Author’s response to reviews

Title: High level of treatment failure and drug resistance to first-line antiretroviral therapies among HIV-infected children receiving decentralized care in Senegal

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Author’s response to reviews:

Dear Editorial Board,

We were honoured to have received the reviewers’ comments regarding our article entitled: “High level of treatment failure and drug resistance to first-line antiretroviral therapies among HIV-infected children receiving decentralized care in Senegal.” We are resubmitting a revised
version of this paper to BMC Paediatrics and have included point-by-point responses to the reviewers’ comments below.

First reviewer:

As suggested, we replaced “ART can result in” by “ART is a positive treatment option.”

“Cite the countrywide study in 2015”: This paper is about the EnPRISE country wide study. Therefore, we cannot really cite anything as it has not be published elsewhere.

As proposed, we further developed the background section on resistances with reference to the worldwide situation, the 4th epidemic, and other resistance studies in Africa.

As requested, we removed “epidemiological-virological” study and indicated it was a “cross sectional study.”

We changed all verb tenses to the past tense in the results section and removed quotes around “Failure of PMTCT…”.

We reorganised the discussion as requested and included limitations related to a cross sectional survey.

On DBS collection, to our knowledge, this is an original effort through a community network, and we did not find references about it elsewhere.

Conclusion: We added some examples.

Regarding the second reviewer’s comments:

We specified the inclusion and exclusion criteria. There were no calculations of sample size since we tried to reach all treated children

We added a more precise description of the study sites in the in section describing study characteristics.

The arrangements in the two tables have been improved, but we do not consider them to be repetitions since they are not about the same children.

We did not analyse sites by strata because there were 72, with most of them only including very few children. We used the fact that it was a paediatrician or a general practitioner who managed the care as a surrogate marker. We address this limitation in the analysis in the discussion.

We hope that our paper is now suitable for publication and look forward to your feedback.
Best regards,

Dr Msellati, on behalf of the team.