Author's response to reviews

Title:Epidemiology of non-fatal injuries among Egyptian children: a community-based cross-sectional survey

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Author's response to reviews: see over
Dear Editor and Reviewer,

I am pleased to resubmit for publication of the revised version of MS: 9014496061695349 “Epidemiology of non-fatal injuries among Egyptian children: a community-based cross-sectional survey”. I would like to express our gratitude to you and the reviewers for the extremely helpful comments and for your guidance in the revision. In the revised manuscript we followed the BMC Public Health journal style. I hope that our efforts have succeeded in allaying your and the reviewers’ concerns. I have addressed each of their concerns as outlined below.

Response to Referee # 1: Dr. Amy Schneeberg

Reviewer's report:

Thank you for your response to my comments, please find further questions/comments below.

Thank you very much for your kind words about our paper. We are delighted to hear that you think our work will be beneficial. In the following sections, you will find our responses to each of your points and suggestions. We are grateful for the time and energy you expended on our behalf.

Major essential revisions

1. It remains unclear how households with injured children were identified.

Was a door to door survey done of all households? How many households were approached? Please clarify in the manuscript.

Thanks for the comments. We are sorry for not explaining this step very well. Households were initially selected as a stratified probability sample to represent childhood population in Egypt. It was recommended that a minimum of 1921 children should be surveyed. This sample size was obtained to achieve a
confidence level, 95%, 5% margin of error and 50% prevalence of unintentional child injuries (there is no national studies worked on the same age categories and covered the 4 regions of Egypt) with expected response rate 80%. Sampling employed door-to-door protocol for all households. Such protocol represents accepted survey method for Egyptians, both urban and rural. I have clarified this part on pages 5 and 6, lines 21-25 and 1-2, respectively.

2. **Please clarify how required sample size was determined in manuscript. What was the sample size calculated to be able to detect?**

Thank you for this point. In the revised manuscript, I have supplemented more information about the sample size on page 5, lines 22-25, as suggested by the reviewer. As mentioned above, this paragraph presented on page 5 explains how it was recommended that a minimum of 1921 children should be surveyed to represent childhood population in Egypt. Additionally, it shows that this sample size was obtained to achieve a confidence level, 95%, 5% margin of error and 50% prevalence of unintentional child injuries (there is no national studies worked on the same age categories and covered the 4 regions of Egypt) with expected response rate 80%.

3. **Pg 8, Line 13 – please indicate the # and % of questionnaires excluded due to missing data in the manuscript.**

Thank you for the comments. In the revision, the number and percentage of the questionnaires excluded due missing data (2%, n=39) were added on page 9, line 2.
4. **Pg 8, line 20** – it is unclear how the sample size went from 1977 to 1399. In the first line of your discussion it is stated that 1472 children were evaluated. How many children were included in the analytic sample, from how many households and how did you get to this number from the original 1977? Please clarify in manuscript.

Thank you for these comments. The analysis covered 1399 (70.8%) of 1977 households responded to the questionnaire. We excluded respondents who had children with unintentional injuries more than 6-month period prior to being interviewed (n = 322). Respondents more than 80 years old (n = 58) were excluded from the analysis because of concerns regarding ability to reliably respond to and interpret questions. All households who didn't live in the same dwelling space and acknowledge a common household head (n = 159) were also excluded. These procedures reduced our sample size to 1438 households. Moreover, thirty-nine respondents were excluded because of missing data, page 8, lines 1-7.

The study was designed to include all children who fulfilled the inclusion criteria per household (n = 1472), which enabled us to collect a wide range of information from a large number of populations, page 5, lines 18-20.

5. **Please address the fact that your analytic sample was below the required sample size you calculated a priori in limitations section and the implication of this smaller sample size.**

We appreciate the reviewer's suggestion. The above point was added in the limitation section, page 19, lines 20-24. It now reads "Also, one of our main constraints has been the limitation of the ultimate sample size from one thousand nine hundred twenty one to one thousand three hundred ninety nine. This decrease in sample size limited the power of generalisability. Therefore, assumption about
population-based injury patterns experienced by young people should be made cautiously”.

6. **Pg 10, line 13 – should ‘teo’ be ‘two’?** There are a number of typos, missing words/symbols/spaces throughout this manuscript – please review.

   Thank you for the comments. I have made all changes suggested by the reviewer and performed a careful editing work throughout the manuscript.

8. The discussion for this paper remains cumbersome. I recommend focusing efforts to draw out and expand upon the main patterns and key points in your results that could be used to inform policy. The discussion should focus on what you are adding to the already existing literature and how this can be applied (and the limitations of your study). The implications section of the current discussion is a good start. I recommend using this section as the basis for a much more concise and reader friendly discussion.

   Thank you for these points. I have carefully revised and re-written the discussion in view of the constructive and helpful comments. Following your suggestions, a hard work on the clarity and presentation of the discussion has been done to make it more concise, clear, and readable as possible.

9. **Although both percentages and ratios are not required – crude numbers and percentages are.** This allows reader to understand the sample size being discussed AND to put the finding into the context of the denominator. It is recommended that both numbers and percentages be presented in both the results section and tables.

   This comment is very useful to clarify our results. In the revised manuscript, I have represented data (crude numbers and percentage), appropriately throughout the results section. Also, tables were modified to be more informative.
Thank you so much for these comments that have helped a lot in focusing and sharpening the paper's basic arguments and propositions. We would like to express our gratitude to you for helping us to do much better work.
Response to Referee # 2: Dr. Angela Watson

Reviewer's report:

This paper is an important contribution to the literature. The authors have made substantial changes in light of the review and the paper now reads very well.

Thank you very much for your kind words about our paper. We are delighted to hear that you think our work will be beneficial. In the following sections, you will find our responses to each of your points and suggestions. We are grateful for the time and energy you expended on our behalf.

Minor Essential Revisions

Need to make the number of decimal places for p values consistent throughout tables etc. I would suggest 3 decimal places (if greater replace with < .001 - please note this is only a suggestion as long as it is consistent.

Thank you for this point. We reported the exact p values; since this practice makes for greater scientific integrity. In the revised manuscript, we have reported p values larger than 0.01 and those between 0.01 and 0.001 to three decimal places, and p values smaller than 0.001 as p<0.001 throughout the tables. This change was applied for all p values except those that were equal to 1 (table 2, page 32).

Figures need to be labeled with axes titles and figure titles

Thank you for this observation. In the revision, we have labeled the figures with the axes titles. According to the journal author's instructions, the figure file should not include the legend or title (e.g. Figure 1... etc). Therefore, the legends have been listed in the manuscript file after the references (page 30, lines 1-3) and not included in the figure file itself.
Discretionary Revisions

The authors may want to consider discussing the age grouping as a limitation.

Thank you for the reviewer's suggestion. In the revised manuscript, I have discussed how the small sample size of the age group 12-18 years was another limitation of the study, restricting our ability to assess all age-related risk factors for unintentional injuries of this group. The discussion was added on page 19, line 25 and page 20, lines (1-2).

Thank you again for your support and great insightful comments that have certainly helped again in achieving much better work. We sincerely hope that you like the changes we have made to the manuscript.

Best regards,

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