Author’s response to reviews

Title: Prevalence of active trachoma and associated risk factors among children of the pastoralist population in Madda Walabu rural district, Southeast Ethiopia: A community-based cross-sectional study

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Title: Prevalence of active trachoma and associated risk factors among children of the pastoralist population in Madda Walabu rural district, Southeast Ethiopia: A community-based cross-sectional study

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Dear Editor,

It is a prestigious opportunity for us to have helpful comments, suggestions and contributions towards our manuscript. With all the respect, we thank all the reviewer and editors for the constructive comments you have made towards the improvement of this manuscript. We have carefully considered and taken all of your comments when rewriting the manuscript again and again. We believe that it is significantly improved and we made the necessary corrections. Additionally, the revised manuscript also extensively examined to correct grammatical mistakes.
and spelling inconsistencies. We use “Text Highlight Color” for all affected revisions and corrections in the “Revised Manuscript”. Finally, a point by point response to the reviewers’ concerns is listed below.

Reviewers’ comments and responses

Anthony Solomon (Reviewer 1)

Dear Reviewer 1

It is a prestigious opportunity for us to receive constructive comments and wise advices from you. With all respect we thank you Sir, for your helpful comments for the improvement of this manuscript. We have carefully considered and taken all of your comments when rewriting the manuscript. Please follow the point by point response.

REVIEWER 1

Prevalence of active trachoma and associated risk factors among children of the pastoralist population in Madda Walabu rural district, Southeast Ethiopia: A community-based cross-sectional study Trachoma surveys are difficult, and the authors are to be congratulated for their work. I think some adjustment to the description of the planning, fieldwork and analysis would help the reader. To localize the following comments within the document, I have used the numbers in the left-hand margin that line-up against the actual lines of text - the numbers further to the right, not the ones further to the left that appear to have been added by the submission system.
p3, line 3: cataract, not trachoma, is the leading cause of preventable blindness. Cataract itself is not necessarily preventable, but can be operated on before VA falls to <3/60

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript

p.3, line 9: if systematic sampling was used, it was not random sampling. Please delete the word "random". (The same comment applies to p.7, line 19; and p.7, line 23.)

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript

p.3, line 14: please provide the number of children with each sign, as well as the percentage. I would advise using whole numbers for percentages (i.e., no decimal places).

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.3, line 16-18: the meanings of "source of water" and "time to fetch water" here are not clear. By "associated with active trachoma", do the authors mean "associated with TF"? Presumably, since binary logistic regression was used, particular categories of responses within each of the potential explanatory variables were associated with active trachoma, which should be specified so that the abstract makes sense by itself. Since the methods does not talk about observation, presumably "use of soap during face-washing" refers to self-report (or parent report) of usual use of soap (or use of soap when face last washed)

- these points should be clarified. (Was binary logistic regression used, or multinomial logistic regression? This should also be made clear in the methods section of the main document.)

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.
In brief, children from households using river/ponds, unprotected well/spring and rainwater as their source of drinking water were more likely to develop active trachoma compared to those from households using water from piped or public tap water (AOR: 13, 95%CI: 2.9, 58.2), (AOR: 6.1, 95%CI: 1.0, 36.5) and (AOR: 4.8, 95%CI: 1.3, 17.8) respectively. Children from households that lacked a latrine were 2.5 times more likely to develop active trachoma (AOR: 2.5, 95% CI: 1.8, 5.3). Children from households who fetch water after 16-30 minutes' walk were almost nine times more likely to develop active trachoma compared to those from households who fetch less than 15 minutes (AOR= 8.7, 95% CI: 2.20, 34.2). Moreover, in the current study parent reported the use of soap when face last washed was assessed and children who did not wash their face by using soap were 4.3 times more likely to have active trachoma compared to those who washed their face by using soap (4.3, 95% CI: 1.8, 10.6).

In addition, as per your wise advice, we try to clarify the analyses part in detail. Actual we used binary logistic regression analyses to describe factors associated with trachoma. For more detail please see the revised manuscript analyses part.

p.3, line 19: please delete the word "determinant". "Associated" is fine. In a cross-sectional study like this, causality is uncertain, and confounding can't be excluded.

