Author's response to reviews

Title: Lessons learned from a demonstration program to sustainably reduce the burden of anaemia and hookworm in women in Yen Bai Province, Viet Nam.

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Version: 3 Date: 11 June 2009

Author's response to reviews: see over
11 June 2009

The BioMed Central Editorial Team
BioMed Central (BMC) Public Health

Dear Editors,

**MS: 5041174972409242**

“Lessons learned from implementing a demonstration program to reduce the burden of anaemia and hookworm in women in Yen Bai Province, Viet Nam. Tran Q Phuc, Seema Mihrshahi, Gerard J Casey, Luong B Phu, Nong T Tien, Sonia R Caruana, Tran D Thach, Antonio Montresor and Beverley-A Biggs”.

Thank you for the notification of your decision regarding the above manuscript. We have noted the reviewer’s comments and responded to all of them as set out below. We have also rechecked the formatting and believe it conforms to all the points. We are also about to resubmit MS 1232 5544 0823 7371. These two papers are about the same project and are very complimentary. If the latter manuscript is also accepted by the journal it may be of value to readers to have them linked in some way.

Kind regards

Dr. Beverly-Ann Biggs
Corresponding Author
Response to Reviewer 1

1. We have rewritten the Abstract Background to mention the benefits of de-worming in WRA and in pregnant WRA after the first trimester:

“Iron deficiency, anaemia and hookworm disease are important public health problems for women of reproductive age living in developing countries and affect the health of newborns and infants. Iron supplementation and deworming treatment are effective in addressing these problems in both pregnant and non-pregnant women. Daily iron supplementation and deworming after the first trimester is recommended for pregnant women although these programs usually do not operate efficiently or effectively. Weekly iron-folic acid supplementation (WIFS) and regular deworming for non-pregnant women may be a viable approach for improving iron status and preventing anaemia during the reproductive years. Addressing these diseases at a population level before women become pregnant could significantly improve women’s health before and during pregnancy, as well as their infants’ growth and development.”

2. May 2006 is now mentioned in the Abstract Methods as the date of commencement of the intervention.

3. The following has been added to pages 10-11 to describe how non-pregnant women were identified in the intervention phase.

“Pregnant women were identified by asking women whether they were pregnant and the timing of their last menstrual period”

4. ‘Infestation’ has been changed to ‘infection’ on pages 5 and 12.

5. ‘Principals’ has been changed to ‘principles’ on page 14.

6. The last paragraph on page 15 as now been amended to reflect the reviewer’s concerns.
“In our project, women were asked if they were pregnant at each deworming event and if so advised not to take the treatment in accordance with Vietnamese guidelines. WHO evaluated publicly available and confidential reports of more than 6000 women that had inadvertently taken mebendazole or albendazole during pregnancy and concluded that the use of anthelminthic drugs during pregnancy does not increase the risk of harm to the foetus. They recommend that single dose oral anthelminthics can be given to pregnant and lactating women but should be avoided in the first trimester [31]. Reassuringly, studies in Sri Lanka [34], Sierra Leone [35] and Nepal [36] have consistently found that anthelminthic treatment during pregnancy significantly improved iron status and increased newborn body weight. Despite this clarification from WHO, several countries (including Vietnam) are still reluctant to administer anthelminthic therapy at any stage during pregnancy. In order to reduce the potential for inadvertent treatment of women in the first trimester of pregnancy participating in mass deworming programs the questions ‘Are you pregnant?’ and ‘When was your last menstrual period?’ can be used to screen for pregnancy and should be asked prior to administration [32, 33]. However, studies on the effectiveness of these questions as screening tools have not been reported. Further research on this issue would be of great benefit to future programs. The other issue for program managers is to consider follow-up procedures for women who have deworming treatment withheld during pregnancy, so that these women have access to treatment at the earliest possible time”

7. The numbers in Fig 1 and Table 1 are now consistent.

8. The missing values have now been explained in the legend to Table 1.