Author’s response to reviews

Title: Fatal cases associated with eating chapatti contaminated with organophosphate in Tororo District, Eastern Uganda, 2015: Case Series

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Response to editor’s and reviewers’ comments

Editor’s comment:
We have sought advice from an Editorial Board Member about your article suitability as a Case Report. Following their comments (see below) we believe your article should be changed to a Research Article. Please reformat your article following our Submission Guidelines - https://bmcpublichealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article. Concerning Reviewer 3 point 1. Please change the wording in the Title from 'Case Report' to 'Case Series'.

Authors’ response: We have reformatted the manuscript into a research article as advised. We have changed the wording in the title from 'Case Report' to 'Case Series' (Line 2).

Reviewer 3

Comment 1: The article described an outbreak investigation following report of fatal organophosphate (OP) poisonings. This article followed CARE guidelines and was submitted as case report; however, content is better suited as a research article than a case report. You can remove word "case report" from the title and re-submit paper as a "research article".
Response 1: Following the Editor’s guidance, we have reformatted this into a research article (‘Case Series’) following BMC-PH guidelines. We have changed the wording in the title from 'Case Report' to 'Case Series' (Line 2).

Comment 2: Abstract, background: replace "We investigated ……" with "Tororo District Health investigated….." as it is not clear in the beginning who is investigating.
Response 2: The investigation was conducted by Uganda Ministry of Health. We have added this.

Comment 3: Timely decontamination and use of pralidoxime are important in the management of life-threatening OP poisonings. You can include this information from medical records.
Response 3: We thank the reviewer for this suggestion. The patients were treated with atropine and pralidoxime (Line 149-150). We have added it in background as well (Line 74-75). We agree that in such emergencies, decontamination should be timely. In this scenario, it took 4 hours for the diagnosis to be made and treatment initiated (Line 146). For this reason, the decontamination was not timely and we have emphasised this in the discussion (line 197-200) and conclusion (line 233-235).