Responses
Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript

p.4, lines 1-2: antibiotics are also indicated in this population, in line with the WHO-endorsed SAFE strategy.

Responses
Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript

p.5, line 2: "Trachoma is a bacterial infection caused by Chlamydia trachomatis." This is incorrect. Trachoma is a disease caused by infection with C. trachomatis. Apologies for being pedantic: it's a subtle but important distinction.

Responses
Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript
p.5, line 4-5: "and can be identified by sticky red eyes; this stage is known as active trachoma, or Trachomatous Inflammation-Follicular (TF).".

Two points here. First, active trachoma is not always accompanied by a sticky discharge or eyes that look red. Second, the sentence implies that active trachoma and TF are synonymous, but they are not

- active trachoma has other manifestations besides a follicular conjunctivitis.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.5, line 6: please delete the word "easily".

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.


Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

There is no good estimate of the number of people suffering from active trachoma; suggest just delete this. The most recent estimate of the number of people with trichiasis is 2.8 million (2016; ref: Flueckiger RM, et al. The global burden of trichiasis in 2016. bioRxiv. 2018;348995).

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.5, line 17: F is not to stop transmission, but to limit it.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.5, line 20: please change "the leading" to "a leading" (same rationale as outlined for the abstract).

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.


Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.6, lines 1-12: the prevalence estimates quoted here are hard to compare because some are for "active trachoma", some are for TI and some are for TF.

Suggest use the TF prevalence in 1-9-year-olds throughout, since this is the metric used by WHO.
Responses

Thank you for the comment and the suggestion it corrected according to your advice. Please see the revised manuscript.

p.7, line 6: please note here that Bale Zone is in Oromia. There is so much data on trachoma in Ethiopia now, it's important to give readers reference points.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript.

p.7, sample size and sampling procedure: the authors have not specified a design effect. This should be done. The sampling system (in which 6 of 22 subdistricts were chosen as the first sampling stage) is likely to have produced a very high DE: I would not have recommended this. The authors should explain how systematic sampling was done for households within an entire kebele, which is a relatively large population unit in which it would be logistically difficult to amass a complete household line listing, and logically difficult to then see the households that had been chosen. I would personally find it very helpful for the authors to describe how the pastoralist communities were identified, listed and located, since this is a problem that has troubled many trachoma epidemiologists over the last few years.

Responses

Thank you for the comment we try to clarify as much as possible how the sampling system was performed. Please see the revised manuscript. In brief, a systematic sampling technique was employed to select children age 1-9 years. From twenty-two kebeles (sub-districts) of Madda Walabu district six rural sub-districts were selected using simple random sampling technique. Accordingly, Waltae Burra, Ware, Ela Bidire, Berisa, Oda Boji and Oda sub-districts were selected. After sampling frame preparation, that contains lists of households with children age 1-9 years old from health extension house to house visit routine program list from Waltae Burra, Ware, Ela Bidire, Berisa, Oda Boji, and Oda. Afterward, the calculated sample sizes were allocated proportionally to size for each selected sub-districts. Then, systematic sampling technique was applied to select households that had at least one 1-9 years old child. For households that had more than one child aged 1-9 years, a single child was selected by using the lottery method.
p.8, data collection: there's now a fairly well-established process for training and certifying trachoma graders, using the GTMP/Tropical Data system. Is this what was done to train the graders used here?

Responses

Thank you for the comment. To make things short “Yes”, the data collector or Graders were adequately trained and well experienced they also attended the standardized 5-day training using GTMP training.

p.8, lines 17-20: Many of the parameters here have more than two categories (e.g., age, frequency of face washing, educational and occupational status of household head, source of water…). How did the authors reduce this to binary classification for binary logistic regression?

Responses

Thank you for the comment. As per your advice, we try to clarify the variables section in a more explanatory way. Please see the revised manuscript variable section

p.9, line 1: since TF was used as the outcome variable for "active trachoma", suggest say this on p.8, line 17, instead of saying there that "active trachoma" was the outcome variable then defining active trachoma as TF a few lines later.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript operational definition section.

