

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.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Mass drug administration campaigns for scabies and impetigo: protocol for a systematic review and meta-analysis |
| AUTHORS | Ghosh, Pousali Tesfaye, Wubshet Manandhar, Avilasha Calma, Thomas Bushell, Mary Oguoma, Victor M Kosari, Sam McMillan, Faye Peterson, Greg Thomas, Jackson |

VERSION 1 – REVIEW

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| REVIEWER | Reviewer name: Dr. Alice Richardson Institution and Country: ANU, Statistical Consulting Unit, Australia Competing interests: None |
| REVIEW RETURNED | 06-Dec-2020 |

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| GENERAL COMMENTS | <p>In this paper the authors present a protocol for a meta analysis of papers that investigate mass drug administration as a treatment for scabies. Overall I am pleased to recommend that the paper undergo minor revisions then be resubmitted.</p> <p>Page 3 line 13: the second dot point is a sentence fragment and does not read well next to the others which are all complete sentences</p> <p>Page 5 line 16 and page 7 line 50: I am both pleased and surprised that no language restrictions will be applied The authors should assure us that they have access to appropriate translation service when the papers appear in languages other than their own.</p> <p>Page 7 line 14: I think it would read better if the term endemic as referred to as "so-called", or the sentence was turned around so that endemic is defined for the purposes of this paper as "where scabies and impetigo are very common".</p> <p>Page 8 line 34: and adverse effects nor or.</p> <p>Page 9 line 3: italics on campaign.</p> <p>Page 9 line 28: The wording is not quite right here. A robust method is robust to departures from model assumptions, not to methods of estimation. Models are fitted not carried out. So something like this is preferable: "A REML meta-analysis model will be fitted, given its variance estimation method is more robust in small sample studies."</p> <p>Page 9 line 41: I think the Mantel-Haenszel model (test?) needs a reference.</p> <p>Page 9 line 40: differ not differs.</p> <p>Page 13 – 14: I think it is usual to provide page references for the PRISMA checklist items. The authors should check with the Editor what is required for this journal.</p> |
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| REVIEWER | Reviewer name: Dr. Peter Flom Institution and Country: Peter Flom Consulting, United States Competing interests: None |
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| REVIEW RETURNED | 02-Dec-2020 |
| GENERAL COMMENTS | I confine my remarks to statistical aspects of this paper. These were well done and I recommend publication. |

VERSION 1 – AUTHOR RESPONSE

Dear Editor,

We would like to express our sincere thanks for your kind consideration of our manuscript and request for a revised version. A sincere gratitude goes to the editor and reviewers whose valuable comments have helped us in further refining our work. We believe we have addressed the editor's and reviewers' comments below in a chronological order. Additionally, we have identified specific modifications to the manuscript along with our responses.

We would be very happy to receive any further comments or suggestions on this revised manuscript and be prompt in responding to your queries.

Thanking you in anticipation.

Sincerely,

Jackson Thomas, PhD
Associate Professor of Pharmaceutics
Faculty of Health | University of Canberra
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Canberra ACT, 2601 Australia
Jackson.Thomas@canberra.edu.au

Reviewer #1

- 1) I confine my remarks to statistical aspects of this paper. These were well done and I recommend publication.

Response: Thank you for the positive remarks – greatly appreciated!

Reviewer #2

- 2) In this paper the authors present a protocol for a meta analysis of papers that investigate mass drug administration as a treatment for scabies. Overall I am pleased to recommend that the paper undergo minor revisions then be resubmitted.

Response: Thank you for the positive remark, appreciated.

- 3) Page 3 line 13: the second dot point is a sentence fragment and does not read well next to the others which are all complete sentences

Response: Thank you for this. We have now modified this line as follows on page 4 line 14-15: "This review will provide evidence on the most effective drug, dose and dosage formulation, and frequency of treatment required in MDA programs targeted at scabies and impetigo."

- 4) Page 5 line 16 and page 7 line 50: I am both pleased and surprised that no language restrictions will be applied. The authors should assure us that they have access to appropriate translation service when the papers appear in languages other than their own.

Response: Thank you for this. The reason for not restricting the language was informed by our preliminary searches and articles that resulted in non-English publications and we were able to automatically translate these using google translate without significant difficulty. So, the articles will only be included only when they have an English version or at least have translatable version.

- 5) Page 7 line 14: I think it would read better if the term endemic as referred to as “so-called”, or the sentence was turned around so that endemic is defined for the purposes of this paper as “where scabies and impetigo are very common”.

Response: Thank you for this feedback. Based on our preliminary search, we found out that MDA programs could also be implemented in crowded settings, such as refugee centres, student accommodations and other settings. Therefore, we decided to take out the word endemic to enable us include these studies where scabies/impetigo is not necessarily considered endemic.

- 6) Page 8 line 34: and adverse effects nor or.

Response: This has been modified accordingly, thank you.

- 7) Page 9 line 3: italics on campaign.

- 8) Page 9 line 28: The wording is not quite right here. A robust method is robust to departures from model assumptions, not to methods of estimation. Models are fitted not carried out. So something like this is preferable: “A REML meta-analysis model will be fitted, given its variance estimation method is more robust in small sample studies.”

Response: Thank you for this, we have now modified this as recommended on page 7 line 4-5: “Random effects restricted maximum likelihood (REML) meta-analysis model will be fitted, given its variance estimation method is more robust in small sample studies....”

- 9) Page 9 line 41: I think the Mantel-Haenszel model (test?) needs a reference.

