Author's response to reviews

Title: Prevalence and associated risk factors of anemia among HIV infected children attending Gondar university hospital, Northwest Ethiopia: a cross sectional study

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Version: 4 Date: 13 August 2015

Author's response to reviews: see over
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Version 4: Date: August 13, 2015

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Dear BMC Hematology editorials,

The authors gave special thanks for the reviewers for their valuable comments and suggestions which helps to our manuscript entitled “Prevalence and associated risk factors of anemia among HIV infected children attending Gondar University Hospital, Northwest Ethiopia: A cross sectional Study” to be valuable and scientifically sound. We the authors tried to correct and include all the comments given by each reviewer point-by-point. For the convenience purpose, we attached/uploaded the point-by-point reply to each reviewers and the revised manuscript.

With regards
Authors’ response to reviewer Lealem Bimerew

Title: Prevalence and associated risk factors of anemia among HIV infected children attending Gondar University Hospital, Northwest Ethiopia: A cross sectional Study

Version: 3 Date: 21 July 2015

Reviewer: Lealem Bimerew

Reviewer's report:

Title: Prevalence and associated risk factors of anemia among HIV infected children attending Gondar University Hospital, Northwest Ethiopia: A cross sectional Study

Thank you again for the opportunity given to review this manuscript. My comments and feedback are below, in order of the text that they refer to in the manuscript.

Minor Essential Revisions

Abstract

Result: line 40. It will be more informative if you include AOR and confidence interval for those significantly associated factors you mentioned. Done as per the reviewer comment

Materials and Methods

In your abstract section line 35 you said that you adjusted Hg in order to avoid the effect of altitude. If that is so you should mention the altitude of the study area and the formula you used including the citation. Done as per the comment in the result (prevalence of anemia) section as

- “The prevalence of anemia among the study children was obtained by considering the cut off values of Hgb (< 11g/dl for children <5 years old, <11.5g/dl for children 5 - 11.9 years old and <12g/dl for children 12 – 14.9 years old after altitude adjustments. The study area has an altitude of 2133 meters and Hgb value was adjusted by subtracting 0.08g/dl (3).”
Tables need revision

For example: Table 1- The total percent of the variable Religion is not 100.

- This was round up problem. When the decimals after point is 2 it is 100 and it is corrected.

Fig: 1- Clarification- would you please give us an example for the type of anemia grouped under Macrocytic-Hypochromic and Microcytic-Normochromic.

- This type of anemias are rare and may be mis diagnosed. But here this classification was based on MCV and MCHC which was found from hematological analyzer (Cell Dyne 1800). Thus if there are reticulocytes this may considered as macrocytosis. But the actual mature red cell Hgb is may be low. Due to that red cells may look like Macrocytic hypochromic. On the other hand if there is RBC fragmentation microcytic normochromic picture of red cells will be observed and this is one limitation of automation. Generally it is the effect of reticulocytes.

There are some grammatical and editorial errors that should be corrected.

- Tried to correct

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

**Quality of written English:** Needs some language corrections before being published

**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
Authors’ response to Reviewer Ruth Williams-Hooker

Title: Prevalence and associated risk factors of anemia among HIV infected children attending Gondar University Hospital, Northwest Ethiopia: A cross sectional Study

Version: 3 Date: 15 July 2015

Reviewer: Ruth Williams-Hooker

Reviewer's report:

In abstract, add an S to results and conclusion.

- Done as per the reviewer’s comment.

Line 64 to 68, is this all the same study, if you put the ref number after the first sentence, on line 65. If not, the Ethiopia study needs a reference.

- The Authors thank the reviewer for the concern and it is corrected: for the first statement “In East Africa, the prevalence of anemia ranges from 15-93%” the reference is 13. While for Ethiopia it is 14.

Line 80, used drug that results in, instead of resulting in: Corrected as per the comment

Line 86, after Jimma, say only took those children: Corrected as per the comment

Line 93 What was the sample you took the subjects from and how many. Did anyone say no

- The total of children on ART attending Gondar university hospital were 722 at the time of data collection. The sample was calculated and 265 children were taken. This is included as per the comment.

Line 97 Is the questionnaire published, if so add reference

- No the questionnaire is not published. We observe different literatures and design our own questionnaire and then by doing pre-test it was tried to standardize.
Line 110 who examined the slide and were they trained, say by a trained xxx

- The slides were examined by experienced laboratory technologist. And it is corrected.

Line 120 after participants ad a comma and and, then take out then. Make this one sentence

- Corrected as per the comment

Line 137 put the Hgb’s in brackets so it will be easier to read and separate from the % give in line 138 - Corrected as per the comment

Line 173, I don’t see how the Tanzania study support your results, as they did not report cotrimoxazole or green vegs, please explain this better:

The Authors thank the reviewer and it is was by mistake and corrected as: “In this study, anemia was associated with eating green leafy vegetables and being on cotrimoxazole treatment. But there is no significant association with age, sex, residence, WHO clinical stage, HAART, opportunistic infections, intestinal parasitic infection and CD4 percentage. But in contradiction to this study, a study done in Tanzania showed that not being on HAART, having CD4% <25%, having a history of tuberculosis and having hookworm infestation, were independent risk factors for anemia (26). A similar study on children aged 1 to 12 years in India, showed that age younger than 6 years old, rural residence, advanced HIV disease stage and TB infection were risk factors for anemia while HAART was protective while gender, cotrimoxazole and HAART regimen type had no association with anemia (24).”

Conclusion- why do you think the eating green vegs mattered, did those children also not eat meat, explain your thoughts on this.
- Even if intestinal parasitic infection does not show significant association, eating green leafy vegetables may increase the risk of parasitic infection. This in turn may lead anemia especially hook worm infection.

Ref 3, what is this, a presentation given, a paper, what

- This reference is a compilation of current World Health Organization recommendations on the hemoglobin concentration for diagnosing anemia and summarizes the cut-offs for defining anemia and its severity at the population level. It’s Suggested citation is

Ref 8, make the I in infection a lower case letter: Done per as the comment

Ref 18- make U in university lower case and check thoughout, sometimes it’s capped sometimes lower case: Done per as the comment

Check title caps, Study is capped but other words are not: Done per as the comment

Declaration of competing interests:

I do not have any conflicts of interest.