Author’s response to reviews

Title: Effect of the 2015 earthquake on pediatric inpatient pattern in a tertiary care hospital in Nepal.

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To
The Editor
BMC Pediatrics

Sub: Submission of the second revised version of the manuscript BPED-D-17-00150

Dear editor
We are submitting the second revised version of the manuscript titled ‘Effect of 2015 earthquake on pediatric inpatient pattern at a tertiary care hospital in Nepal’ (BPED-D-17-00150). We have tried to revise the manuscript thoroughly in the light of the editor’s and reviewers’ comments.
Editor’s comments:
Comment 1:
The conclusion in the abstract states: "Children from earthquake affected families and districts had higher incidence of certain diseases. Those from affected families required critical care more often." As this is not a population-based study, inferences about incidence cannot be made. It would be appropriate to conclude that children seeking care for certain diseases were more likely to be from earthquake affected families and districts.

This has been carried out in the Abstract section on page 3.

Comment 2:
In strengths and limitations, you have added the note that some children may have sought care in the community. Please also add that some children may not have been able to access care at all.

This has been carried out on page 12, lines 4 and 5.

Comment 3:
Please make a note in the discussion that population-based assessments would be needed to assess the incidence of illness following the earthquake.

This has been done on page 10, lines 8 to 10.

Reviewer 1 comments:

Matthew Ellis (Reviewer 1):

Comment 1: My thanks to the authors for their revisions which in large part answer the points raised. However their reworked discussion would be improved by some editing.

We thank the reviewer for the positive comments.
Comment 2: Rather than opening this discussion with a consideration of the geographical factors which may have contributed unequally and hence biased the presentation of patients from affected and unaffected areas can I suggest they open the discussion with the principle findings ie 'We found infectious diseases, notably acute respiratory illness and acute gastroenteritis, to be significantly more prevalent among children admitted from affected districts and families than those from unaffected districts and families.' Their discussion of the literature with this regard logically follows.

The section on geographical factors has been moved to the last paragraph of page 11 and the first paragraph of page 12. The discussion section now opens with the sentence suggested by the reviewer.

Comment 3:
I would follow this with their subsidiary findings - secondly increased requirement for critical care and thirdly sequential rise in glomerulonephritis with associated consideration of the literature.

This has been carried out on pages 9 to 11. The references have been reordered.

Comment 4:
The discussion of geographical factors can then be moved to the limitations section.

This has been done as suggested.

Comment 5:
I thank the authors for their wider consideration of community based interventions. I note their conclusion that though many activities were undertaken little is recorded other than that they describe. I do not consider their wider discussion of community health copied below adds significantly to the discussion and therefore suggest they omit
'For majority of people in rural areas, the health
10 posts and primary health care center are the only source of health care and they also serve as
the coordinating center for public health interventions. In the Annual Health Report, published by the department of health services, there is no specific mention of primary and public health measures undertaken following the earthquake. The report mentions a lack of reporting mechanism for disaster related activities in the regular Health Management Information System (HMIS) [24]. Possibly the activities conducted by local District Health Offices and the subordinate community level government organizations have not been published. Hence it is difficult to obtain information on the impact these local level interventions might have had in controlling disease outbreak or reducing hospital admissions following the earthquake.

The Nepal demographic and health survey [2016] provides information on some parameters of child health across different regions of Nepal and among both urban and rural children [25]. Among the parameters examined were vaccination of children, incidence of childhood acute respiratory infections, fever and diarrhea, and the nutritional status of children. Most of these parameters were nest among children from the hill districts and poorer among children from the mountain and plains districts. The parameters were better among children from urban areas.

The Kathmandu valley is part of the hill districts and a large proportion of the valley is urban. The other affected districts were mainly hill and mountain districts. It is possible that before the earthquake the Kathmandu valley had better child health indicators compared to the more outlying districts.

This section has been omitted. The references associated with this section have also been removed.

Janak Koirala (Reviewer 2):

Comment 1:
Authors have satisfactorily addressed my previous recommendations for revision.
We thank the reviewer for the comments.

Comment 2:
I have one additional comments on the revised manuscript-
In abstract, please clarify the 15 weeks duration of follow up is a median or a mean?

The study was conducted for a total duration of 15 weeks from the beginning of the 4th week to the end of the 18th week following the earthquake.

The changes have been carried out using blue font in the manuscript

Hoping for a favorable consideration
Dr Giri and coauthors.