Response: This has now been cited on page 7 line 20-21.

- 10) Page 9 line 40: differ not differs.

Response: This has now been modified.

- 11) Page 13 – 14: I think it is usual to provide page references for the PRISMA checklist items. The authors should check with the Editor what is required for this journal.

Response: As suggested, the page number for the PRISMA-P checklist has now been included on page 7 line 20-21 as: “The results will be presented in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) flowchart (Appendix 2, page 18-19).”

Associate Editor

- 12) Please respond to the reviewers' comments as given. I suggest adding page numbers to the PRISMA checklist as mentioned.

Response: As suggested, the page number for the PRISMA-P checklist has now been included on page 7 line 20-21 as: "The results will be presented in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) flowchart (Appendix 2, page 18-19)."

Editor in Chief

- 13) Abstract Ethics & Dissemination line 28 avoid use of the phrase "This systematic review is the first of its kind". The journal style is to avoid use of the phrase "the first" as this is upto others to decide.

Response: Thank you for the input, this has now been addressed. The last statement on the abstract has therefore changed into "The findings will be communicated to the scientific community through a peer-reviewed journal publication. This systematic review will present an evidence on the effect of MDA interventions on scabies and impetigo, which is instrumental to obtain a clear understanding of the treatments widely used in these programs."

VERSION 2 – REVIEW

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| REVIEWER | Reviewer name: Dr. Alice Richardson Institution and Country: ANU, Statistical Consulting Unit, Australia Competing interests: None |
| REVIEW RETURNED | 10-May-2021 |

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| GENERAL COMMENTS | I note that the paper has been transferred to BMJ Pediatrics Open and that the authors have used to transfer as an opportunity to address my comments on the first version of the paper. In my view the authors have addressed the majority of the comments I made and so I am pleased to recommend that the paper be accepted for publication in "BMJ Pediatrics Open". However the authors have not changed the management of the term "endemic" (page 7 line 13). I really don't think it is appropriate to call a community "endemic". I urge the authors to reword in one of the following ways. "People living in communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)" or "People living in so-called endemic communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)". |
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| REVIEWER | Reviewer name: Dr. Peter Flom Institution and Country: Peter Flom Consulting, United States Competing interests: None |
| REVIEW RETURNED | 26-Apr-2021 |

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| GENERAL COMMENTS | I had already reviewed this paper and recommended publication. |
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VERSION 2 – AUTHOR RESPONSE

The Editor-in-chief,

BMJ Paediatrics Open

Subject: Response to reviewer's comments for manuscript entitled "Mass drug administration campaigns for scabies and impetigo: protocol for a systematic review and meta-analysis" (bmjpo-2021-001132).

Dear Editor,

We would like to express our sincere thanks for your kind consideration of our manuscript and request for a revised version. A sincere gratitude goes to the editor and reviewers whose valuable comments have helped us in further refining our work. We believe we have addressed the editor's and reviewer's comments below.

We would be happy to receive any further comments or suggestions on this revised manuscript and be prompt in responding to your queries.

Thanking you in anticipation.

Sincerely,

Jackson Thomas, PhD
Associate Professor of Pharmaceutics
Faculty of Health | University of Canberra
12D36 | T +61 2 6201 8928
Canberra ACT, 2601 Australia
Jackson.Thomas@canberra.edu.au

Question from editor

1. Please consider the reviewers comment: "However the authors have not changed the management of the term "endemic" (page 7 line 13). I really don't think it is appropriate to call a community "endemic". I urge the authors to reword in one of the following ways. "People living in communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)" or "People living in so-called endemic communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)". We recommend you address this point and make appropriate changes to your manuscript prior to acceptance.

Response: Thank you for the comment. This has now been included per the suggestion. Please check the following line on page 6 lines 13-15: "People living in so called endemic communities where scabies and impetigo are very common (e.g., Aboriginal communities in remote Australia and other tropical regions, refugee camps and other places with crowded living arrangements) are at substantial risk of serious complications, including post-streptococcal sequelae, premature disability, and mortality."

Reviewer #2

1. I note that the paper has been transferred to BMJ Pediatrics Open and that the authors have used to transfer as an opportunity to address my comments on the first version of the paper. In my view the authors have addressed the majority of the comments I made and so I am pleased to recommend that the paper be accepted for publication in "MBJ Pediatrics Open". However the authors have not changed the management of the term "endemic" (page 7 line 13). I really don't think it is appropriate to call a community "endemic". I urge the authors to reword in one of the following ways. "People living in communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)" or "People living in so-called endemic communities where scabies and impetigo are very common (e.g. refugee camps, Aboriginal communities ...)".

Response: Thank you for the input, much appreciated. We have now addressed this line based on the suggestion. Please check page 6 lines 13-15: “People living in so called endemic communities where scabies and impetigo are very common (e.g., Aboriginal communities in remote Australia and other tropical regions, refugee camps and other places with crowded living arrangements) are at substantial risk of serious complications, including post-streptococcal sequelae, premature disability, and mortality.”

VERSION 3 – REVIEW

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| REVIEWER | Reviewer name: Dr. Alice Richardson Institution and Country: ANU, Statistical Consulting Unit, Australia Competing interests: None |
| REVIEW RETURNED | 20-May-2021 |
| GENERAL COMMENTS | The authors have revised the paper according to the suggestions I raised in my previous review. I am now happy to recommend that this paper be accepted for publication. |

VERSION 3 – AUTHOR RESPONSE