

Author's response to reviews

Title: Rapid Assessment of Injection practices in Cambodia, 2002

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Version: 4 **Date:** 12 May 2005

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Version: 2 Date: 6 May 2005

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RESPONSES TO REVIEWER COMMENTS

Major Compulsory Revisions

1. Conclusion section of abstract should be rewritten to also conclude on injection safety (not only overuse as is currently the case). Although disposal safety was an issue, more importantly the practice of "double-dipping" and using unclean syringes on several patients did not seem to be a problem in 2002.

To address this concern, we rewrote the conclusion to acknowledge that reuse of injection equipment does not appear to be a common practice. We also replaced the phrase "related safety aspects" with "healthcare worker safety".

2. While the paper argues soundly that injection safety was good in 2002, there is no reason to assume this was the case in the (near) past before the education efforts during the late 1990's (page 9). Therefore, the current high endemicity of HCV and HBV in Cambodia (infectious that are typically carried for many years) may in fact be due to unsafe injection use of yesteryears. This caveat should be stated in the abstract and discussion section. Also, the Burkina Faso observation discussed on p. 10 supports the idea that the education campaign in Cambodia drastically reduced the prevalence of unsafe injection practices.

The discussion (page 8 par. 3) has been rewritten to acknowledge the possibility that past practices regarding reuse of injection equipment might partly explain the high prevalences of bloodborne infections in Cambodia.

3. The finding in this study - that most injections in Cambodia are based on a prescription, which were picked up at a pharmacy by the patient and administered at home by a nurse - suggests yet another possible source of unsafe injection use not commented on in this paper: Unsterile syringes for sale in the pharmacy. In some countries, including China, re-packaging syringes for re-sale to hospitals and pharmacies was documented in the past (and motivated by the relatively high cost of single-dose injection syringes. Were observational data collected to address this possibility? (could be purchase of syringes, testing for blood contamination). This possibility should at the very least be brought up as a caveat in the discussion section.

We agree and incorporated this idea in the discussion (page 8 par. 3).

4. The first reference is not accurate. It should be Simonsen et al, Bull WHO 1999. The citation used here is a later paper repeating the original findings.

We have added the suggested citation.

5. Last sentence on p. 9 is not supported by Figure 2, panel A. Indeed, the survey of 500 adults suggests only about 14% of injections (Figure 2) were administered by lay health care workers – not the majority as suggested by ref 19.

We removed the reference and focused instead on our own findings (page 10 par. 2). The revision included replacing the word "often" with "approximately one-in-seven" and we clarified that practices in the informal health sector were beyond the scope of our assessment.

6. Last paragraph in the discussion sentence is not well supported by the study and rest of the paper: it seems Cambodia is already doing fine in terms of injection safety (except for disposal issues) - but in contrast there is a significant overuse problem which should be addressed.

We have rewritten the first sentence of this paragraph (bottom page 10) to emphasize the need to decrease injection overuse and highlight specific relevant issues. We also deleted

mention of reuse of injection equipment which the reviewer correctly states is not a major problem in Cambodia.

Minor Essential Revisions

1. Please clarify: The paper is not clear with respect to what "single-use" syringes mean. Are these auto-destruct or conventional disposable syringes that are supposed to be only used once? **Auto-disable syringes are not available for curative injections in this setting. We have clarified the definition of single use syringes on page 7 par 2 of the Results section by including the phrase "traditional plastic disposable syringes."**

2. With respect to injection overuse, it would be interesting to see more data on which injections were given and for which complaints. Especially the 14% intravenous infusions are worrisome – what was that of? Were there oral alternatives? Were these IV injections typically unnecessary or were these the ones given at the hospital to the more ill patients? I suggest you elaborate here and include more data, or, if data were not collected, comment on this limitation of the study. **In the limitations section of the discussion (page 10 par 2), we state that we were unable to ascertain the medical indication and type of medication for injections and infusions. We hope that our report will prompt closer examination of this important finding.**