



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_11595
Title of the Manuscript:	NASOPHARYNGEAL CARRIAGE AND ANTIMICROBIAL SUSCEPTIBILITY OF STREPTOCOCCUS PNEUMONIAE, IN CHILDREN UNDER FIVE YEARS AT MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA
Type of the Article	Original Research Article

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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments	In methodology I found some serious mistakes. I don't know why authors used the chocolate agar with Polivitex for isolation of pneumococci. In my opinion this may be the cause of pneumococcal colonies overlooking in the cultures. The best method for pneumococcal isolation is Mueller-Hinton/Trypticase Soy Agar or other base agar with 5% sheep blood and 0.5 mg/L of gentamicin. The second serious methodology mistake was using of penicillin disk for antimicrobial susceptibility tests. In all recommendations (CLSI, EUCAST) disc with 1 microgram of oxacillin should be used for screening test. Penicillin as substance or as the E-test is used only to determine the MIC value. In Table 3: In statistical analysis of "antibiotic given" variable, authors can't use no available data ("don't know") as variable, because there is no adequate interpretation for it.	
<u>Minor</u> REVISION comments	In Abstract: Inconsistent sentence: "But 2 (97.37%) were susceptible to cefotaxime".	
<u>Optional/General</u> comments	Acute respiratory infections, especially pneumococcal pneumonia, are nowadays the most important individual cause of childhood mortality in most parts of the developing world. There is necessity to monitor nasopharyngeal carriage among healthy children under five years because their nasopharynx determines the reservoir of respiratory pathogens circulating in the	



SDI Review Form 1.6

	community. This is well-planned study but there are too many serious mistakes in methodology which make this study non reliable.	
--	--	--

Reviewer Details:

Name:	Anonymous
Department, University & Country	Poland