SDI Review Form 1.6

Journal Name:	**British Microbiology Research Journal**
Manuscript Number:	**2014_BMRJ_13736**
Title of the Manuscript:	**MICROBIOLOGY OF CHRONIC OTITIS MEDIA**
Type of the Article	**Research**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	In the Abstract (line 4) please define the "patients" by age range, gender proportions, and geographic location. Please include in the Abstract and in the Material and Methods the period of time (starting month/ year, ending month year) that these isolates were collected. Please subdivide the paediatric age range in the text and in the tables: instead of <10, please use **0-2**, **2-5** and **5-10** years of age. In the Methods, please include a section on the Statistics used Line 195, in addition to the number of isolates, please try to estimate the frequency of bacterial isolation. In other words, for each age group, what fraction of isolates had a positive culture? Table 1: for the Male and Female entry, please calculate the proportion for each age group. For instance, in the <10 group, this would be 15/28 and 13/28, which should be expressed between parentheses as percentages.	
Minor REVISION comments	Combine Table 2 and Table 3 Combine Table 4 and Table 5 Combine Table 6 and Table 7 Discussion – you don't calculate the "age related	

	prevalence"; rather, the correct term is the "proportion in each age group"	
Optional/General comments	This is an excellent paper. The microbiology sections are clear and I have no suggestions. By contrast, it would be helpful if the authors worked a little more on the epidemiology by improving the age breakdown in the paediatric group, and by trying to estimate the true prevalence of COM (per population) and the frequency of the specific COM outcomes (resistance per all isolates, positive growth per all isolates, etc.), if this is possible.	

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