Reviewer's report

Title: The burden of disease profile of residents of Nairobi's slums: Results from a Demographic Surveillance System

Version: 1 Date: 20 September 2007

Reviewer: Osman Sankoh

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REVIEWER’S REPORT, 17.09.2007

Osman Sankoh

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COMMENTS
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This is an original paper that seeks to quantify the burden of disease (BoD) faced by two communities of Nairobi's informal settlements.

Overall comments:

The paper is well presented. It addresses an important issue of public health relevance which is assessing disease burden within a specific community using demographic surveillance system (DSS) data. Due of lack of empirical data, disease burdens are often accessed at global, regional or national levels. These scales are less informative to support interventions at the local level, more so in such marginalized populations. The attempt by the authors to quantify the BoD of this marginalized population deserved to be applauded. However, I would like to point out some of the following points.

In the method section paper the authors should give a short description of the access to health care of these communities. This is important for the reader to fully understand the disease burden. A short paragraph in the first subsection of the method section would be informative.

The authors did not mention whether the verbal autopsy (VA) tool used was different for different age groups. This precision is necessary as WHO recommends a different set of questions for childhood deaths.

Figure 2. It will be informative to provide the proportion of person years contributed by each age group.

Page 13. The authors should have compared directly the per capita DALY for the study population and the Tanzanian site for under-fives and then looked at the
under five mortality rate for Nairobi and the district containing the Tanzania DSS site to confirm if similar differentials exist.

Page 16. The contribution of CNS conditions to the morbidity burden should not be dismissed given the level of poverty, unfulfilled aspirations, insecurity, etc; the urban poor may be uniquely predisposed to higher prevalence of CNS conditions.

I expected the author to discuss the limitations of the software (TEHIP) used as well as the limitation of the verbal autopsy tool.

Please check the numbering of the figures. All the figures are numbered “1” yet in the text it goes from 1 to 5.


CONFIDENTIAL COMMENTS
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Level of interest
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• A paper of public health interest

Advice on publication
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• Accept for publication, with minor revision

Quality of written English
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• Good

Competing interests
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What next?: Accept after minor essential revisions