Author’s response to reviews

Title: Estimating mean population salt intake in Fiji and Samoa using spot urine samples

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REVIEWER 1

COMMENT: The paper addresses a very interesting topic, that of the sodium intake. The use of diuretic is definitely important, moreover, as GFR goes down. The authors made adequate changes to the paper, so I would recommend it for publication.

RESPONSE: Thank you very much.
COMMENT: The authors have done a commendable job in revising the whole article. Regarding comment on total creatinine excretion, authors still mentioned that >25 mmol/day for men and >30 mmol/day for men were excluded because of incomplete urine collection. High creatinine level is the indication of over collection (more than 24 hours) not the incomplete collection.

RESPONSE: Thank you very much for your comment. We used the term “incomplete collection” to cover both undercollection and overcollection of 24-hour urine samples, however, we totally agree that this is not clear and might cause confusion to the readers. We’ve made changes to the manuscript to clarify this.

CHANGES MADE TO THE MANUSCRIPT:

On Background, Lines 97-98, we clarified: “This often results in poor participation rates and undercollection or overcollection of urine samples.”

On Methods, Lines 151-155, we clarified: “Given that the completeness of 24-hour urine collection could be affected by several factors such as spillage, missed voids, or overcollection (i.e. going beyond the 24-hour collection period), the 24-hour urine samples were excluded if the total urine volume was <500mL, and the total creatinine excretion was <4mmol/day or >25mmol/day for women, and <6mmol/day or >30mmol/day for men.”

On Results, Line 206, we changed the term “suspected incomplete 24-hour urine collection” with “suspected inaccurate 24-hour urine collection”.