



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2014_BJMMR_15959
Title of the Manuscript:	Epidemiology of Coccidian Parasites in HIV Patients of Northern 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>)



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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	<p>A better description on how patients were selected would be welcome: only based on HIV+ and diarrhea? How did they know the patient was HIV +? Did he have AIDS or only HIV+? Was the hospital a referral center for HIV patients? Was the procedence of the patient urban? Rural? In all? Only some? What are the sanitary conditions in the area studied? % letrines? % piped water? % illiteracy? How long between stool collection and examination? Were stools collected fresh of preserved? What definitions were used? For diarrhea? One episode? Several episodes of what duration? Acute? Chronic? For <i>Cryptosporidium</i> and or <i>Isospora</i> (presently it is classified as <i>Cystoisospora</i>) infections? Were oocysts measured? Where the patients evaluated clinically? How did they determine that coccidian was the cause of diarrhea? Where other stool exams (bacteriologic, viral, microsporidia, etc?) performed? Where there any other parasitic infections than coccidian? No larvae of <i>Strongyloides</i> were detected? Soil transmitted helminths? <i>Giardia</i>? <i>Entamoeba histolytica</i>/<i>E. dispar</i>) Did the patients have any similar previous coccidian or intestinal parasites determinations? Being in Uganda one would expect mixed parasitic infections and if not, it should be stated that no other intestinal parasites were identified. Any blood counts performed? In the analysis, what kind of software was used? were all variables included in the analysis? How were numerical data summarized? Any univariate or multivariate logistic regression analysis to calculate odds ratio with coccidian as the main outcome?</p>	<p>Patient selection criteria included, duration of stool examination included.</p> <p>Hospital was a referral and had a section for HIV clients only, now included</p> <p>No other parasites were reported because the main focus was on coccidia</p> <p>Yes there were mixed parasitic infection but they were not reported according to the supervisor</p> <p>Tables were reformatted and statistical analysis done</p>



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	<p>The Tables require better work. Table No. 1 should contain demographic characteristics of the population studied and clinical or risk factor, divided into those positive for intestinal coccidian and those negative or with other intestinal parasites and the p value were necessary. How many patients per age and sex group? How many with acute vrs. chronic diarrhea? Other intestinal parasites in what ages and sex? Were there any controls in the study? The author (s) state that there was an increase positive for <i>Cryptosporidium</i> in children; increase as compare to who? To adults? Were there any similar studies that previously showed no <i>Cryptosporidium</i> or less % in children? What is the percentage of immune normal children 0-5 years old with cryptosporidiosis in Uganda? Are the data on this report new data for Uganda? The author (s) mention Septrin treatment, however only one patient was being treated (?) How does this study compare to what may happen in the community with these coccidial infections? Once the author (s) reply to those questions and improve the results, it should lead to a better and stronger discussion and conclusions.</p> <p>The references require to be put in the journal format. Are the microphotographs required? Then a better description should be made: what stage is represented? Size? Measuring bars? What camera was used to take the photograph? What magnification?</p> <p>As stated before, the current name for <i>Isospora</i> (<i>Cystoisospora</i>) <i>belli</i> should be used.</p> <p>Was the protocol submitted to an Ethical Committee? Who approved and gave permission to carry on the study? The hospital Board of Directors? Chairman of the Department?</p>	<p>Controls were done but had been left out in the report, now corrected</p> <p>Ethical considerations have been included</p>
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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	The paper requires considerable revision for data presentation and analysis that should lead to a better discussion. Since the author (s) would like to see better coccidian diagnosis and more clinician awareness to improve care of HIV patients in Uganda - on which this reviewer fully agrees - this has to be put in stronger terms in the conclusions, based on better presentation of results.	Data has been re-written and tables reformatted