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

Authors:
Kemal Kassim (kassimkemal@gmail.com)
Jeylan Kassim (jeylan.nadir@gmail.com)
Rameto Aman (rametoaman@gmail.com)
Mohammedawel Abduku (muhejun876@gmail.com)
Mekonnen Tegegne (tegegnemekonnen19@gmail.com)
Biniyam Sahiledengle (biniyam.sahiledengle@gmail.com)

Version: 2 Date: 12 Feb 2019

Author’s response to reviews:

Dear Editor,

Again, it is a prestigious opportunity for us to have helpful comments and suggestions for our manuscript. With all the respect, we thank all reviewers and our esteemed editor for the constructive comments you have made towards the improvement of this manuscript. We have carefully considered and taken all of your comments and rewriting the manuscript as per your wise advice. Additionally, the revised manuscript also examined to correct sentence structure, typographical errors, and grammar. Moreover, we work hard to reduce overlaps in text from previous publications. Our esteemed editor please not we use “Green Color Text Highlight” for all affected revisions. Finally, a point by point response to the reviewers’ concerns is listed below.
Reviewers’ comments and responses

Anthony Solomon (Reviewer 1)

Our esteemed Reviewer 1

It is a prestigious opportunity for us to receive constructive comments and wise advice from you again. With all respect, we thank you Dr. for your helpful comments towards the improvement of this manuscript. We have taken all of your comments and suggestions when rewriting the manuscript. Our esteemed reviewer, please follow the point by point response.

Comments

Line 30: it would be unusual for none of the cases of TI to also have TF. Perhaps within the number of children with TI the authors are reporting cases of TF+TI as well as TI alone. The signs, however, should be graded independently (in the sense that either, both or neither can be present in any eye). Suggest report: 1. number of children with TF alone in one or both eyes, 2. number of children with TI alone in one or both eyes, 3. number of children with both TF+TI.

Responses

Thank you for the comment on our esteemed reviewer. We also apologize for not making the finding more self-explicit. As per your wise advice we reported according to the suggestion provided. Please see the revised manuscript both abstract and result.

Comments

Line 49-50: although strong associations were found with some WASH-related variables, it is not possible to conclude on the basis of these cross-sectional data that it is the WASH characteristics that F and E are the key interventions in this population. The observed associations may well be confounded (by poverty, for example). Suggest just conclude that intervention with the A, F and E components of SAFE is recommended. (There are no data in the paper on trichiasis, so recommending S is difficult; it might, however, be worth saying that screening adults in the community for trichiasis would be a good idea.)
Responses

Thank you for the comment and comment accepted with all the respect. We also share your concern and we correct the conclusion accordingly. Please see the revised manuscript.

Comments

Line 71: "It was reported that over 9 million 1-9-year-old children live with active trachoma". I think that this is irrelevant, because the A, F and E components of SAFE have to be delivered to whole populations, not just the children with active trachoma. Suggest delete this sentence. The risk of reporting numbers like this is that funders think that the job that needs to be done is much smaller than it actually is.

Responses

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

Comments

Line 137: since this study relies on the accuracy of grading, suggest cite the GTMP methodology paper (doi: 10.3109/09286586.2015.1037401) which gives details of the GTMP training system.

Responses

Thank you for the comment we include the suggested site in the revised manuscript.

Comments

Line 274-275: the statement "In addition, intensifying facial cleanliness and environmental improvement for the elimination of trachoma in such community are more effective." might be interpreted as suggesting that the F and E components of SAFE are more effective than A, for example. That would be an incorrect conclusion: there is robust evidence for the effectiveness of A, as noted in the Cochrane review on the use of antibiotics for trachoma; the evidence for F and E is much, much weaker.
Responses

Thank you for the comment and we totally have the same opinion and accept your comment. Please see the revised manuscript it is accordingly.

Comments

References 4 and 6 and different updates of the same document - which is a secondary reference. Suggest use the primary references instead.

Responses

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

Thank you with all the respect for your highly professional and praiseworthy comments.

