

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

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Potential competing interests: No potential competing interests to declare.

The manuscript by Griffith et al. provides a first approach to include human diseases in a participatory epidemiology approach on risk perception from a One health perspective. The close relationship between pastoralists in Turkana, Kenya, with livestock and the environment can make the links between health dynamics and changes in the environment or in the management of landscapes and livestock more obvious. Some suggestions for improvement:

1. Weak baseline information on human diseases: the introduction lacks robust baseline information on human diseases, which could be better supported with more detailed data and references.
2. Link between human health and the environment: the connection between human health and the environment may not be adequately emphasized, and the manuscript could benefit from elaborating on this aspect, including non-infectious diseases like malnutrition and diseases related to drought-water.
3. Misclassification bias for human diseases: The use of clinical signs rather than specific disease names for human diseases could introduce misclassification bias, making it harder to interpret the results accurately. Including human health experts in questionnaire design and data analysis could help address this issue.
4. Recall bias in responder perceptions: The potential for recall bias among responders' perceptions should be discussed, and methods to minimize this bias should be presented.
5. Lack of standardization in disease importance ranking: The ranking of disease importance needs to be better defined and standardized to avoid invalidating the results. Diseases ranked as high priority should be clearly justified based on criteria like prevalence, morbidity, and mortality.
6. Combining human and livestock diseases: Combining human and livestock diseases in a "combined" manner might not adequately represent their individual importance and could lead to confusion, especially if they are not directly comparable (e.g., PPR and AIDS).
7. Community perception vs. epidemiology: While community perception is valuable, it should not be the sole basis for health decisions. The study should also consider the actual disease epidemiology and its impact on health challenges.

Other minor issues:

Other issues:

- The objectives are missing in the introduction (only mentioned in the abstract)
- The map provided needs a higher resolution to be readable and the study area be recognizable.

- Information on selection of participants: 6 women vs. 21 men...!
- Nadapal results seem to be missing from Figure 3
- Write the headings of Table 3 in each starting page to follow the table more easily