Author’s response to reviews

Title: Malaria paediatric hospitalization between 1999 and 2008 across Kenya

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Author’s response to reviews: see over
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Mick Aulakh, M.Sc.
Assistant Editor, BMC Medicine

Dear Mr Aulakh,

Re: Malaria paediatric hospitalization between 1999 and 2008 across Kenya (MS: 9322078829904378)

Thank you for the opportunity to once again reply to the reviewer. Our responses are set out in this letter below and we have made the changes required or otherwise explained reasons for not doing so.

We very much hope we have provided a satisfactory response such that the article is acceptable for publication in the Journal. We view these as minor editorial changes and it is our hope this will not need to go back to the reviewer for a third time and that you can come to a quick editorial decision.

Yours sincerely

Dr Emelda Okiro

Reviewer: Patricia Graves
Reviewer’s report:
It was a pleasure to re-read this paper. I saw even more interesting things in it than last time, maybe because some confusion has been removed or maybe just familiarity. The comments have been well addressed.

The Results section in abstract still needs a bit of work.
1) Sentence 1: malaria admissions remained unchanged in 3 hospitals, not two (as is mentioned in results page 10 and shown in table 3). The marginal decrease mentioned for one hospital is not significant. I would actually reorder this sentence to say ‘declined in x, increased in x and remained unchanged in x’.

We appreciate the reviewer’s suggestion and have made the necessary changes to the abstract.

2) Sentence 2 and 3: There needs to be some definition of admission rate or units attached to the numbers 0.0063 and 0.0050 (cases per 1000 children aged 0-14 yrs per month?)

We have now included a definition of the admission rate in the abstract and table.

3) Sentence 3: It would be good to state “Paediatric admissions for all causes…” just for clarity.

This has now been clearly stated to reflect all-cause admissions

4) Sentence 3 is confusing because paediatric admissions for all causes actually
declined significantly at more than 6 hospitals, according to Table 3. If you want
to single out a decline in the 6 of >=0.0050 as being important, it would be better
to rephrase as “Paediatric admissions for all causes declined significantly and by
more than 0.0050 per month at 6 of the 17 hospitals”.

We have made the changes suggested by the reviewer to the manuscript abstract.

I still think that it would be worthwhile to include the estimates of average monthly
incidence in the main paper instead of hiding them in SI 2 Table 1. There is a lot
of effort on the trends, but as the authors say in the responses, no one else has
gone to the trouble of estimating the denominators for incidences of paediatric
admissions so carefully, and therefore the admission rates deserve to be
highlighted. I realize they are shown in Fig 2 by time period, but this does not
make the same impact. At the very least an overall range for the hospitals should
be given in the results text for both malaria and all cause admissions, perhaps in
first paragraph of results.

We appreciate the reviewer’s suggestion and have now included a summary of the overall
range of admission rates across the study series. With regards to the addition of an
additional table we have canvassed opinions among co-authors and colleagues in our group
the concensus feeling is that the results are adequately discussed within the main
manuscript without the need to include an additional table and thus have opted to leave
these set of results in the supplementary section. We sincerely hope you will agree to this
one concession.