Editorial Comments:

General Comments:

This manuscript needs extensive and careful typographic and grammatical corrections. Repetition need to be removed as much possible.

Specific Comments:

How many of the 200 subjects were symptomatic and how many were asymptomatic? What was the criteria used to classify these subjects as symptomatic or not? Quote reference(s), if necessary

Line 25, How many of the 19 subjects were symptomatic or asymptomatic ? What was the p value of significance ?

Line 34, correct the sentence as, “Routine urine culture test..”

Line 68: Mention the name of all the kits/chemicals/reagents used in various assays with the company information (Company, State, Country). Quote reference(s), if necessary. Mention how many times the assays were repeated. This needs to be done for all the tests/assays.

Line 81-82. Why a colony count of >100,000 was considered significant? Quote reference(s), if necessary. Mention how much volume of urine was collected ?

Line 96: Explain how the microscopic analysis was done, what type of microscopy was used? How many fields were observed ? was it done in a “blinded” fashion ? How was the bacterial strain identified? Quote reference(s), if necessary.

Line 116. Briefly mention the type of questions in the questionnaire. Was an ethical clearance obtained from authorities before conducting this study? If yes, mention the name of the committee that approved this study.

Line 130. Mention the signs and symptoms of UTI diagnosed? Quote reference(s), if necessary

Line 145. Explain what is 1+, 2+ and 3+ for leukocyte positivity. Quote reference(s), if necessary

Line 185. Expand “CONS”

Line 204. Define “significant positive culture”

Line 232: Describe the level of education. What are low, middle and higher education?

Line 263. Expand “ASB”

Line 275. Mentioning a global risk rate for UTI is more relevant than any particular country; especially, the present study was not done in the USA?

Line 325. Change “report by C. Obirikorang” to, “report by Obirikorang et.al”

Line 326. Change “Robina Ali...” to “Ali et.al”

Author’s Feedback:

Feedback on General Comments

A thoroughly English editing was done for the manuscript by a Native Speaker (See Acknowledgements). In addition, all repetitions were removed and tables were taken out into a MS Word file. Consequently, this leads to the changing of the lines numbering and therefore, in the feedback on specific comments I referred to both the old line and the new line number.

Feedback on Specific Comments

- Out of the 200 subjects involved in the study 68 (34%) were symptomatic and 132(66 %) were asymptomatic. This statement is already within the result section Line 121-122 and Table 1 (New line 142-143). A patient who has no signs of infection on urinalysis, no symptoms of infection, but a positive urine culture, the patient by definition has asymptomatic bacteriuria (New Line 26-28).
- Line 25: 12 out of the 19 subjects were symptomatic and the rest 7 were asymptomatic.
- Line 34 (New Line 37): is corrected as “…… culture tests……”
- Line 68 (New Line 70): All the reagents used (gram staining, Nutrient agar, MacConkey’s agar, Coagulase, Catalase, Oxidase, Petri dish, Swab, Inoculating loop) are from BD, Diagnostic Systems, USA.
- Line 81-82 (New Line 80-81): A urine specimen of at least 20 ml was collected from each individual and examined for all urine analytes. A count of 100,000 or more bacteria per milliliter (mL) of urine is considered to be caused by an infection. A count ranging from 100 to 100,000 could be either caused by infection or by contamination of the sample and so; you may need to repeat urine culture. If the count is 100 or less, infection is unlikely; however, a count of 100 or less may also be seen if you are already taking antibiotics. (Reference #2)

- Line 96 (New Line 102-113): Urine specimen was first centrifuged for five minutes at a relative centrifugal force (RCF) of 400. Then, a uniform amount of urine and sediment remained in the tube after decantation from which a drop or two (20 µl) were place on a microscope slide and examined under *bright field microscopic* technique (a light-compound microscope was used). A minimum of 10 fields were examined under both low (10x) and high (40x) power objectives. The average number of the urine analytes observed in all the ten fields was reported per the respective power used. The microscopic examination was done at three control levels. First three microscopists examined and reported their results. Then two other microscopists for whom the results were blinded, were allowed to examine the same specimen and reported their results. The two results were compared and samples with discrepancy were confirmed by a third controller. Bacterial strains were isolated using culture technique.

- Line 116 A (New Line 135-143): After taking the general information about the patient, they were asked if they ever had a urinary tract infection; whether they were treated or not if the had some; if they have any of the signs and symptoms of UTI such as*, frequency, dysuria, bloody urine, turbid urine, or nausea;* whether they delay in voiding; whether they wash their genitals and anus after voiding and defecating; regarding parity, gestational age, and their level of education. The level of education refers to the education background of the study participants being either: low for elementary (Grades 1-5); middle for junior (Grades 6-8); higher for secondary school (Grades 9-12) and higher education or not educated

- Line 116 B (New Line 133-135): The study obtained ethical clearance from the Asmara College of Health Sciences (ACHS) ethical committee for research. In addition, a research permission was obtained from the Ministry of Health of the State of Eritrea, and Semienawi Asmara Health Center (SAHC).

- Line 130 (New Line 160-162): The signs and symptoms of UTI diagnosed are: urge to urinate, burning sensation when urinating, painful or difficult urination (dysuria), bloody urine, cloudy urine, foul-smelling urine, and pelvic pain.

- Line 145 (New Line 176-179): Normal = When 0-5 leukocytes/ high power field (HPF) are seen,

  +1 = When 5-10 leukocytes / HPF are seen

  +2 = 10-20 leukocytes/HPF are seen ..... Moderate leukocytes/ HPF

  +3 = 20-30 leukocytes /HPF are seen ..... Many leukocytes / HPF

  +4 = Above 30 leukocytes / HPF / are seen ..... full/field

  (Reference: The Urisystem)

- Line 185 (New Line 197): "CoNS" stands for Coagulase-negative staphylococci

- Line 204 (New Line 210-211): “Significant positive culture” means a culture that shows or gives more than 105 CFU/mL (CFU = Colony Forming Units) after an incubation of 18-24 hours.
- Line 232 (New Line 140-143): This was integrated into Line 116A.
- Line 263 (separate file: 1a.BJAST_14003_Tables page 4of4): "ASB" stands for Asymptomatic bacteriuria
- Line 275 (New Line 281): You are right. However the statement was mentioned to compare the result of this study with similar studies conducted elsewhere.
- Line 325 (New Line 325): is corrected as “report by Obirikorang et.al”
- Line 326 (New Line 326): is corrected as “Ali et.al”