

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Prevalence and risk factors allergic rhinitis in bakers in Douala, Cameroon
AUTHORS	MBATCHOU NGAHANE, Bertrand Hugo; AFANE ZE, Emmanuel; NDE, Francis; NGOMO, Eliane; MAPOURE NJANKOUO, Yacouba; NJOCK, Louis Richard

VERSION 1 - REVIEW

REVIEWER	Alicia Armentia Allergy Section. Hospital Universitario Rio Hortega. Valladolid. Spain.
REVIEW RETURNED	20-Apr-2014

GENERAL COMMENTS	<p>In this study, sensitization to storage mites was considered independently associated with allergic rhinitis. They considered that storage mites are not real occupational aeroallergens in bakers and would rather be a cause of immunological cosensitizations. From my point of view, storage mite can be considered an important cause of occupational rhinitis in bakers.</p> <p>The authors honestly recognize the limitations in our study: the measurement of the exposure to dust in bakeries was not done, the specific serum IgE antibodies measurements were not performed. Specific challenge tests were not carried out.</p>
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REVIEWER	Paul Cullinan Imperial College (NHLI) and Royal Brompton Hospital
REVIEW RETURNED	03-Jun-2014

GENERAL COMMENTS	<p>This is a simple cross-sectional survey of urban bakers (otherwise undefined) in Cameroon; it's nice to see this kind of work from this part of the world. Work-related 'allergic' rhinitis is associated with sensitisation to flour and/or (the two are not separated) alpha-amylase which is a common enough finding in this workforce. 'Atopy', oddly, was not apparently a risk factor but there may be issues over the definition of this trait. I would have liked to see some findings in relation to lower respiratory symptoms.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 :

I appreciate you comments on the role of storage mite (SM) as occupational aeroallergens. Unfortunately, I couldn't find many studies to support this fact. I have goit through many review on the subject and the majority of authors do not consider SM as a real occupational allergen.

Reviewer 2:

The study was done in a urban area. The description of the setting of the study show that it is an urban area. I agree that the definition of atopy in this study can explain our results. The frequence of lower respiratory symptoms are in Table 1. I have added a comment in the text.

In addition, I have corrected some mistakes (right highlighted)