Author's response to reviews

Title: Scabies: an ancient global disease with a need for new therapies

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Version: 6 Date: 10 April 2015

Author's response to reviews: see over
Author's response to reviews

Title: Scabies: an ancient global disease with a need for new therapies

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Version: 3
Date: 9 April 2015

Author's response to reviews: see over
Reviewer's report - 1

Title: Scabies: an ancient global disease with a need for new therapies

Version: 2 Date: 7 October 2014

Reviewer: Kirsty Hewitt

Reviewer's report:

General points:
This is an important topic and it is good to see attention being paid to this neglected disease. I think the paper would benefit from review by a dermatologist who can comment more fully on the evidence around treatment – I am an epidemiologist.

In general I think this paper does not fully consider all of the evidence around topical and oral treatments for scabies, and presents a somewhat negative view of existing therapies. There are some key references missing, particularly the Cochrane reviews on this topic.

Response:

• We agree with reviewer 1 in that our manuscript is not a comprehensive review of all available and potential scabies therapies. Rather, we retrospectively address this (valid) criticism, i.e. limitations of existing therapies and the rationale for investigating new therapies for the management of scabies.

• The focus of this paper has been highlighted in the manuscript abstract and introduction using explanatory notes (page 2; line #11-12; page 3, line #21-23) to re-emphasize this point.

Major compulsory revisions:

1. Background: First paragraph, line 7 – the reference given for the statement ‘it affects 6 in 10 Aboriginal and Torres Strait Islander children at any given time, more than six times the rate seen in the rest of the developed world’ doesn’t appear to be correct. The article referenced doesn’t include the prevalence in this group, or in the rest of the developed world. A more recent reference would be better here.

Response:

• This has been addressed in the text with newly added references (3,4). Page 2, line #13)
2. Discussion, first sentence: I think this statement is too strong – this depends on the setting. Two Cochrane reviews have concluded that topical permethrin is the most effective treatment for scabies, and is safe. Although most trials are small and further research is needed, I do think this sentence overstates the issue. Perhaps remove ‘no’ and take the brackets off ‘few’, and clarify that effectiveness can vary between settings. (The most recent Cochrane review is Strong and Johnstone 2010 http://www.thecochranelibrary.com/userfiles/ccoch/file/Water%20safety/CD000320.pdf ) Other papers also underline the safety of topical permethrin (e.g. Hengge et al. Scabies: a ubiquitous neglected skin disease. Lancet Infectious Diseases 2006;6:769-779).

Response:

- This has been addressed by editing the text as suggested (Page 4, line #13 -15).

3. Discussion, First paragraph, second half re. ivermectin: This section feels rather biased and I think presents selective evidence about ivermectin. There are many more references than the one given, that would present a more balanced view. More research is needed to evaluate ivermectin as a mass control measure for scabies (although there is safety evidence from MDA programmes for other diseases) but there is some observational evidence of its effectiveness in controlling scabies outbreaks in institutional settings including nursing homes (see the articles referenced above).

Response:

- This has been addressed by editing the text as suggested (page 5, line #10-13). Further additions have been made elsewhere in the manuscript (page 4, line #12-24) re: treatments to describe the challenges associated with treating scabies. Authors believe that these additions address the comments from reviewer 1 and provide a balanced view of current treatments and the challenges associated with current management options.
3. The 1997 Barkwell paper cited in the ivermectin section as showing increased deaths among elderly patients in an institutional setting is poor study which did not control for a number of potential confounding factors (e.g. pre-existing conditions which may predispose patients to scabies), and has been criticised. As far as I am aware no other studies have replicated these findings.

Response:

• This has been addressed by editing the text as suggested (Table 2, line #40-46) to provide a balanced view on ivermectin safety.

4. Table 2: ‘Comments’ re. ivermectin: I think this is rather selective, in quoting a controversial article and ignoring positive evidence regarding the use of ivermectin.

