

# Review of: "Expanding Participatory Epidemiology to Explore Community Perceptions of Human and Livestock Diseases among Pastoralists in Turkana County, Kenya"

Emilie Vallée<sup>1</sup>

<sup>1</sup> Massey University

Potential competing interests: No potential competing interests to declare.

This manuscript reports on the use of participatory epidemiology methods to explore Kenyan pastoralists' perceptions of human and livestock diseases. The manuscript is mostly well written, but I feel like some more explanations are needed to highlight the benefit of including human diseases alongside animal and zoonotic diseases in the same study, particularly using PE approaches.

## Specific comments:

### Abstract:

I feel there is too much focus on methods and not enough on study results

In the abbreviations: CCPP not CCP

### Introduction:

The beginning is very good, but there is too much of a review of PE, I find it decreases the impact of the introduction and distracts from novelty of paper

end of intro: used "Them" to understand perceptions ... who is them?

### Methods:

It would help to highlight the location of FDGs in Figure 1 (map), eg in colour

The figures captions should be revised to include more details, so that the content of the figure could be understood without having to read the text in the article

Selection: how was the number of FGD decided? was triangulation an objective of using FGD?

FGD: how were discussions moderated? how was equal participation, e.g. between age and gender, ensured? what was the duration of each FGD? was the discussion limited by a set duration? was time pre-allocated to each activity?

From the methods it is unclear how the different indicators were used for the proportional piling exercise: is it what the "Themes" are?

Data interpretation and analysis: how were the recordings transcribed? How were the themes defined? based on recurrence between different groups?

### Results

Please change "symptoms" to "clinical signs" when it refers to animals

Table 2 would possibly be better represented as a figure, with a network having diseases as nodes, and links for relationships. The type of relationships (similar clinical presentation, shared pathogen...) and location could be colour-/style-coded with explanatory text on the edge. This would also allow better visualisation of the prioritised lists including diseases for which no link was found.

Were participants asked to elaborate on relationships, e.g. were they asked to explain why they consider pneumonia and CCPP as zoonotic?

The first paragraph of the "zoonotic diseases and local terminology" subsection is repeated from above

How was the correspondence between local terminologies and disease made?

### Discussion

It would be more logical to start by discussing the answer to the objectives then the benefits of adding human diseases to PE

I'm not sure I understand how the fact that human and livestock diseases are valued the same is relevant to implementation of health policies, including surveillance, as they typically come from different administrations and sources of funding

The detailed review on trypanosomiasis can be dropped (you should be discussing your own results, not those from other studies)

The small sample size is not so much an issue for statistical analyses, but more for triangulation and representativity (It is also unclear what is the target population, is it all pastoralists in Kenya?)