Author's response to reviews

Title: A modified Bilirubin-Induced neurologic dysfunction (BIND-M) algorithm is useful in evaluating severity of jaundice in a resource-limited setting.

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We thank the reviewer indeed for the valuable comments. We have used the reviewer’s critique to look further at the paper. Our responses are presented below.

(1). "This manuscript describes a study on the validity and reliability of a screening tool? However, the bulk of the method, results and discussion appear to focus on risk factors for severe jaundice. Interesting as the findings were, they were not directly related to the stated objective of the study."

We have streamlined the discussion as regards risk factors for severe jaundice. However, while re-examining the manuscript, we noticed a discrepancy between the triple-digit odds ratio for jaundice among G6PD-deficient infants exposed to menthol in the table, and the double-digit odds ratio that was erroneously reported in the text. We have resolved this discrepancy in favor of the triple-digit odds ratio, which is now reported in the text as well as in the table, and we believe that such a triple-digit odds ratio deserves to be mentioned in the final manuscript.

(2). "On the other hand, issues of sensitivity, specificity, positive predictive value and negative predictive value which are directly related to tests of validity and reliability did not feature in the discussion. The authors need to revise these aspects of the report and fine tune the discussion with regards to the observations in support of the "usefulness" of this screening tool." The changes are reflected in the summary (lines 45-46), results (lines 158-159) and in the discussion (lines 198-204).

(3). In retrospect, it appears that we gave short shrift to the validity and reliability of the BIND-M screening criteria in the discussion; we have now added text in the discussion to re-emphasize sensitivity, specificity, and predictive values of the BIND-M instrument; we also reinforce the point that in high-prevalence populations for whom the index of suspicion is very high, it is appropriate to use a
lower cutpoint (e.g., 3) for a positive screen (lines 171-172).

(4). On further review, we believe that the title was not consistent with the study we described and conducted. Consequently we have revised the title (lines 1-2) and added a second aim to the purpose of the study (lines 98-99).

Thank you.

Professor J. A. Owa