



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	Ms_IJTDH_32636
Title of the Manuscript:	Spectrum of childhood tuberculosis: Ensuring and Making a Differential Diagnosis by Tuberculin Skin Test and Clinical Signs in Kisangani, DR Congo
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>)



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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	1. Add the "HIV" status of the study samples. 2. Are all the children in DR Congo required to receive BCG vaccine at birth? The authors need to state clearly in the article about BCG vaccination of the study samples 3. In "Materials and Methods" 2.3 Practice of Tuberculin skin test TST was negative... induration diameter was <5 mm. positive when cut-off diameter was ≥ 10 mm... Then if the diameter of induration was in between 5 and 10 mm, what the interpretation would be? Also in page 6, line 201-205 that mentioned cut-off at ≥ 5 mm ,... statistically sig. (refer to Table 3). The authors should be clear or consistent on what numbers was/were used for "cut-off"/and when. <u>Ethical issue:</u> Need information on ethical approval, e.g. approval document reference number, date of approval.	1. Added. Known cases were not included 2. It is recommended in newborn before getting home, but not all are vaccinated; precision added. 3. 5mm as cut-off for positivity. From 5-9 cases as possible latent form and more than 10 mm as active form. All was considered TB. Ref indicated
Minor REVISION comments	1. Page 1, line 30: WHO current report is 2016. The authors need to review/reference the WHO current report. 2. "tuberculosis primary infection" (abbreviation: "TPI") OR "primary tuberculosis infection (abbreviation: "PTI"), choose one and be consistent for the entire article. 3. Page 2, line 81: <i>Mycobacterium Tuberculosis</i> -> correct to small "t" <i>Mycobacterium tuberculosis</i> 4. Page 3, line 98: "Person" -> should be "Pearson"	Corrected Corrected Corrected Corrected



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<u>Optional/General</u> comments	There are two recent and relevant articles that the authors can review and use for discussion. 1.Diagnostic Test Accuracy in Childhood Pulmonary Tuberculosis: A Bayesian Latent Class Analysis Samuel G. Schumacher*, Maarten van Smeden*, Nandini Dendukuri, Lawrence Joseph, Mark P. Nicol, Madhukar Pai, and Heather J. Zar Am J Epidemiol. 2016;184(9):690–700 2. The impact of BCG vaccination on tuberculin skin test responses in children is age dependent: evidence to be considered when screening children for tuberculosis infection James A Seddon, James Paton, Zohreh Nademi, Denis Keane, Bhanu Williams, Amanda Williams, Steven B Welch, Sue Liebeschütz, Anna Riddell, Jolanta Bernatoniene, Sanjay Patel, Nuria Martinez-Alier, Paddy McMaster, Beate Kampmann Thorax 2016;71:932–939. doi:10.1136/thoraxjnl-2015-207687	Considered in discussion ; thanks for information.
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