



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_18532
Title of the Manuscript:	Cryptosporidial diarrhoea in children at a paediatric hospital in Accra, Ghana.
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.

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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	Why did you have not investigated Cryptosporidium in the water of some houses? In this way you could compare with the species present in the stool of the children. Abstract According the abstract "C. parvum is the main species" or the only species that you have find? Introduction This part of introduction (from line 30 until 48) is too long. Results I do not agree with the results explained from line 189 until 194. According the table 4, children whose mothers have primary education were more protected (15%) than that whose mothers have tertiary education (17%). And 29% of children whose mother had secondary education and 33.3% whose mothers had no formal education presented Cryptosporidium infection. I believe that there are no differentiation between these groups (15 and 17% and 33.3% and 29%). How can happen this? With these results, it is not possible to discuss the importance of maternal education, because the results are inconsistent.	We agree that would have broadened the discussion, however, we were limited by funds (logistics) to carry out that study. 'C. parvum' is the only species we found. This has been duly corrected (highlighted in yellow) The part (line 30 until 48) has been simplified accordingly (highlighted yellow) We admit that there is inconsistency (or no clear cut trend) in terms of percentages, however, values of odds ratio (OR) suggest 'protection' (i.e. OR= 0.926) for children whose mothers had tertiary education, and highest risk (OR= 3.629) for children whose mothers had no education.



SDI Review Form 1.6

	This result (source of drinking water - lines 200 until 201)) is very important because is showing that is necessary to sensilize the government and the population about the source of drinking water. Table 3- It is possible to correlate the symptoms with the result of microscopy and Elisa? For example, the 12 patients with diarrhoea, vomiting & fever were all positive in the microscopy? How many of them were positive in the microscopy? From the 72 positive samples by PCR, how many presented diarrhoea? (lines 241-242) From the 72 positive samples by PCR, how many were indicative of <i>C. parvum</i> after PCR-RFLP? (lines 253-254). It is necessary to explain which fragments (RFLP) were obtained. What is " good sequence reads"? (page 255-256) Table 5 is unnecessary. I suggest to suppress it. Discussion How depend on maternal care if the communities do not have proper sanitation? (lines 276-277). When there is a lack of basic sanitation is difficult to do this correlation with mothers knowledge. (lines 327-329) Even with breastfeeding. During the breastfeeding if	This is very much agreed, and our discussion section touched on the subject. Presently, the government is embarking on some projects to improve upon delivery of potable water in Accra. In subsequent studies researchers will continue to investigate public health safety of water consumed by people. In Table 3, the 12 samples representing patients with symptoms of diarrhoea, vomiting and fever, were all Elisa positive and microscopy as well. All 72 positive samples by PCR were diarrhoeic stool samples. All 72 PCR positive were tested by PCR-RFLP, but there were some ambiguous (unclear bands) results, especially with enzyme <i>SspI</i>. However, with <i>VspI</i>, 30 showed good results with fragments of 310 and 110bp. (this has been corrected in manuscript, and highlighted yellow) By 'good sequence reads' we mean, the nucleotide sequence data were all long (or large) enough to be properly analysed phylogenetically Table 5 has been deleted as suggested.. This part of discussion has been modified and highlighted yellow on the manuscript.
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	there are not present for example the attitude of wash hands, how consider the importance of breastfeeding? (lines 338-339)	Lines 338-339 have been modified and highlighted yellow.
<u>Minor</u> REVISION comments	Abstract Diarrhoeal diseases are common...., are caused...(not is caused)	This has been corrected accordingly
<u>Optional/General</u> comments	Why not to sensibelize the government to improved sanitary conditions and disseminate the idea of wash hands ? I believe that this is the main importance of this article.	Well noted, and this has been included in our recommendation.