



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	MS: 2012/IJTDH/2457
Title of the Manuscript:	Adopt a village, rural rabies prevention project: A 'one health' experiment in India

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
The revised version of the paper improved much. It is now clearer what was done during this project and which the conclusions are. The present paper reports what was done as activities and that these activities increases the awareness of rabies significantly compared to the control villages. But how this was evaluated and calculated is not reported at all. It was just referred to the "Adopt a village project" report (which is fine, but not very scientific). It seems that the paper is a short version of the report and it is up to the journal's editors to decide if this is "enough" in a scientific point of view. The household surveys at the beginning and end of the two years were just mentioned and not further explained. Thus the reader has no idea how valuable they are. 1 Another critical point is the report of the cost. Although it is very important to know how much activities cost, this separate report of financial and economic cost are a little outstanding. Also the word "cost-effective" in the "lessons learned" is not reproducible, because there is no cost-effectiveness analysis done at all in this study (or at least not reported in the paper). Either the costs and analysis of cost-effectiveness should be reported in more detail or a sentence like: "the costs of the entire program was around USD 86'000" and its distribution is enough (what is meant by "veterinary component" and "medical component"?). -2 There are still a couple of smaller things that should be adapted to get the manuscript ready for publication: - I still disagree to the formulation that the aim of rabies activities is to prevent human and control animal rabies. Prevention AND control should both be done in the humans AND the animal population (Aim in the abstract and end of introduction). 3 - I suggest to write "ruminants" instead of "six large animals" in the abstract. 4 - It would be nice if references can be provided for the first two sentences in the introduction. 5 - The tree tier systems of government: it is still unclear for me why this is a disadvantage for rabies control. Is this because the collaboration of these three systems is difficult? Or is there another reason? Please specify this for non-Indians. 6 - The description of the core project team is still not entirely clear. 7 - At the end of the methods it's very important to refer to the "Adopt a village project" report by a sentence saying that all details can be found in that report. 8 - It should be stated in the results part that the manpower ratio med:vet was related to the observed villages (and not in the project team). 9 - Mention the number of dogs in the village in the text (not only in the table) because this is an important result for rabies studies. 10 -	1) This paper is a gist or summary report of the project. Various community level activities conducted included the household surveys using structured questionnaire at the beginning of the project to assess the baseline knowledge, attitude and Practice of people regarding prevention and control of human and animal rabies. The survey was again conducted in the same households using same questionnaire at the end of the project to know the difference between baseline & endline observations. LINE-103-107 2) The cost of entire project was US \$ 85,958. line-44 The cost of entire project was US \$ 85,958 . This included actual money spent of US \$ 31,604 plus the estimated cost of donated goods & free services provided which was US \$ 54354. line 204-205; line 366-368. Note : The terms of financial cost, economic cost and cost effectiveness have been deleted 3) As rabies is a dead-end disease/infection in humans the services are focussed to individuals for personal protection viz. PrEP or PEP, hence it is referred to as "prevention". In case of animals it is a zoonotic disease resulting in spread of infection among susceptible mammals in the area and needs a mass public health approach to prevent the spread of the disease. Hence, it is commonly referred to as "control" activities for animal rabies. (not included in the text) 4) It is now changed to "ruminants" lines -43,193,363. 5) These are well known facts and hence no references are given. 6) India has a multi-political party democracy and when different political parties are in place at the central, state and local self governments it often leads to poor collaboration among themselves [added in the text] line -77-79. 7) The core project team comprised of two faculty members- a professor and associate professor of community medicine and a medical officer (tutor) from a medical college; professor of pathology from veterinary college , a veterinarian from state government veterinary services and a veterinarian from the animal welfare organization. Line - 99-102. 8) It is now changed for more details readers may refer to the "adopt a village project" report. Line - 127. 9) The regular service providing veterinary manpower as compared to medical manpower [excluding the project team] at 1:11 in the study villages was grossly inadequate. Line -129-131. 10) There were 446 dogs in three study villages having a human population of 10,220 resulting in a dog : man ratio of 1: 23. Line - 131-133.



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- Calendars were provided in each household of the villages or of those households conducted in the household study? -11 - - Why exactly 323 school children were vaccinated? Where they especially at risk or was this done by convenience or by other reason? -12 - It was just said that the vaccine was found to be immunogenic by serology (human side). How this was done? How many days after vaccination the blood was taken? - Blood was taken from dogs at day 0, 365 and 379 after first vaccination. Results of the RFFIT were only reported from day 379 (how many of the 148 samples had levels > 0.5? Report this in the table as well). What were the results from the other days? It is expectable that there is a high antibody level 14 days after booster (day 379). But how is the situation before booster or one year after booster? There should be at least one sentence to discuss this point. -13 - The dRIT was also successfully used and validated in a field lab in Chad (Dürr et al, plos neglected tropical diseases, 2008). Perhaps you could also include this reference. -14 Finally, there are still some typos. -15	11) One calendar was provided to all households in the three study villages and some community organizations/institutions like schools, mother and child care centers, health centers, grocery shops, etc. Line -142-145. 12) The PrEP was provided to 323 school children whose parents gave consent. 0.1mL of Injection Rabipur (purified chick embryo cell vaccine) was given in the deltoid area by intradermal route in these children on days 0,7 and 28. Five mL of venous blood was drawn from 52 vaccinated children whose parents had given consent and the rabies virus neutralizing antibody titre(RVNA) was estimated by rapid fluorescent focus inhibition test(RFFIT) at National Institute of Mental Health and Neurosciences, a WHO collaborating centre for research on rabies , at Bangalore. line- 168-173. 13) The geometric mean concentration of rabies virus neutralizing antibody was 0.60 (Range: 0.2 to 3.5) on day 0; 0.62 (Range: 0.5-2.0) on day 365 and 2.32 (Range: 0.5-4.0) on day 379. However, no RVNA estimation was done before day 365 due to logistical problems in the field. Line- 183-187. 14) The dRIT was successfully evaluated in the field conditions in Chad,Africa (10) The new reference is added to the manuscript. Line-191-192. Plus reference added -line 302-303 15) Typos corrected
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