Author's response to reviews

Title: Trachoma in Yunnan province of Southwestern China: findings from Trachoma Rapid Assessment

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Author's response to reviews:

Dear editors,

Thank you for giving us the opportunity to revise the manuscript "Trachoma in Yunnan province of Southwestern China: findings from Trachoma Rapid Assessment" (BOPH-D-17-00107). We read carefully the reviewer reports and made thorough revision according to the suggestions. The point-by-point response to the comments is listed below. We hope the revision fulfills the requirement of BMC Ophthalmology and could be accepted. Thanks again!

Sincerely yours,

Min Wu

On behalf of all co-authors
Reviewer reports:

Christopher Estopinal (Reviewer 1): Abstract

Line 3: Ages are 6-8. It may be more proper to state that this study is to understand active trachoma among children aged 6-8 years old.

The ages was changed as suggested.

Introduction

Page 1, Line 22: What is "WHA51.11?"

“WHA51.11” means WHA51.11 Global elimination of blinding trachoma. The source of “WHA51.11” is from the website of WHO. The link is as below:

http://www.who.int/blindness/causes/WHA51.11/en/

The full content is as below:

The Fifty-first World Health Assembly,

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on the prevention of blindness, and WHA45.10 on disability prevention and rehabilitation;

Aware of previous efforts and progress made in the global fight against infectious eye diseases, in particular trachoma;

Noting that blinding trachoma still constitutes a serious public health problem amongst the poorest populations in 46 endemic countries;
Concerned that there are at present some 146 million active cases of the disease, mainly among children and women and that, in addition, almost six million people are blind or visually disabled as a result of trachoma;

Recognizing the need for sustainable community-based action - including surgery for inturned eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) - for the elimination of blinding trachoma in the remaining endemic countries;

Encouraged by recent progress towards simplified assessment and enhanced management of the disease, including large-scale preventive measures, particularly for vulnerable groups;

Noting with satisfaction the recent establishment of the WHO alliance for the global elimination of trachoma, comprising certain collaborating nongovernmental organizations and foundations and other interested parties,

1. CALLS ON Member States:

(1) to apply the new methods for the rapid assessment and mapping of blinding trachoma in the remaining endemic areas;

(2) to implement, as required, the strategy - including surgery for inturned eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) - for the elimination of blinding trachoma;
(3) to collaborate in the WHO alliance for the global elimination of trachoma and its network of interested parties for the global coordination of action and specific support;

(4) to consider all possible intersectoral approaches for community development in endemic areas, particularly for greater access to clean water and basic sanitation for the populations concerned;

2. REQUESTS the Director-General:

(1) to intensify the cooperation needed for the elimination of blinding trachoma with Member States in which the disease is endemic;

(2) further to refine the components of the SAFE strategy for trachoma elimination, particularly through operational research, and by considering potential antibiotic or other treatment schemes for safe large-scale application;

(3) to strengthen interagency collaboration, particularly with UNICEF and the World Bank, for the mobilization of the necessary global support;

(4) to facilitate the mobilization of extrabudgetary funds;

(5) to report on progress, as appropriate, to the Executive Board and the Health Assembly.
Please give background information on Yunnan Province in the introduction section.
The background information of Yunnan Province was given in the introduction section as suggested.

Methods

Study sites, line 34: The WHO's TRA methodology recommends surveys be performed at the district level, a division with a population of about 100,000 people. Yunnan province's population is much higher at ~45 million people and you have sampled the population in spread-out areas. Do you have any additional data at the district level that might give a clearer picture of trachoma prevalence at a more local level?
The trachoma data at district level was added in the introduction part.

Participants, line 7: The target population of this study appears to be children age 6-8 rather than 1-9. I would recommend changing the methodology and conclusions accordingly.
The age was changed accordingly as suggested.

Investigation of trachoma awareness among health workers: While this information is interesting, it is not pertinent to the stated purpose of the paper, which is to understand the prevalence of active/scarring trachoma. I would recommend removing this from the analysis.
This part had been removed from the analysis as suggested.

Results

Awareness of trachoma in health workers at primary level, line 33: I would recommend removing this section.
This part had been removed from the analysis as suggested.
Discussion

Page 2, Lines 8-31: It would be helpful to know the prevalence of active and/or trachoma in Yunnan province as found the studies cited, rather than the percentage of impaired vision patients with trachoma.

Since the data of active and/or trachoma was very few, the available data was added in this part of discussion.

Page 2, Line 58: While the rate of TF/TI was very low among school-age children, it may be higher among those children ages 1-5. Caution is needed when concluding that active trachoma has been eliminated. If screening school-age children is a validated proxy for screening all children from 1-9, citations validating this practice and a short description/explanation of this practice either in the methods or discussion would be helpful.

The conclusion of “elimination” was removed as suggested.

Page 3, Line 15: Remove this paragraph, as consistent with previous comments.

This paragraph was removed as suggested.

Conclusion

Line 3: Can a school-based survey give enough evidence of elimination of the disease?

This conclusion was removed.

Line 11: Remove as above

This conclusion was removed.
Allen Foster (Reviewer 2): The authors have carried out a trachoma rapid assessment (TRA) in high risk villages of high risk provinces in a state of China previously reported to have endemic trachoma.

This TRA method is not a population based survey as the sample is selected as being at high risk of trachoma; the TRA therefore does not generate population prevalence data and cannot be compared with data from the Global Trachoma Mapping Project.

The paper can be shortened by at least 50%.

It should include:

a) previous data on trachoma from China;

b) the TRA method applied to this state;

c) the results given as whole numbers not prevalence;

d) no risk factor analysis (this is inappropriate given the fact that trachoma was hardly found);

e) short discussion explaining that active disease has disappeared and old disease is only seen in people aged over 60.

In summary this could be a useful short report demonstrating the disappearance of active trachoma from a previous endemic area of China; however it should not be inferred that it provides prevalence data; data for risk factor analysis; or confirmation of elimination according to WHO criteria.

As suggested, the manuscript was shortened to 2,921 words including the abstract and the main body. The points a)-e) were covered in the manuscript. The risk factor analysis and confirmation of elimination were removed.