Reviewer's report

Title: Trauma center accessibility for road traffic injuries in Hanoi, Vietnam

Version: 1 Date: 24 February 2011

Reviewer: Uli Schmucker

Reviewer's report:

Congratulations to Mr. Nagata and his colleagues,
the authors have performed research that is essential for the improvement of trauma care in developing countries. Such research adds valuable information to previous clinical and epidemiological investigations. Such research proves that trauma management research is an interdisciplinary field. The manuscript clearly describes the strengths and limitations of the study. A more detailed interpretation of the results and their implications on EMS infrastructure/development can significantly improve the manuscript and will be in the interest of the JTMO readers.

# Major Compulsory Revisions

ABSTRACT

1. RTI are the leading cause of death in the 15-59 years age group. However, among the total population, RTI is the second (in men) and the fifth (in women) most frequent cause of death.


2. In fact, the motorcycle helmet law (December 2007) was found to be associated with a substantial decrease of head injuries (RR 16%) and fatal injury (RR 18%).


INTRODUCTION


The study demonstrates the ranking of RTI among the causes of death for various age groups.

2. Page 5, second paragraph: The authors should add the figures given in

3. Page 5, second paragraph: Vietnam lacks a structured, formal EMS. In fact there are some EMS throughout the country but these are not structured, insurance issues are often undetermined, and the real performance of the EMS remains unclear.

4. Page 9, table 1: The authors may change the header “Mean (SD) or %” into Mean (SD*) or frequency” and explain the abbreviation “SD” in an underline.

DISCUSSION

In general, the authors should add their thoughts and explanations why death and other variables are associated with greater distance to the trauma center. Higher collision speed? Predominance of cars (cars produce higher injury severity than motorcycle versus motorcycle crashes) on the surveyed roads 3 and 8? Male predominance in certain road user categories? Higher risk taking behaviour in males? etc. ???

Page 11, last paragraph: The authors might cite studies that investigated under-reporting of RTI in Vietnam, e.g.


# Minor Essential Revisions

Page 9, table 1: The authors might change “Injury or death” into “Crash outcomes” or simply “Outcomes”.

Page 9, table 1: The authors must define “20s” as 20-29 years of age or else range of age. Also, the “Time” must be clearly defined in the table 1 similarly to page 8.

Page 12, third paragraph: According to the World Bank and WHO, Vietnam belongs to the low-income countries, not middle income countries.

# Discretionary Revisions

In general, the authors are welcome to describe their future activities using GIS, potential future approaches of GIS to improve trauma management, the research or infrastructure needed to link GIS to hospital data or else data, etc. This seems to be extraordinary important in order to learn about the potential of GIS and is extremely interesting for the research community including the readers of JTMO.

Level of interest: An article whose findings are important to those with closely
related research interests

**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.