Author's response to reviews

Title: Herpes labialis and Nigerian dental healthcare providers: knowledge, attitude, behaviour and refusal to treat

Authors:

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Version: 3
Date: 27 February 2015

Author's response to reviews: see over
Dear Editor in Chief,

Thank you for giving manuscript consideration for publication in your highly esteemed journal. I have modified the manuscript following the reviewers’ recommendations. The reviewers’ comments are in black ink while my responses are in red ink. Thank you

Reviewer’s report

Title: Herpes labialis and Nigerian dental healthcare providers: knowledge, attitude, behaviour and refusal to treat

Version: 2 Date: 26 December 2014

Reviewer: Girish M M sogi

Reviewer's report:

Major Essential Revisions; Nil

Minor essential revisions; needs some language corrections before being published.

This has been improved upon by proof read of manuscript for language correction

Discretionary revisions; nil

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

This has been improved upon by proof read of manuscript for language correction

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Reviewer's report

Title: Herpes labialis and Nigerian dental healthcare providers: knowledge, attitude, behaviour and refusal to treat

Version:2 Date:26 December 2014

Reviewer: Vahid Rakhshan

Reviewer's report:

All the following points are request for Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. Is the question posed by the authors well defined?

The introduction should focus more on the clinicians’ refusal to treat patients with herpes, instead of explaining the herpes and its pathology. The first two paragraphs should be condensed to a couple of lines. Then new relevant content should be added to the introduction regarding the potential hesitation of dentists in treating patients with herpes labialis or patients suffering from other infectious diseases (as well as the consequences of this hesitation).

The authors are recommended to detail on the null hypotheses.

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The introduction has been modified. Herpes labialis pathology constitute few lines. Dentist reusal to treat patients with infectious disesease and the implications have been included as recommended.

Null and alternative hypotheses have been included

2. Are the methods appropriate and well described?

The current methods part is needs to be better by revising the text according to these suggestions:

A. what was the sample size? How the sample size was determined? Was it predetermined based on a pilot study? Or what else?

The sample size of 106 was determined using Cochran formula for sample size calculation for epidemiological study based on unpublished 7.4% self-reported annual prevalence of
herpes labialis in this group [14]. However it was 120 questionnaire that was eventually distributed to compensate for non-response.

B. how the thresholds for stratifying the scores were determined? For example, why the age 28 was selected as the threshold for dichotomizing the age variable? Why the knowledge scores below 8 were considered poor knowledge and 8 and above were considered adequate? How those numbers were determined?

Age of the participants was categorized based on the previous experience of the authors. The knowledge, attitude, professional behaviour and refusal tendency were dichotomized based on mean values obtained from the pilot study. The mean values were rounded up to the nearest whole number and considered as the lower limit of the adequate, positive and high categories.

C. how many patients were initially evaluated? How many of them did not return the questionnaires?

Of the 120 questionnaires distributed, 110 of them were returned filled giving 91.7% retrieval rate. However 15 of the returned questionnaires were discarded because there were improperly filled leaving a total of 95 questionnaires for the final analysis in this study.

D. The authors should use the STROBE checklist and also fill and submit the checklist with the revision.

This has been done

E. the text can benefit from proper subheadings. Also I think the text would be more fluent, if the questionnaire items were reported not briefly within the text, but as a separate table with all the questions (eventhough they are a repetition of the questionnaire used in a previous cited study of Kanjirath et al).

the following subheadings have be included Ethical consideration

Study design

Sample size

Selection criteria

Data collection tool

Data collection procedure

Data analysis

The reporting of questionnaire in the text has been deleted and questionnaire included as appendix 1

F. The sample size looks rather small for a questionnaire study.
Sample size calculation was done to justify the sample size and it is important to note that dental healthcare workers population are small in Nigeria.

3. Are the data sound?

The data are fine and the presentation is detailed and appropriate when it comes to tables. Subheadings in the results can benefit the fluency as well.

Subheadings have included

However the *analysis* can be improved.

A. In the current report, every ranked or continuous variable (like the scores, age) are dichotomized before being analyzed. Although this is a common practice, it results in huge data loss, which is not favorable for researchers who have put a lot of time on data collection. It also reduces the value of the analyses. So I would like to suggest the authors to do the followings: 1. Besides their current report which is good, they should also report the descriptive statistics for the variables in their original format. For example, they should report the average, standard deviation, median, minimum, and maximum age of the participants. The same for knowledge scores, etc. should be followed. 2. The authors should also use the original data (before being dichotomized) in their analyses (as new analyses besides the current analyses which are good). 3. The best practice would be to make the *RAW DATA* available as an online appendix or as a large table within the paper. I mean the Raw Data in its original form, and before being dichotomized.

