways than those in the older children category. Similarly, are 20-29 and 30-39 year olds very different? I would also wondered if those over 60 might have different injury experiences than those 40-59. What is the rationale for the age categorization?
2. The word “data” is plural so make sure that the verb is plural when using “data” as the subject of the sentence, e.g., under “Data collection” in the methods section --- The data was collected should read --- The data were collected
3. Table 1 --- I think the age group of 0-20 should read 0-19.
4. There are places in the text that data are reported that are not shown in a table. For instance, 45.8% of respondents were traders and the authors refer the reader to Table 1 but there is no occupation information in table 1. I think it would be appropriate to add occupation to that table.
5. The titles to the figures need to be reworked to included either “number of injuries by ……..” or “percent of injuries by ……..” e.g., age group, mechanism, sex, etc., etc., to be more clear. For instance Figure 1, I think should read Number of Injuries by Injury Mechanism.
6. Under the results section, the authors say “In all types of injuries, there was male preponderance” and then refer to the reader to figure 3. I think the reference to figure 3 should go in the sentence right before this sentence. Since figure 3 shows the proportion of injuries by mechanism, you can’t really see from this figure that males had a greater number of each type of injury than females. For instance it looks like over 30% of injuries to females were traffic while only 21% were to men. But, men had a larger number than women --- which isn’t shown in this figure.

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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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.