Author’s response to reviews

Title: Health of Syrian unaccompanied asylum seeking adolescents (UASA) at first medical examination in Germany in comparison to UASA from other world regions

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Dear Ranit Mishori,

Thank you very much for your comments regarding our manuscript. Below you find our annotations and changes to each of your comments.

To deepen the discussion, we added some ideas for public health interventions in UASA regarding their health behaviour (Section: Discussion, line 247-253, page 9-10). With respect to the different diseases we already pointed out, that a tailored screening model should be developed that can be standardised and used for appropriate and evidence-based individual care of UASA and other asylum seekers to reduce the individual disease burden of the UASA (Section: Conclusion, line 320-321, page 12). Furthermore, we added some results from a nationwide analysis of state policies regarding health examination of asylum seekers in Germany (Section: Conclusion, line 316-320, page 12).

Regarding the sampling strategy, we included all UASA in our study that received their first medical examination in that outpatient clinic for internal and tropical medicine between September 2011 and January 2017 (Section: Methods, line 83-84, page 3).

The UASA within our study came from 32 different countries. Due to these huge variations we grouped the countries of origin by UN regions/sub-regions for the analysis. We added a table showing the countries in each of the regions together with the numbers of UASA from each county (Section: Results, line 127-132, page 5).
To point out, who performed the visits, we included a short description about the physician that conducted the visits and its training level (Section: Methods, line 86-88, page 4).

As an overview about the first medical examination, we included the translated screening document as appendix.

As part of the limitations we included, that there were no specific definitions of the health behaviours alcohol and drug consumption and physical activity (Section: Discussion, line 297-299, page 11). Furthermore, we added the definition of nicotine consumption (Section: Methods, line 99, page 4).

Within the section methods we added the legal basis for X-ray examination for asylum seeker with a completed age of 15 years (Section: Methods, line 113-115). Furthermore, we included as part of the discussion, that only pulmonary tuberculosis can be detected by X-ray examination. We point out the reason for using Gamma-Interferon-Test for UASA younger than 16 years or for pregnant UASA (Section: Discussion, line 285-294, page 11).

Within this first medical examination no age determination was done. Therefore, we did not include it in the manuscript.

If you have any further questions, please feel free to contact us.

Kind regards

Annika Laukamp