



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	The study rises many queries 1) How were the urine samples collected? What was the clinical diagnosis? The Clinical symptoms of Candiduria are similar to that caused by bacteria? Then why authors have used only SDA? 2) What were the criteria for establishing diagnosis of Candiduria by microscopy, mere demonstration of yeast cells in urine doesn't signify candiduria, Authors please do more literature search on this aspect. 3) How was CFU calculated on SDA slant? CFU is very important parameter for distinguishing between colonisation and infections. Please check available references. 4) where all isolates of Candida were pure or there was mixed growth? Please clarify. 5) antifungal profile of the isolates is very necessary for guiding therapy, therefore the manuscript will be better appreciated if antifungal sensitivity is done? 6) Include and analyze risk factors for candiduria.	1. The urine sample was collected as a clean caught midstream urine sample in males and using urine collection bag affixed to the perineum in females after thorough cleaning of genitals. The patients were having symptoms of UTI or fever with unknown focus of infection. The samples were processed for both bacterial and fungal cultures. However the article has presented data only on fungal UTI. 2. The infants were symptomatic and also the same isolate was present in two consecutive urine samples collected 24 hrs apart and presence of pus cells in the samples were considered as infection. 3. The semiquantitative count of yeast is not recommended in CDC guidelines and hence was not performed at the time of study. So it can not be included now. However, candiduria was considered only when present in repeated samples. 4. All the isolates of candida were pure. 5. We appreciate your suggestion for antifungal susceptibility testing. But ours being a developing country, we don't have a setup for Anti-fungal testing. However in future we will be able to come up with antifungal testing. 6. Investigation of risk factors is a separate upcoming article.
<u>Minor</u> REVISION comments	Check the style of writing the names of isolates. It should be italics	Name of the isolates has been italicised and same has been incorporated.
<u>Optional/General</u> comments		