Author's response to reviews

Title: Survival Status and Predictors of Mortality in Severely Malnourished Children Admitted to Jimma University Specialized Hospital from 2010-2012, Jimma, Ethiopia: A Retrospective Longitudinal Study

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Response to Executive Editor

First of all, we are very grateful to Executive Editor and previous reviewers without whose valuable comments and intensive editions for the style, this manuscript would not have this form. Though, it was so long time (a year and 2 months) since first time submission (April 7, 2014) of this manuscript, we are really very delightful and learned a lot from the comments of all reviewers (5 including senior editor) of this manuscript. Even if this manuscript is not published, we really appreciate your motivation to teach us through comments and editions that can be used as guidelines for future time. We really thank you from the bottom of our heart!

Responses to the comments and questions from Executive Editor are addressed as follows. We also have incorporated the comments and concerns into the manuscript.

1. We have included power analysis under methods section very near to size of study population as follows: “The power of the study was calculated by EpiInfo software for all of potential predictors identified in this study. The minimum power calculated was 83.5% indicating adequate size of the study population was included into the study.”

2. The data that were collected from September 2010-2012 and those that were collected from February 2013 to March 2013 were not different. We mean children were interviewed/examined directly from Sept 2010-Sept 2012 and data were collected only from medical records from Feb-Mar, 2013. Anyhow, as we found it was confusing from comments of almost all reviewers, we have removed that period from the manuscript. Thus, the study period was Sept 2010-Sept 2012 where the findings of the study indicate.

3. We are referring to the consent obtained from ethical clearance committee. Because of the difficulty of obtaining consent from participants as they were already discharged/died, waiver of consent was obtained from ethical clearance committee of College of Public Health and Medical Sciences, Jimma University.
Besides, permission to use the data was obtained from Jimma University Specialized Hospital and department of Pediatrics, Jimma University.

4. Two supervisors were involved in the study and they were sorting and checking filled checklists for errors and completeness onsite daily.

5. When we say “unknown status of absconds and some other children” we mean 14 (3.7%) children with unknown treatment outcome who were excluded from the study other than 36 eligible children registered on the register whose records were not found. Anyhow, we put by the general term “excluded” records together with 36 children whose records were not found.

6. According to Ethiopian Protocol for the Management of Severe Acute Malnutrition, cured (DI) is patient that has reached the discharge criteria. The discharge are:
   • For infants less than 6 months or less than 3 kg being breast-fed
     o When it is clear that the child is gaining weight on breast milk alone after the Supplemented Suckling technique has been used
     o There is no medical problem
     o The mother has been adequately supplemented with vitamins and minerals, so that
       she has accumulated body stores of the type 1 nutrients.
   • For infant less than 6 months or less than 3 kg with no prospect of being breastfed
     o When they reach 85% weight for length and they can be switched to infant formula
   • For children 6 months to 18 years,
     o it is W/L#85% or W/H#85% on more than one occasion and
     o absence of oedema for 10 days