Results: for percentages, suggest just use whole numbers throughout. Even though you may often be able to mathematically justify the use of more significant digits, I think the point of percentages is to enable the reader to "feel" the proportion. This is just an opinion.

Responses

Thank you for your opinion. To satisfy reviewer 1 and 2 concern we use the whole number in some cases.
p.10, line 12: if flies on faces were observed as part of the survey, this should be mentioned in the methods section, please.

Responses

Thank you for the comment. It is correct accordingly.

p.10, line 16: the abbreviations TF and TI have already been defined. (For what it's worth, TF is "trachomatous inflammation—follicular" and TI is "trachomatous inflammation—intense", without any of the words needing the first letter to be upper case.

Responses

Thank for the comment. It is corrected accordingly.

p.11, discussion: I am not sure how helpful it is to compare the prevalence recorded in this population to prevalence estimates from other contexts. I was, however, surprised not to see the prevalence here compared to the baseline prevalence in the same location described in a previous publication. (Madda Walabu was surveyed for baseline trachoma prevalence in as part of an evaluation unit that also included Berbere, Dolo Mena, Gura Damole and Harena Buluk. The reference is Bero B, et al. Prevalence of and Risk Factors for Trachoma in Oromia Regional State of Ethiopia: Results of 79 Population-Based Prevalence Surveys Conducted with the Global Trachoma Mapping Project. Ophthamic Epidemiol. 2016;23:392-405. doi:10.1080/09286586.2016.1243717 -this is cited by the authors as reference 7, but should be looked at more closely for the relevant data. If that previous survey did not actually include the pastoralist community, that should be specifically noted by the authors here.) It would also be helpful to have the interventions done in the woreda since baseline, if any, described in the current manuscript (including whether any of those interventions reached the pastoralists that are the focus of this paper.

Responses

Thank for the comment. We also share your concern regarding comparing the prevalence recorded in such community with another context. As a result, we put cautionary measures in the limitation of the study part (please see the revised manuscript limitation of the study part).

As per your wise advice, we also include the baseline prevalence in the same location described in a previous publication by Bero B, et al.

Responses

Thank you for the comment. Please see the revised manuscript conclusion. Again, we also grateful to have your suggestion to consult Delea M et al. review.

Dear Reviewer 2

It is a prestigious opportunity for us to receive constructive comments and wise advices from you. With all respect thank you, for all your comments you have made towards the improvement of this manuscript. We have carefully considered and taken all of your comments when rewriting the manuscript. Please follow the point by point response.

REVIEWER 2

Martin Holland, Ph.D. (Reviewer 2)

Summary

This paper reports a standard trachoma prevalence survey in the Madda Walabu sub-district of Bale in the Oromia region of Ethiopia. The selected population is a pastoralist (cattle livestock farmers? or are you implying mobility/nomadic). The paper covers some noted risk factors for the risk of active trachoma such as water sources and presence of latrines. The authors conclude these communities require further intervention for trachoma control as prevalence rates remain well above the agreed thresholds for elimination.
General overall comments

The screen shot attached describes something not really covered or made clear in your paper. Firstly, in the map, where you are in Ethiopia and second that region and district level data from your study area was made in 2013 and treatment in the form of Zithromax given in 2016. Use of the GTMP figures and the trachoma atlas (www.trachomaatlas.org) shows the freely available data and sets your study in context. The paper really would improve from a radical rewrite taking into account these data and making it easy for the reader to understand your context. There is no mention if the communities in your subdistrict have been treated, what the coverage was and if your surveys form part of recommended impact surveys following implementation of SAFE (MDA) in 2013. Your data is presented as if there are no prior data or information. There needs to be some improvement in the structure of the English and sentences. There are often words missing or in the wrong order. In general, you need to describe why you chose to focus on these risk factors and why you chose questionnaire rather than direct observation to record the water or latrine use (even in a smaller sample to confirm accuracy of questionnaire derived data.)

Responses

Thank you for the general comment. The study was conducted in the Madda Walabu district. Madda Walabu is one among the nine pastoralist districts of the Bale Zone. Madda Walabu is mainly characterized by cattle livestock farmer population we describe the general characteristics the population in revised manuscript study design and settings part.

