Author’s response to reviews

Title: An epidemiological investigation of food allergy among children aged 3 to 6 in an urban area of Wenzhou, China

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Author’s response to reviewers’ comments:

Response to Reviewers’ Comments

We really appreciate the critical reading of our manuscript entitled "An epidemiological investigation of food allergy among children aged 3 to 6 in an urban area of Wenzhou, China" and we thank the two reviewers for their valuable suggestions. We have carefully considered the comments and have revised the manuscript accordingly. The responses to the comments are listed one by one as follows (please see below). We are looking forward to hearing your final decision.

Reviewer 1
Question 1: Line 75: Change to "Chen et al." Please follow this convention of listing last name only throughout the text. (Additional examples: Line 244, Line 267, Line 269, Line 272.
Response: Thank you very much for your suggestion. As suggested, we have revised the sentence (line 63, line 214, line 239, line 241).

Question 2: Line 85-86: Although there have been food-allergy related deaths these are exceedingly rare. I would emphasize that point in this statement as well.
Response: We agree with reviewer’s opinion. We have modified the sentence in line 73.

Question 3: Line 123: Clarify what you mean by "some medications need to be stopped for several hours or days"
Response: Following reviewer’s valuable suggestion. We add a Table to illustrate (line 109-111). Table 1 shows the guidelines for discontinuation of some medications that might interfere with interpretation of OFC.

Question 4: Line 251: Specify limitations of OFCs.
Response: Thank you for your question. Positive OFCs have inherent risks including acute allergic reactions with potentially life-threatening anaphylaxis; exacerbation of atopic dermatitis; and emotional...
distress, particularly in older children, who may become more anxious about the food allergy. So OFCs should be carried out by experienced physicians in a proper environment equipped for emergency, in order to carefully assess symptoms and signs and correctly manage any possible allergic reaction. OFC is also time consuming in a clinical setting. Before undergoing an OFC, it has a strict avoidance of food and medications. Under current medical conditions in China, OFCs are not commonly performed in the diagnosis in food allergy.

Question 5: Line 253-255: Change to something along the lines of "When clinical history is supported by results of SPTs and/or sIgE measurements at a 95% PPV, FA is assumed without need for an OFC."
Response: We appreciate your suggestion. We have revised in line 223-224.

Question 6: Line 259-260: Do you mean that you found that the most common allergens were egg fish and shrimp despite parent-reported data? Perhaps make this more clear.
Response: We appreciate reviewer’s suggestion. We have revised in line 230-232.

Question 7: Lines 269-282: I think this entire section is too long and just lists common allergens without adding much to the discussion. I think you can summarize by saying that food allergy prevalences vary by region even within China itself.
Response: Thank you for your question. In this part we introduce the differences in allergens between China and overseas, different ages, self/parent-reported FA and FA confirmed by OFCs. And we think the disparity of allergens in different ages may result from food tolerance. Following reviewer’s valuable suggestion. We have modified in line 240-251.

Question 8: Line 286: Elaborate on selection bias
Response: We appreciate reviewer’s concern. In survey sampling, the bias that results from an unrepresentative sample is called selection bias. In population based studies selection bias is unavoidable. Selection bias contains Berkson bias, Neyman bias, detection bias, nonresponse bias, etc. In our investigation, nonresponse bias is the most representative, because some individuals chosen for the sample are unwilling or unable to participate in finishing the questionnaires.