Dear Reviewer 2

It is a prestigious opportunity for us to receive constructive comments and wise advice from you for the second time. Dr. we thank with all respect. We have carefully considered and taken all of your comments when rewriting the manuscript. Our esteemed reviewer please follow the point by point response.
REVIEWER 2

Martin Holland, Ph.D. (Reviewer 2)

Comments

The authors have markedly improved the manuscript and have made great progress in addressing the comments and suggestions of both reviewers. As a result, the paper has a clearer presentation and purpose. There is still room for improvement. Thank for trying to address your written English which I understand can be difficult. In this respect, there is a need for further checking and corrections. I point out some of these as examples in the abstract, but believe the journal staff should assist you for your entire document which requires this minor attention.

My main points in need of a response is the avoidance of the comments of reviewer with respect to the design effect. The second point being I still believe there is little to be gained in long lists of active trachoma prevalence from around Ethiopia and elsewhere unless these serve a useful purpose. There are significant blocks of text that are simply quoting percentages. I think these can be reduced or the significance of the comparative regions or populations selected needs to be stated e.g. same geography, similar study type, pastoralist population.

Responses

Our respected reviewer thank you for your suggestion and comment. We completely agree with your concern regarding the quoted percentages from other studies. As per your advice, we cut down many of those percentages, particularly from the discussion section. Please see the revised manuscript.

Regarding, the design effect issues. Dr. we deeply apologize for not making the sampling issue clear. In brief, we used a systematic sampling technique to select children age 1-9 years from six sub-districts. Accordingly, Waltae Burra, Ware, Ela Bidire, Berisa, Oda Boji and Oda sub-districts were selected.

The total number of households (HHs) in the respective kebeles was 8287(W/Bura=335, Were=1662, E/Bidire=1022, Berisa=1686, OdaBoji=1670 and Oda=1912).
Afterward, the calculated sample sizes were allocated proportionally to size for each selected sub-districts and after a 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, children’s were selected from each household that had more than one child aged 1-9 years, a single child was selected by using the lottery method.

Comments

Abstract

Line 16: in sub-Saharan Africa trachoma is still a public health concern

Responses

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

Comments

Line 23: A systematic sampling technique

Responses

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

Comments

Line 28: A total of 406 children aged 1-9 years have participated, 89 (22%) [95%CI: 18.0-25.6%] were positive for active trachoma.

"Line 29: Of these cases, trachomatous inflammation-follicular and trachomatous inflammation-intense cases were constituted 75(84%) and 14(16%), respectively."
Better as something like this

Line 29: Of these cases, 75 (84%) had trachomatous inflammation-follicular and 14 (16%) had trachomatous inflammation-intense.

Responses

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

Comments

Line 81: aged 1-8? Is this correct not 1-9?

Responses

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

Comments

Line 169: The questioner was pretested - is this what you mean - the person or interviewer was tested by actually collecting data or was the series of questions asked by the interviewer pre-tested as you say later. This needs clarification its either the questionnaire or the interviewer.

Response

Thank you for the comment on our esteemed reviewer. We also apologize for not making the data quality assurance issues self–explicit. In brief, the questioner was pre-tested in a nearby district. And both data decoders and trachoma graders were trained to assure the data quality. Please see the revised manuscript both abstract and result
Comments

Line 193: household who fetch water after 16-30 mins - the instances of this needs changing in English this could translate that after at time of walking about, then the households go and collect water (between 16 and 30 mins). Really this is time or walking distance to the water source. So really this should be "children from households within 16-30 min water source (is that a protected or unprotected?).

Response

Thank you for the comment. We again apologize for not making us self-explicit. It is corrected according to your wise advice. Please see the revised manuscript.

Comments

In the discussion you still have the lists of trachoma prevalence (lines 221-225). Whilst these are relevant overall simply showing percentages as higher or lower without any context is not that informative. I would suggest many of these can be cut down and reduced.

Response

Thank you for the comment on our esteemed reviewer. It is corrected according to your wise advice. Please see the revised manuscript.

Thank you our esteemed reviewer for your wise, professional and priceless comments.