As per your wise advice, we try our best to satisfy the reviewer's concern and we also believe that we amended all your concerns as much as possible. Please see the revised manuscript background, study design and setting sections.

We also work hard to improve the structure of the English and sentences.

We failed to use direct observation to record the water or latrine use in the study community because it is difficult for the research team to make it applicable. However, we put this issue as a limitation in the revised manuscript(please see the revised manuscript limitation of the study section).
Results: A total of 406 children aged 1-9 years were participated in the study. Of these, 21.9% (95%CI: 18.0-25.6%) were positive for active trachoma; trachomatous inflammation-follicular constituted 18.5%, while 3.44% were trachomatous inflammation-intense cases. Source of water (AOR=6.1, 95% CI: 1.0, 36.5), time to fetch water (AOR= 8.7, 95% CI: 2.20, 34.2), presence of latrine (AOR = 2.5, 95% CI: 1.8, 5.3), and use of soap during face washing (AOR = 4.3, 95% CI: 1.8, 10.6) were determinant factors associated with active trachoma.

Shouldn't the last 2 aORs be protective i.e. below zero or needs to say lack of latrine use and lack of soap are increased risk?

Conclusions: "The prevalence of active trachoma exceeds the WHO thresholds and a concern for pastoralist population. Source of water, time to collect water, presence of latrine, and soap use for face washing were factors associated with increased prevalence of active trachoma."

This does not make sense as presented - exceeds the WHO thresholds for what? This TF prevalence suggests SAFE implementation with 3 years of annual MDA is required or if this is already implemented then continued MDA and impact survey required.

The risk factor analysis presented is limited and has several limitations such as lack of observed use of latrines, or monitoring what families do with water and relies on self-declared use collected by questionnaire.
There needs to be some justification or background explanation why these particular factors were chosen for this population. The conclusions or results need to highlight what is novel here for this study and population i.e. are these population specific to pastoralists? What about comparisons to other pastoralist populations in other regions or countries and if this is not possible specific comparisons to other regions of Ethiopia where water access is more readily available. A focus on the differing risk factors between contrasting populations rather than simply listing seemingly random TF prevalence data from around Ethiopia or some selected countries would really improve the value this data.

English needs some checking for minor errors, missing words poor grammar throughout the manuscript

Line 17 "and Environmental improvement, particularly improved access to water and sanitation [4,5]. is highest in Oromia region (41.3%) next to Amhara region (62.6%)"

- this does not make sense Amhara indicated as higher than Oromia?

"north Gondar [10], 11.0% Leku town, southern Ethiopia [11], 12.5% in Mojo and Lum district [12], and 22.5% Trachomatous Inflammation- Intense (TI) in Gonji Kolella district, Northwest Ethiopia [13], 24.1% in Baso Liben district of East Gojjam [14]. Another study done Amhara region, Dessie city showed the prevalence of active trachoma in children 1-9 years was 26.8% [15], a study from north and south Wollo zones of Amhara region reported 21.6% prevalence [16], a high prevalence of active trachoma (52.4 %) also reported from Gazegibela district, Amhara region [17]".

- interesting facts and variability across Ethiopia and regions but this is not interesting reading it is just a list of prevalence by region of different stages of trachoma. The reader could look at the trachoma atlas and visually see all these percentages through time. There needs to be something more given here to make this of interest.

"Conversely, none of the previously conducted studies assesses the prevalence of active trachoma among the pastoralist population".

- This is the differentiating feature of your study and this point needs to be made in a more relevant way otherwise so far this is a list of percentages in different regions with a list of statements about which well documented and proscribed interventions are required. "goal of eliminating active trachoma as a public health problem by the year 2020" -
This is not the goal, elimination of trachoma (including TT) is the goal.

The point is you need to establish if in the special circumstances of a pastoralist population the risk factors and therefore the recommended SAFE interventions will work or if micro- or context specific changes are required in these for them to be effective.

Responses

Thank you for the comment it corrected according to your wise advice. Please see the revised manuscript. In brief, we try to correct as per your wise advice.