This has been included in as supplementary data

B. A question regarding the table 4: Did the authors use the original ranked data as the independent variables in the regression? Or did they use the dichotomized variables? These should be clarified. Also the variable references should be stated. For example, what does a positive sign (in Table 3) or an OR less than 1.0 (in Table 4) mean for marital status? Does a positive association favor being single or being married?

It was dichotomized variables that were used for the regression. Minus sign mean inverse relationship. The association was in favour of being single.

C. In the results, 3 tables are cited, while there are 4 tables.

Table 4 has been inserted

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?

Not applicable.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The authors should use the STROBE checklist and address its items within the text. They should also submit a filled STROBE checklist with their revision.

STROBE checklist has been included

6. Are the discussion and conclusions well balanced and adequately supported by the data?

A. The current discussion is difficult to follow at some points (especially when repeating the results). At many points, it is only a long interpretation of the results. The discussion needs to be revised to a much more organized and fluent text.

The discussion has been modified as recommended

C. The current discussion seems more of a narration of the results of this study and a few other studies, without discussing their contrasts and similarities except at few points (only the percentages of refusal to treat). There are numerous variables assessed in this study. The authors should *Compare* their findings with relevant findings of other studies. And they should make sure their discussions are balanced and supported by the data.

Comparisons have been included

C. The references are mostly old, and there are only a few references that are directly relevant to the topic and also are fresh (2010 and later). A digital search shows numerous recent studies on knowledge, attitude, and practice (or behavior) of dentists and other health personnel towards infectious diseases. They should be cited, compared, and discussed properly.

More recent references have been included. References now 33 in number

D. There are certain sentences that need references. For instance, this sentence

“Refusing treatment to patients whose infective status is definitive is not only unethical but also illogical since undiagnosed carriers of infectious disease pass undetected through practices and clinics on the daily basis”.

The authors should cite references for such declarative sentences. The authors should cite any reference that was originally used to deduce sentences like the one quoted above. This is essential. No content borrowed from a previous study or inspired from a previous study should be left without acknowledging the source. Some contents are originally suggested by the authors. As long as there is a relevant reference to substantiate that sentence, even such sentences that are not borrowed from previous studies should have a reference in order to improve their value (unless there is no relevant reference, and in case of the specific above-quoted sentence, there *are* relevant references in the literature).

Relevant references have been included
E. The conclusions need to be revised. The last sentence should be moved to the discussion. There are other valuable findings that can be listed as conclusions. It is better to state all the key findings in separate lines. Also when stating the determinants, it is better to state that *how* a specific determinant affect the outcome? For example, instead of naming the marital status as a determinant, it is better to state are single doctors more prone to refuse to treat or married doctors?

This has been done

7. Are limitations of the work clearly stated?

No limitation is stated. The authors are suggested to look at the “limitation” sections of the following articles and similarly address the limitations of their study in terms of reliability, generalizability, etc. especially, the following findings suggest that dentists’ self-claimed behavior does not necessarily accord with their real behavior, and this should be as well addressed as a limitation.


Limitation has been included as thus: The findings of this study should be interpreted with caution because the analyzed information were self-reported and is burden with underestimation, overestimation, social desirability and the self-claimed behaviour of dentists may not necessarily accord with their real behaviour [6, 7].

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

It seems so. However, they should make sure no sentences remain without proper substantiation by citing relevant references. Currently some sentences are not backed up.
9. Do the title and abstract accurately convey what has been found?

The abstract should be completely revised. Key elements like the sample size and demographics and details on method of data collection are missing. The conclusion of abstract should be rewritten, bearing the main findings (the determinants of refusal to treat) in mind.

It also needs a language revision.

These have been done

10. Is the writing acceptable?

Grammar: The text needs to be revised thoroughly by a native English speaker.

Scientific writing: The text should be redecorated to a much more organized and fluent one. The current text is difficult to follow at some points.

Also the STROBE should be followed.

Language correction done and Strobe checklist included

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

This has been extensively edited

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests