



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_14182
Title of the Manuscript:	Risk Factors of Human African Trypanosomiasis in Mbuji Mayi, Eastern Kasai Province, Democratic Republic of the Congo
Type of the Article	Report on research conducted

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Change the personal tense of language used in the article –eg. We used..., Our study...etc A statement on the ethical review and approval for this study to be conducted is necessary beyond the note at the end of the article. Children (under the age of 18 years) were also part of the study and what was the consent process for both children and adults. Children cannot give verbal consent to a study such as this.	We have accepted this suggestion for change and we have implemented the suggested revision. You can see this change throughout the revised text of the paper. Beyond the note at the end of the article, there was a statement made much earlier in the original text (Lline 262): “This survey was approved by the local authorities and the provincial ethics committee”. To emphasize the use of the personal tense as requested above, we have reformulated the statement as follows: “Before the start of data collection, we requested approval from the provincial ethics committee. In consideration of the fact that our study only involved minimal risks for the subjects, we instructed our data collection technicians to comply with the following guidelines when they approach adult and minor subjects. Procedure of Data Collection from Adult Subjects: If the study subject was an adult, the data collection technician informed him/her about the nature and objectives of the study and then asked the subject if he/she was willing to be participant. The data collection technician made a note of the given verbal consent on the questionnaire used for each subject. Procedure of Data Collection from Minors: If the subject was a minor (less than 18 years), the data collection technician first talked to and requested the permission of any available parent or legal guardian of the minor. Subsequent to securing that permission, the technician explained the nature and objectives of the study to the minor and then asked the minor to provide his/her verbal assent (as typically, children do not have the legal capacity to consent to participate in research). The data collection technician made a note of the given assent on the questionnaire used for each minor who participated in the study. The children were involved in the process as they were able to assent (i.e., capable of having a study explained to them and/or reading a simple form about it, and giving verbal or written agreement if they decide to participate in the study). A copy of the survey questionnaire is available and can be provided on request. Below we explain our choice of the case/control design and of the ratio of 1 case for 2



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	Justify the use of two controls for each case in the study	controls we have used. 1. The ratio case / controls conditions the expected statistical power, which estimates the probability to detecting an association when one does exist. It is classically accepted that We admit classically that the statistical power cannot be lower than 80 %; 2. The ratio case / controls is usually included in the range of 1:1 and 1:4 to increase the statistical power (statistical efficiency). Beyond 4 controls for 1 case, the gains from the power are weak. The gains of power is unimportant; 3. In our study, the controls are randomly drawn from the general population on the basis of the following criteria (age, sex and place of residence). These controls are disease-free. They were tested in the CATT-test during the field investigation and found to be disease-free. 4. The pairing ratio of 1:2 is used for a power widely superior to 80 %. Our use of the ration of 1 case for 2 controls is justified by the fact that HAT prevalence is close to 1 % and thus lower than 5 %. Within this prevalence range (1-5%), one is advised to use a case-control design. To the contrary, one is advised to use a cohort study design for conditions with a prevalence that is superior to 5 %) Références: -Bouyer J, Hémon D, Cordier S, et al. Épidémiologie.Principes et méthodes quantitatives. Paris: INSERM, 1993, pp 457-77 -Ancelle T. Statistique/Epidémiologie. Paris: Maloine, 2002, pp 59 - 212.
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<u>Minor</u> REVISION comments	Abstract should be more reflective of the study objective, data collection approaches and data management procedures Increase the number and use of more recently published literature in the subject area Introduction can benefit from the use of sub-headings to assist in organizing the text presented Results section can also benefit from subheadings	We have slightly modified the abstract. We feel it now reflects a response to the concern you have expressed. By doing this we have enriched and expanded the paper, particularly in consideration of the literature on the city of Mbuji Mayi and on the challenges African cities face health wise. Done. By doing this we have enriched and expanded the introduction We have not created subheadings here as the content is clear and focused.
<u>Optional/General</u> comments	The study provides an area of research that is important to conduct and a relevant and appropriate methodology to examine the risk factors. The findings are also instructive towards informing preventive practices. I am interested to ensure that the ethical issue of persons less than 18 years of age was addressed as part of the study. The issue of participants in the study being less than 18 years of age and providing verbal consent I am concerned about. Participants less than 18 years old cannot by themselves provide informed consent	Thank you! Done: Procedure of Data Collection from Minors: If the subject was a minor (less than 18 years), the data collection technician first talked to and requested the permission of any available parent or legal guardian of the minor. Subsequent to securing that permission, the technician explained the nature and objectives of the study to the minor and then asked the minor to provide his/her verbal assent (as typically, children do not have the legal capacity to consent to participate in research). The data collection technician made a note of the given assent on the questionnaire used for each minor who participated in the study. The children were involved in the process as they were able to assent (i.e., capable of having a study explained to them and/or reading a simple form about it, and giving verbal or written agreement if they decide to participate in the study.)