In the study area of Madda Walabu district the prevalence of active trachoma still highly prevalent. Children from households that lacked a latrine and using river/ponds, unprotected well/spring and rainwater as their source of drinking water were higher odds of developing active trachoma. In addition, children who did not wash their face by using soap were higher odds of developing active trachoma. The finding implies that trachoma is a major concern among children of the pastoralist community which demands further attention of the district health office, regional government and different stakeholders, who designing and implementing trachoma elimination programs. Again, strengthening exiting WHO-endorsed SAFE strategy is recommends. In addition, intensifying facial cleanliness and environmental improvement for the elimination of trachoma in such community are more effective.

Thank you, Dr. for your concern and suggestions. Yes! The study has several limitations as you mentioned we failed to see the observed use sanitation practice of the study population with respect to use of latrine and water handling practice. We try to mention those listed issues in our revised manuscript limitation section. Please see the revised manuscript limitation section for detail clarification.

Thank for the comment. We also share your concern regarding comparing the prevalence recorded in such community with another context. As a result, we put cautionary measures in the limitation of the study part (please see the revised manuscript limitation of the study part).

line 18 - frequency of face washing, soap use during face washing
- how was this data collected by questionnaire rather that observation?

Same for latrine - observed use or questionnaire?
Active trachoma: Trachomatous inflammation follicular

(TF) has been suggested by WHO as the key indicator for assessing active trachoma and it was defined as the presence of five or more follicles in the upper tarsal conjunctiva (follicles must be at least 0.5 mm in diameter).

- Yes this should be correct but to be accurate the region of the everted conjunctiva should be described. This is just a standard definition so why not just say it's the standard WHO simplified grading system.

What about TI - TI can mask TF and is part of the WHO simplified grading system.

TF and or TI is the definition of active trachoma not just TF.

Responses

Thank you for the comment. As per your wise advice, we amended the variable section (please see the revised manuscript). In brief, the variables frequency of face washing, and soap use during face washing were parent-reported data collected through interviewer-administered questionnaire rather than observation. As a result, we put some cautionary measures for readers since parent-reported data may be liable to social desirability bias.

Thank you, Dr. as per your advice we corrected accordingly (please see the revised manuscript operational definition part).

Data quality

line 14 questioner - questionnaire

Responses

Thank you it is corrected accordingly.
Trachoma graders

What did the graders have to do to pass the training and how was this judged and by whom?

Responses

Thank you for your concern. We briefly explained how the graders have to do to pass the training and how was this judged and by whom. (please see the revised manuscript data collection procedures section). Briefly, two data collectors and three trachoma grader were recruited.

Senior Integrated Eye Care Workers (IECWs) who had been adequately trained, well experienced and attended the standardized 5-day training using GTMP training were recruited for trachoma gardening. In addition, all graders also pass an examination prepared by GTMP training.

Define an unprotected water source?

18 "From the multivariable logistic regression analysis; source of water, time to collect water, presence of latrine, and soap use for face washing were significantly associated with active trachoma among children

- the data has not been shown yet and we are moving directly to multivariable regression, ideally should be univariate then a stepwise progression in the multivariate analysis to identify the independent factors

Responses

Thank you for the comment. It is corrected according to your advice (please see the revised manuscript result section).
"A child whose household used unprotected water were nearly 6 times more likely to develop active trachoma as compared with a child whose household use pipe water (AOR=6.1, 95% CI: 1.0, 36.5).

- To be accurate you can't say this is more likely to develop, they have increased risk of active trachoma, to develop implies you directly observing the development of TF this would require some sort of longitudinal aspect where you observed those that did and those that did not develop active trachoma and that was shown to be dependent on unprotected water source.

Responses
Thank you for the comment. It is corrected according to your advice (please see the revised manuscript result section).

"Similarly, the likelihood of acquiring active trachoma was higher among households THAT use surface water and rain water (AOR=13, 95% CI: 2.9, 58.2) and (AOR= 4.8, 95% CI: 1.3, 17.8), respectively. It was also revealed that, time to fetch water (AOR= 8.7, 95% CI: 2.20, 34.2), presence of latrine (AOR = 2.5, 95% CI: 1.8, 5.3), and use of soap during face washing (AOR = 4.3, 95% CI: 1.8, 10.6) were independently associated factors for presence of active trachoma (Table3).

