



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_35569
Title of the Manuscript:	Onychomadesis following the outbreak of hand foot mouth disease in children: A Study from North India
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		
Minor REVISION comments	1-specific immunoglobulin antibodies should be done . 2- sample size was small and sample period were 17 June 2015 to 5 august 2015,short period for research. 3-inclusion criteria were the history of any preceding acral skin and/or oral vesicular rash preceding the nail changes, which were not accurate . 4- in result the author did not use statistical tools as P value . 5- the author mention Direct microscopic examination but did not mention what parameter to be examined . 6- the author mention in conclusion Our data indicate that onychomadesis outbreak but in manuscript no result of outbreak investigation . 7- what is prevention action for such outbreak should be mention	1.specific immunoglobulin antibodies were not available in our resource poor setting hence couldn't be done. 2. sample size is small. This is mentioned as limitation of the study. These cases were reported after an epidemic of HFMD which was observed 5.7 weeks (approx.) before these particular nail changes. Moreover these cases were reported from a single centre. 3. for inclusion criteria only those cases were included in which there was documented clinical history as seen by physician or paediatrician, suggestive of HFMD. 4. there was no such data in which we could use P value. 5. direct microscopic examination was done using 20% KOH to rule out fungal infection of nails that has diverse presentation in case of children. Same has been added in the text. 6. by definition outbreak refers to the occurrence of cases in excess of what would normally be expected in a defined community, geographic area or season. In our centre a record is kept of all the cases attending the department and clearly the nail changes in the form of onychomadesis came suddenly and out of proportion to what is usually seen and there was a definite preceding history of HFMD in these cases, in this context the term has been used. 7. The preventive measures about HFMD have not been added as this article focusses primarily on the nail changes that cause the unnecessary parental worry if not properly understood.
Optional/General comments		Thank you for critically analysing the article and the valuable inputs. All the 1mandatory changes have been done and are highlighted in yellow in the text.