

## PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Paediatrics Open. The paper was subsequently accepted for publication at BMJ Paediatrics Open.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Management of anaphylaxis in children: a survey of parents and school personnel in Qatar.
<b>AUTHORS</b>	Mohammed Elhassan, Shaza; Charlson, Mary; Jama, Hibaq; Zakri, Farhan; Elajej, Reem; Ahmed, Fayeha; Taheri, Shahrad

## VERSION 1 - REVIEW

<b>REVIEWER</b>	Kamal, Madeeha Hamad Medical Corporation Qatar Competing interests: non
<b>REVIEW RETURNED</b>	30-May-2017

<b>GENERAL COMMENTS</b>	good project, it increases awareness among school personelle
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<b>REVIEWER</b>	Ninan, Titus Heart of England Foundation Trust Hospitals Bordesley Green East Birmingham B95SS UK Competing interests: None
<b>REVIEW RETURNED</b>	12-Jul-2017

<b>GENERAL COMMENTS</b>	<p>This is a useful and appropriately designed study.</p> <p>These are my comments:</p> <p>Was this a validated questionnaire and what is its repeatability is not discussed</p> <p>The authors must use actual numbers with percentages in brackets in their results sections.</p> <p>.</p> <p>Again in the results section it is not clear whether 128 different schools were invited to take part or was it 128 subjects.</p> <p>If only 50 of the 128 schools participated then the percentages change in the Schools section of the results</p> <p>Discussion: No comparisons to a setting where good specialist community nursing staff who do a lot of the education and training has been discussed. Therefore is it generalizable to other settings is not discussed.</p>
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## VERSION 1 – AUTHOR RESPONSE

Responses:

Reviewer: 1

Comments to the Author

good project, it increases awareness among school personnel.

Response: thank you for the appreciation of our work.

Reviewer: 2

Comments to the Author

This is a useful and appropriately designed study.

These are my comments:

Was this a validated questionnaire and what is its repeatability is not discussed

The authors must use actual numbers with percentages in brackets in their results sections.

Response: We apologise for the confusion regarding the questions. The questions were based on the literature and authors' expertise, and were mainly used during a telephone interview with further clarifications as needed. We have now clarified this in the manuscript.

The interview questions were based on previous studies and clinical expertise of the investigator group.

According to responses to the interview questions, further enquiry was conducted to confirm the accuracy and consistency of the responses.

We have also added the actual numbers and the percentages in both abstract and results sections.

Again in the results section it is not clear whether 128 different schools were invited to take part or was it 128 subjects.

If only 50 of the 128 schools participated then the percentages change in the Schools section of the results.

Response: Thank you for this observation. We initially included 128 schools for eligibility i.e. having children with history of anaphylaxis and were prescribed the EpiPen® to take part in the study. Fifty schools participated in the study and thus the actual number of schools is out of 50 not 128. We have clarified this in the text and flow diagram.

We evaluated 128 schools having children with history of anaphylaxis who were prescribed the

EpiPen®. From these 50 schools participated in the study for a variety of reasons (Figure 1). Importantly, thirty out of the original 128 screened schools (23%) denied having been informed by parents about their pupil's history of anaphylaxis EpiPen® prescription.

Discussion: No comparisons to a setting where good specialist community nursing staff who do a lot of the education and training has been discussed. Therefore is it generalizable to other settings is not discussed.

Response: Thank you for this important point. We have added a paragraph to bring in the current literature and discuss generalisability of our findings.

An exploratory, cross-sectional, descriptive study by Morris et al (4) which included 171 credentialed California school nurses, observed that only 13% had epinephrine stock programs, and that there was a lack of policies and guidelines, inadequate training, and deficiencies in the education of school personnel. Therefore, our work and previous studies highlight a multitude of deficiencies in knowledge of anaphylaxis, and strategies for its management by families and school personnel. These pervasive deficiencies need to be addressed with specific tailoring for the sociocultural environment. Addressing key deficiencies in countries similar to Qatar, where there is rapid development and multiple nationalities, is challenging, but can improve through specific policies and greater communication.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Ninan, Titus Heart of England Foundation Trust Hospitals UK Competing interests: None
<b>REVIEW RETURNED</b>	01-Sep-2017

<b>GENERAL COMMENTS</b>	The authors have made the necessary changes as suggested in my previous review
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<b>REVIEWER</b>	Fox, Adam Guy's & St Thomas' Hospitals, London, UK Competing interests: nil
<b>REVIEW RETURNED</b>	17-Sep-2017

<b>GENERAL COMMENTS</b>	This is a descriptive audit of practice in Qatar and arguably has relatively little to offer with regards to practice elsewhere. The design is not novel and essentially demonstrates that Qatar, like other settings, still has a long way to go around education around anaphylaxis. It doesn't stratify patient risk ie history of asthma or previous severe reactions which would have been helpful and also a potential solution with regards the need to focus resource and attention on the right children with regards to anaphylaxis risk.
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#### VERSION 2 – AUTHOR RESPONSE