Author's response to reviews

Title: The clinical implications of thrombocytopenia in adults with severe falciparum malaria; a retrospective analysis

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Version: 5
Date: 10 March 2015

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Response to additional review comments of Professor Maitland on manuscript 1923256163152344, “The clinical implications of thrombocytopenia in adults with severe falciparum malaria; a retrospective analysis”

Thank you for giving us the opportunity to reply to the additional comments of Professor Maitland. Please find below a response to her comments which have been “cut and pasted” from the pdf document that was sent to me by email 9 March. For clarity her comments are in italics and pale grey, while our reply is non-italicised and in black text.

If you have any other queries regarding our submission, please do not hesitate to contact me.

Yours sincerely,

Josh Hanson

On behalf of all the authors

Reviewer: Kathryn Maitland

Reviewer's report: I am happy with the responses. My questioning of the %parasitaemia was really to understand why classification with parasitaemia level used 2 different approaches. I am very happy now this has been explained. I did not imply that they needed to excluded study participants re: We would therefore need to exclude the Indian data if we presented the data in the way that Professor Maitland proposes!

Response: We are happy to hear that professor Maitland was satisfied with our responses to her previous queries.

I would urge the authors to openly report why there was no data on platelet counts on all patients— from their explanation their does not seem that the sampling method is biased. Best to make this clear

Response: This is a very fair comment. Accordingly we have adjusted the results section now to specifically document why platelet counts were missing. In the Vietnamese dataset it was random while in the Bangladeshi and Indian dataset it was a function of the year of study, viz:

“Of the 560 Vietnamese patients 538 (96.1%) patients had a platelet count recorded on admission. The 22 patients who did not have a platelet count recorded had neither more severe disease (p=0.4), nor were more likely to die (p=0.12). Of the 142 Bangladeshi and Indian patients 109 (76.8%) had an admission platelet count recorded; 31 of the 33 patients with a missing value were studied in 2004 and 2005 when the platelet count was not routinely collected for the studies. The two Bangladeshi and Indian remaining patients without a platelet count on admission both survived.”