- as the data are described or presented why would use of soap increase risk of trachoma (these aORs are above zero which implies in this order there is increased risk), plus also the presence of a latrine? These make little sense you need to be clear the use of soap or the presence of latrine reduce the risk of active trachoma either in the way you describe it in the text or the in the regression itself such that the ORs appear in the correct orientation?

Overall it would be useful to have recorded or discussed the volume of water and what it is used for and likewise seems more important that latrine use rather than presence or absence and proximity of cattle (for fly breeding sites animal faeces) should be discussed or recorded.

Responses
Thank you for the comment. It is corrected according to your advice (please see the revised manuscript result section).
"The prevalence of active trachoma among children aged 1-9 in the study population was found to be 21.9%, which is higher than the WHO trachoma elimination target (a prevalence of active trachoma (grade TF) in children aged 1-9 years of <5%)" 

- why would it be below the elimination threshold unless some interventions had been planned?

If it is a suspected endemic area, then this is establishing through survey what the trachoma prevalence is and if it is endemic then what level of intervention is recommended. If it's an impact survey, then continued invention is required (all of SAFE) if TF drops below 5% at the district level communities may require individual attention and F & E needs to continue. Again, the discussion is basically repeating the introduction and results as a list of prevalence by district and reiterating the risk factors. This would be much improved by more insightful review of the results in the wider context.

WHO recommends at this prevalence 3 years of SAFE followed by impact survey at which point intervention may stop or it should continue depending on prevalence after the 3rd round of MDA

Responses

Thank you for the comment. It is corrected according to your advice (please see the revised manuscript discussion section).

"Despite the fact that, trachoma is a water-washed (Please change or clarify this wording water-washed does not make sense) disease and the availability of water seems to be more critical than the type of water source in reducing trachoma, in rural pastoralist community the type of water source seems to be important. In line with this finding, a study from Gazegibela district (north Ethiopia) reported the source of water supply has been significantly associated with the occurrence of active trachoma among children"

- there are many factors that could be dependent on this statement including socio-economic, behavioral and cultural. Water type and use measured in this way may be associated with risk, but risk is increased with some unlikely factors such as soap and latrines (but see below as this seems to be just a reflection of how you have written about this analysis). The study really should have investigated why or how these risk factors lead to increased risk of active trachoma?

This is not what you have indicated before - "Presence of latrine is one of the risk factors for active trachoma identified in this study. Those of children who were living without latrines owned households were almost three-fold increased risk of having trachoma than their counterparts. In support of this, other studies also reported similar finding

- before it was 2.5 times increased risk with aOR >1"
Responses

Thank you for the comment. It is corrected according to your advice (please see the revised manuscript result and discussion).

limitation section is correct is this study has several

- "estimations of household time to fetched water were merely based on the respondents' response, which may be uncertain"

- and many others including soap use.

This following statement needs is ok but could be made more clear "Source of water supply, time to collect water, presence of latrine, and soap use for face washing were determinant factors associated with increased prevalence of active trachoma".

For example - Source or type of water supply, increased time to collect water, absence of a latrine, and lack or reduced use of soap use for face washing were determinant factors associated with risk of active trachoma.

Yes, SAFE is required and for some years - the question being has it not already been implemented, the 2013 survey would imply it is already active in the district and sub-district. Your study gives no indication of treatment either before or as a result (i.e. action to be taken since you have surveyed these communities and then not done anything about the trachoma. Could you explain or describe how will your data on the prevalence of trachoma be used – who is responsible for delivering treatment and when is it going to happen?

Responses

Thank you for the comment. It is corrected according to your advice (please see the revised manuscript discussion and limitation of the study section).

Table 2 - presences of eye drainage?

P-values in table 3. There is no legend and the reader needs to be reminded of the variables adjusted for. Please indicate in the table the calculated p-value rather than <0.05 or <0.005
Responses

Thank you for the comment. It is corrected according to your advice (please see the revised manuscript discussion section).

For all your comments, constructive suggestion and advice we thank you with all the respect.