Reviewer’s report

Title: Improving health information systems during an emergency: lessons and recommendations from an Ebola Treatment Centre in Sierra Leone

Version: 1 Date: 20 Sep 2018

Reviewer: Laura Nic Lochlainn

Reviewer's report:

I understand the importance of having efficient HISs, however I found that although this manuscript had been revised, it lacked focus, and was far too long.

General comments and feedback:

As there was only management of cases with Ebola, the term Ebola Management Center is the more appropriate term and should be used throughout.

Abstract is too long, particularly the background (pg 2 sentences beginning on line 28-32 can be deleted). Also, the methods section doesn't link with the results section, as I was expecting to find findings from the questionnaires the personnel answered. So, the methods sections needs to be much clearer and focus more on what was done to develop the HIS.

Conclusion should be shortened and the last sentence needs to be edited, the language is poor.

Background is far too long and repetitive (line 63 and line 92 have the same message). Too much detail in paragraph beginning line 91 - would delete. Overall, please make this section more concise.

Methods section is far too long. The authors need to consider what is actually relevant for the reader to understand improving a HIS during an outbreak. A paragraph (line 153 onwards) dedicated to information about the patient and health worker population is completely irrelevant and could be summarized into two lines.
Lines 167-169: I would prefer to read a concise reason why an EHR was set up in parallel to a PMR. The rest of this paragraph really needs to be shortened.

Lines 175-180: Again, this paragraph could be shortened to two lines e.g. To design the HIS, we sought input from staff on data needs and restrictions due to infection, prevention and control (IPC). We then piloted and adapted the HIS over the course of xx months.

Lines 182-191: This paragraph is repetitive and needs to be edited. This level of detail is not necessary as you already stated in the earlier paragraph that you sought input from staff.

Lines 209-358: Again, this level of detail is not necessary. It would be much wiser to adapt panel 1 and incorporate some of that information rather than having six pages of text.

Line 365: Repetitive sentence. You have already said in line 166 that MSF gave advice. In general, this paragraph could be shortened.

Line 404: Quite surprised to see that the comparison of using the PMR with the EHR was published before describing how these HISs were developed. Why have you included an evaluation competent, when it has already been published? It makes me question what this paper adds? Also, I noticed that you have used some of the same figures as in the published manuscript. Why?

Lines 563-619: Much was covered in your previous publication. Why have you included it here?

In general, the discussion is far too long. A 17 page discussion, with much repetition, is highly unacceptable.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Unable to assess

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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