



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_11908
Title of the Manuscript:	Prevalence of Candiduria in infants from a tertiary care hospital
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)
<u>Compulsory</u> REVISION comments	In line with the core values of the journal to uphold the norms of scientific research, I found the following gaps. . Sample size: ✓ Authors need state the basis of the sample size (333) used. Was there an inclusion/exclusion criterion (apart from age)? Or is it all infants admitted into the ICU and wards between June 2012 to June 2013 irrespective of their presenting complains were recruited. ○ If the later was the case, then the prevalence rate need to be recalculated with the denominator being total infants admitted, since infants are the target population ○ If the 333 children we sampled (meaning not whole population of infants admitted during the review) then the sampling strategy must be stated. How was sampling unit	✓ All urine samples from infants which were received in the microbiology laboratory during June 2012 to June 2013 were included in the study. Repeated samples from the same patient were considered as a single sample. ✓ The prevalence of candiduria was calculated from the total number of samples received in our laboratory. ✓ The samples that were received were from symptomatic patients because unnecessary sampling is not performed in our hospital. ✓ Since the study was based on the number of samples received in the laboratory, no allocation of sampling unit was performed at our level.



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	allocated to each of the 4 sampling sites? Was it proportionate to size? ✓ In the methodology there was no mentioned on how the data was analysed and what is the outcome variable. ✓ The Author(s) have made no inferential statistics that will facilitate the hospital management to detect risks factors highlighted by the author(s) in the introduction and discussion sections of the article. ✓ The outcome variable as stated in the objectives of the article were 1. Presence/absence of Candiduria; and 2. Presence/absence of Candida albicans. This means the outcome variables are categorical dichotomous and the appropriate inferential statistics should be logistic regression. This is necessary to develop models that best predict the risk factors in ICU, the wards and the entire hospital which will guide management on strategies to alleviate the risk. The article failure to identify risk factors reduces the	✓ All the data were entered in the Microsoft excel sheet and processed for statistical analysis to calculate various percentage. ✓ Since this study was focussed on prevalence rates and not risk factors, hence no statistics regarding the same was provided. Investigation of risk factors is a separate upcoming article.
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	significance of its finding as far as evidence based intervention is concerned. Authors have not discussed why the differences among different units where participants were sampled. They need to explain the observed difference between ICUs and wards based on clinical practices observed, so that it will guide management team of the hospital/wards/ICUs to come up with ways to reduce risk since authors noted the high prevalence is more commonly seen with hospitalised patient.	The ICU patients are more critical and are mostly catheterised which are important risk factors for candiduria are leading further to candidaemia. Also the ICU patients receive multiple broad spectrum anti-microbials which further increases the prevalence of candiduria in ICUs. Same has been incorporated in the discussion.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	There are no immediate or long term adverse effects on the subjects or their caregivers. However, since the participants are minors, there is still need for parents/care givers consent	