Author's response to reviews

Title: An improved method for physician- coded verbal autopsy reduces the rate of discrepancy: Experiences in the Nouna Health and Demographic Surveillance Site (NHDSS), Burkina Faso

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Version: 11 Date: 11 July 2011

Author's response to reviews: see over
MINISTERE DE LA SANTE
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11th July 2011

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To

PHM Editorial Team
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Dear Sir/Madam,

We are pleased again to get back to you after the last request about our manuscript entitled “An improved method for physician-coded verbal autopsy reduces the rate of discrepancy: Experience in the Nouna Health and Demographic Surveillance Site (NHDSS), Burkina Faso”.

After a discussion within the team, a point-by-point responses are provided as following:

1- Please provide an additional paragraph to describe how the physician panel was constituted and how it operated. This should include information about how many physicians were on the panel, what was their area of specialty (if any), was consensus on a diagnosis required or did they accept a diagnosis if the majority (more than 50%, more than 66%, etc.) of physicians agreed? The Editors feel this detail is important, since the whole method depends on this.

An additional paragraph with the sub-heading: Physician’s coding organization is provided in the methodology section, just after the VA questionnaire.

This paragraph addresses the issues of team involved in the coding with their background and as well the way by which the physician panels are constituted. Indeed, the following section was included in the revised version of the manuscript:
Physician’s coding organization

The VA coding sessions were organized locally gathering together 12 physicians working in the district hospital with an average working experience as general practitioners of 4 years. One of these physicians with detailed public health background guided the coding process. All physicians had good knowledge in patient’s management covering the areas of general medicine, care for pediatric inpatients, care for HIV patients, and basic gynecological and obstetrical care for women. Nevertheless, whenever required the panel sought opinion from external specialists in the area of interest. Based on the number of available physicians, the panel consisted of 3 to 4 members. An agreement upon a given cause of death is only reached when 2 out of 3 members (66%) or 3 out of 4 members (75%) of the panel arrive on a consensus. Thus the panel coding process was more a majority based and required that more than 50% of the panel members come up with the same cause of death. The cause is then ascribed to the final cause of death. It also happened that the panel overwhelmingly agreed to classify the cause of death as undetermined if the available VA information did not allow to make a final decision.

2. Please include English ICD-10 names of the disease categories in the table and remove the French names.

The previous table provided as an annex containing French version of the ICD10 is now changed by the English ICD10 disease categories (see annex2)

While waiting to get your feedback, we remain available for further need for information

Sincerely, yours

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