



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_6809
Title of the Manuscript:	Bloodstream infections and malaria as causes of fever among adult medical patients at a referral hospital in Malawi
Type of the Article	Research Paper

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)
<u>Compulsory</u> REVISION comments	None	
<u>Minor</u> REVISION comments	None	
<u>Optional/General</u> comments	1. It would be interesting to know the mortality rate of adult febrile illness in the hospital setting and the contribution of each of the main contributing agents. 2. Very few health facilities in Sub Saharan Africa have facilities for blood culture and referral of such patients to facilities where blood culture is done is, many a times impractical. What are the policy implications of this study to the Ministry of Health in Malawi in particular and Sub Saharan Africa, in general?	1. We agree that it would be interesting to know the mortality rate of febrile illness. Currently this data is not available. But there is a strategy planning ongoing to improve hospital diagnostic documentation for all types of diseases including mortality. 2. Based on this study a process is ongoing at Kamuzu Central Hospital to establish hospital-wide surveillance of bloodstream infections. The results are intended to inform other institutions e.g. district health facilities for empiric antibiotic treatment.