Author’s response to reviews


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Version: 1 Date: 24 Feb 2020

Author’s response to reviews:

Dear Editor,

We thank you for considering our manuscript for review. We also express our sincere thanks to the reviewer for providing constructive suggestions. We have addressed all the concerns raised by the reviewers and we believe the revised manuscript will be suitable to your esteemed journal.

Please find below a point-by-point response to the reviewers’ comments.

Looking forward for your positive feedback.
Sincerely yours,

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Point-by-point response letter

Reviewer reports:

Sunfang Jiang (Reviewer 1):

Q: 1. There are usually five indicators for HBV serological examination. Which indicator be tested? "Antibody test for Hepatitis B Virus (anti HBV)", is for hepatitis B surface antibody?

A: Thank you for this suggestion. In our study, samples were tested for hepatitis B surface antigen (HBsAg). (e.g. Abstract section, line 25-26, page 1; e.g. Methods section, line 1-2, page 4).

Q: 2. What is the definition for "foreigners Living in Guangzhou". How long does the foreigners stay in Guangzhou means they live in the city?

A: Thank you for this suggestion. In our study, We don't have a clear definition for "foreigners Living in Guangzhou", but, in China, all foreigners arriving in Guangzhou should attend Guangdong International Travel Health Care for physical examination within six months. (e.g. Methods section, line 34-36, page 3).
Q:3. Did all of the foreigners Living in Guangzhou required to be tested anti HBV), anti HCV, anti HIV, and anti T. pallidum/TPPA in the Guangdong International Travel Health Care Center? If not, "All of the foreigners who attended Guangdong International Travel Health Care Center were included in our study", the data did not include all the All of the foreigners Living in Guangzhou.

A: Thank you for this suggestion. In our study, All foreigners arriving in Guangzhou should attend Guangdong International Travel Health Care for physical examination within six months. Except for people with incomplete data, all the other foreigners were included in our study. (e.g. Methods section, line 34-37, page 3; Discussion section, line 11-13, page 12).

Karen Rogstad (Reviewer 2):

Q:1. Study design and statistical analysis. Needs a clearer statement on ethics approval as it uses data on patients. Was this anonymised? Was it opt out? How was demographic data linked to results? In England anonymous testing is allowed through Public Health England, is this the same in China? The collection of secondary data statement should be in design rather than statistical analysis section.

A: Thank you for this suggestion. Our study was conducted anonymously, In China, anonymous testing is allowed too, as only secondary data was used in this study, consent to participate was not required. (e.g. Method section, line 1, page 4; Ethics approval section, line 13, page 13). About how was demographic data linked to results, we collected the secondary data and draw the table, we used the χ2 tests to compare the difference in the prevalence of STIs between varied groups, and multiple logistic regression analyses to explore the factors associated with seropositivity. I have written the collection of secondary data statement in design section. (e.g. Methods section, line 4, page 4).

Q:2. Need to review use of STD with STI, as they are using them interchangeably when they are different. It would be better to use STI as in title.

A: Thank you for this suggestion. I have changed all STD to STI in title. (e.g. Background section, line 20, page 3; Conclusion section, line 20, page 12).
Q:3. there needs to be discussion that although STIs, these infections can also be passed on through vertical transmission, medical/dental interventions etc. This should be made clear in the introduction and in the discussion.

A: Thank you for this suggestion. I have added these contents in the introduction and in the discussion. (e.g. Background section, line 21-23, page 3; Discussion section, line 5-7, page 11).

Q:4. re tables of results. in view of the level of detail provided, can they be certain patients are non-identifiable.

A: Thank you for this suggestion. In my opinion, you mean the determination of missing data. In fact, we had a total of 48,539 participants for physical examination, but for various reasons, 7,604 data were incomplete or missing, so we excluded these data and studied the infection rate of the remaining 40,935 samples. (e.g. Methods section, line 38, page 3).

Q:5. page 12 line 7. remove "should be".

A: Thank you for this suggestion. I have removed "should be" from the paragraph. (e.g. Discussion section, line 7, page 12).

Q:6. conclusion. use term epidemic rather than prevalence. authors need to check this throughout article.

A: Thank you for this suggestion. I have changed epidemic to prevalence in conclusion section. (e.g. Conclusion section, line 17-19, page 12).

Q:7. Figures 1 and 2. need to replave term relevance with prevalence.

A: Thank you for this suggestion. I have replaced relevance with prevalence. (e.g. Figure section, page 16-17).