Response:

• This has been addressed by editing the text as suggested (Table 2, line #40-46) to provide a balanced view on ivermectin safety.

5. Table 2: References should be given for the statements given in the comments section.

Response:

• This has been addressed by inserting references in the table as suggested (Table 2, line # 4, 11, 21 and 29).

Minor essential revisions:

6. Summary: In the discussion section, the word ‘A’ is not needed at the beginning of the paragraph and reads oddly. The summary section of this does not read clearly at the moment and would benefit from editing for clarity.

Response:

• This has been addressed by editing the main text as suggested (page 2, line # 10, 21-25). Further relevant additions have been made to improve the overall quality of the manuscript (page 2, line# 11-12, 13-15)

7. Main article: Line 7-9 of the background section re. sequelae of scabies needs a reference.

Response:

• This has been addressed in the text with newly added reference (5; page 3, line #14).
8. Discussion, paragraph 2, sentence beginning ‘Paradoxically...’ there is a typo at the end – an extra bracket.

Response:

• This has been addressed by editing the text as suggested (page 6, line #5-8).

9. Sentence beginning ‘Neither is it recommended for...’ I am not clear what this sentence means, can it be clarified and is there a reference for this? There is a recent Cochrane review regarding treatments for scabies contacts which may be useful here (Fitzgerald 2014 http://www.ncbi.nlm.nih.gov/pubmed/24566946).

Response:

• This has been addressed by editing the text to improve the readability (page 6, line #6-8).

10. Background: Sentence beginning ‘Outbreaks of APGSN...’: The authors should be clearer that they are talking about a specific population group here (Aboriginal) as it reads as a general point about all scabies outbreaks. They should point out that outbreaks of APGSN are uncommon outside this community and do not always coincide with scabies outbreaks elsewhere in the developed world. Also please check that the paper reference actually supports this statement.

Response:

• This has been addressed by editing the text as suggested (page 3, line #13-18).

11. Summary, bullet 2: This is the first reference to herbal or traditional medicines in the article, therefore this bullet does not fit in as a summary of the paper without some previous discussion of this.

Response:

• This has been addressed by editing the text as suggested (page 6, line #24-26; Page 7, 1-5).

12. Table 2: The ‘Comments’ column re. permethrin – should read ‘growing resistance among scabies mites’

Response:

• This has been addressed by editing the text as suggested (Table 2, line #13-14).

Discretionary revisions:

Consider adding some discussion of the limitations of diagnostic tools available,
particularly in resource poor settings.

Response:

- This has been addressed by editing the text as suggested (added a new paragraph, page 4, line #2-10).

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 have no competing interests.
Reviewer's report

Title: Scabies: an ancient global disease with a need for new therapies

Version: 2 Date: 19 November 2014

Reviewer: Mohamad Goldust

Reviewer's report:

Dear Author,

Thank you for your work and subscription to BMC Infectious Diseases. However, the description needs to be improved markedly, otherwise I think a little difficult to be accepted.

1. The article is poorly organized.

   • We have made numerous changes in the manuscript (page 2, line# 11-12, 14-16, 21-25; page 3, 13-18, 21-23; page 4, line# 2-24; page 5, line# 10-16; page 6, line# 5-8,24-26; page 7, line# 1-5) to improve the readability and overall quality.

   • The focus of this paper has been highlighted in the manuscript abstract and introduction using explanatory notes (page 2; line#11-12; page 3, line #21-23) to re-emphasize this point.

2. The references are inappropriately used in the text.

   Response:

   - We have made numerous changes in the manuscript:

     o E.g. reorganising references as suggested by Reviewer 1 (Table 2, line # 4, 11, 21 and 29).

     o By editing current references (page 3, line #13).

     o By editing the text with newly added reference (page 3, line #13-20).

2. Too many references that are unnecessary for such a study.

   Response: This is rather conflicting instruction/s given to authors. Please see reviewer 1 instructions/queries (1, 3, and 4).

Thank you again, and good luck!

Level of interest: An article of limited interest

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