

# Review of: "Malaria Care-Seeking and Treatment Ideation among Gold Miners in Guyana"

Maylis Douine

**Potential competing interests:** The author(s) declared that no potential competing interests exist.

This article is very interesting, well written, use an original methods and is really pertinent in the context. The results are very interesting for national public health strategies in Guyana but also for other countries facing malaria in gold mines.

## Background :

- Malaria burden is particularly high among remote and mobile gold mining populations
  - I suggest to add this reference (Douine et al, CTMR, 2019)
- artemether-lumefantrine and primaquine
  - specify that primaquine is in single-dose
- The high prevalence of the disease in this hard-to-reach population, in conjunction with difficult access to and incorrect use of antimalarial treatments, could favour the emergence of resistant parasites [8].
  - Reference 8 not appropriate: consider using Douine et al, JAC, 2017
- This study is also relevant to malaria elimination in the Guiana Shield, which includes Venezuela, Guyana, Suriname, French Guiana, and parts of Brazil and Colombia.
  - Colombia does not belong to Guiana Shield.

## Methods

- Large camps were camps with  $\geq 23$  miners, medium camps had 8–22 miners while small camps had  $\leq 7$  miners.
  - Written twice
- Add a map to present the regions
- Prior to data collection, a total of 4051 miners were verified across
  - What do you mean with verified?
  - Specify inclusion criteria
- Generally, how many of your friends and co-workers stop taking their malaria medicine before the end of the treatment?
  - How this question was understood? Rate? Just a number? How to interpret?
  - Result expressed as a percentage

## Results

- Christian (82%). > why this question? not mentioned in the method
- The text is redundant with table 5, please reformulate to present the most important results in the text
- Where is figure 1?

## Discussion:

- Aerate with subtitles to facilitate reading
- and trust in available testing and treatment options (response efficacy):
  - I won't be so affirmative, it is only 48% of the respondents > that is important to discuss; in my point of view it is not a make of confidence in the care
- This might be explained by the fact that miners are transitory and may have reduced chances of forming strong communities.
  - I'm not sure: half of them are working in garimpos for > 5 years!
- and those in Regions 1 and 8
  - Why? More difficult to access? Far from health care facilities? > interest of a map in the Methods
- reminders of how quick and easy it is to get a malaria test somewhere nearby, and the fact that one's peers will support you if you get tested when you have a fever.
  - Is it completely effective? what is the average distance from community health workers? Is it completely free, even in remote areas far from supervision/control?
  - Only 48% trust these care...
  - Add references
- The volunteer testers are given certificates after training to promote their buy-in as well as validate them within their communities. The volunteer testers are also given job aids such as rapid counselling cards and a treatment pocket guide to improve the quality and accuracy of the service provided. Treatment adherence handouts are given to malaria positive clients that illustrate how the treatment works to encourage treatment adherence. An endline survey of miners is to be conducted to assess the impact of these interventions on miners' behaviours and malaria outcomes.
  - It is not clear what is the link with this study: it was implemented before this study, isn't? thus it should be in the introduction? Or clarify how these results modified the training or visibility etc. of these volunteers?
  - I see in the conclusion that it was for scale-up > please clarify
- the fact that houses in the hinterland are not conducive to indoor spraying and the emergence of insecticide resistance,
  - reformulate, not clear
- Only miners who were present in mining camps on the day of data collection were interviewed.
  - At what time have you conducted the interviews? Did you ask for type of activity in gold mines?
- The study was unable to explore treatment adherence among miners who were given malaria treatment

due to low sample size and insufficient power.

- I do not understand... you have about 500 people with confirmed malaria! Or is it missing answers?