OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
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You can find out more at:
https://brief.land/briefland/knowledgebase/category/tree.html#opr.html

Archives of Pediatric Infectious Diseases
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Peer Review Report for "Clinical Characteristics and Predictors of Severity of Pediatric Scrub Typhus in a Tertiary Level Hospital in South India"

Author(s): Elayaraja Sivaprakasam, Mahalakshmi Rajan, Umapathy Pasupathy, Latha Ravichandran

Review Timeline:

Submit Date:	29 May 2019
Revised Date:	23 Jan 2020
Accepted Date:	26 Jan 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 18 Jun 2019

Dear AE,
1. Some variables have potential collinearity, therefore in addition to a full model they should be tested in separate regression models (e.g. Albumin and SGOT, BUN and Cr, PT and PTT).
2. Since this study is an original study, not a secondary one, comparing various studies should be done in the discussion part.
Regards

REFEREE: Reviewer | **Revision** (0) — 12 Jul 2019

Dear AE,
In this manuscript, the authors reviewed the clinical characteristics of 235 patients with scrub typhus to find predictive factors of pediatric scrub severity in South India. The manuscript is technically well structured and written, although some points need to be

addressed by the authors before being considered for publication (see specific points below).
- Attention to the scientific writing style bacterial names (e.g. italic form, capitalization of genus name)
- “gram” is a name and must be started with uppercase.
- English language improvement is also needed.
- There is some bias regarding the interpretation of results and the possible reasons that patients’ progress to severe condition. Are patients taken any medication? Are patients having an immunodeficiency? Are patients have any underlying diseases? Please clarify these points within your study.
- Units of clinical parameters must be added in tables.
- The Coherence of discussion is not good, it is more like bullet points.
- Please mention to probable limitations of the present study.
Thanks

REFEREE: Associate Editor | **Revision** (0) 29 Jul 2019

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 19 Aug 2019

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Queries answers

-1. Attention to the scientific writing style bacterial names (e.g. italic form, capitalization of genus name)
- “gram” is a name and must be started with uppercase

Gram ,Orientia tsutsugamushi

2. There is some bias regarding the interpretation of results and the possible reasons that patients’ progress to severe condition. Are patients taken any medication? Are patients having an immunodeficiency? Are patients have any underlying diseases? Please clarify these points within your study.

Children those who had acute onset of fever were included. The exclusion criteria in this study were as follows: children using long-term medications; immunodeficiency; and having a chronic disease

3.Units of clinical parameters must be added in tables.

Unit values are added in relevant tables

4. - Please mention to probable limitations of the present study.

Limitations of the study

First, since the rate of mortality was low, it was not possible to determine the risk factors for mortality.

Second, it was not possible to determine the serotypes of scrub typhus, and therefore, the association between disease severity and genotypes was not evaluated.

Third, considering the retrospective design of this study, it was not possible to identify other co-infections.

Finally, diagnoses were clinically established based on serological tests, and they were not confirmed by the gold standard test (PCR assay).

5. Some variables have potential collinearity, therefore in addition to a full model they should be tested in separate regression models (e.g. Albumin and SGOT, BUN and Cr, PT and PTT).

Separate regression models for these parameters could not be done in view of statistical insignificance.

6. Since your study is an original study not a secondary one, comparing various studies should be done in discussion part.

Yes it is original study, necessary changes are done in discussion part.

7 In Table 1, Hepatic dysfunction: the following sentence is incomplete:
."More than four-fold increase of hepatic transaminases with or without ..."
Also, in definition of "Central Nervous system Meningoencephalitis", reconsider these statements "vomiting with ..." and "papilledema or ... ", I think you can simply remove "with" and "or".
Discussion:

The definition for severity of scrub typhus was based on the study Narayanasamy et al *Predictors of Severity in Pediatric Scrub Typhus*. The reference has been numbered and quoted in the manuscript.

8.As you know serological diagnosis usually is complicated by antigenic differences of various strains of the causal rickettsia, discuss this fact in study limitations.

Limitations of the study pertaining the foresaid aspect antigenic difference of various strains is added. Thanks for the identifying appropriate point.

ABSTRACT:

1.First line: "tsutsugmushi", "a" should be added following "g" in this word.

spell check is corrected.

2.Avoid symbol in the abstract: replace "<" with proper words such as "younger than ..."
“paediatric” or “pediatric”? this word was used with different grammar in some parts.

Relevant corrections are made ,symbol is replaced with appropriate word.

3.Correct conclusion based on results. If "altered sensorium" and "prolongation of prothrombin time" are statistically significant risk factors, add description in the results part. Also, add p-value.

P value are significant in Altered sensorium and prolongation of prothrombin time and hence value are included in results.

In Methods:

4.About this statement: "Scrub typhus diagnosis was done on presenting major symptoms ...", this definition is not acceptable. Did you mean that diagnose could be made in seronegative cases?

Scrub typhus was diagnosed based on clinical and serological test namely IgM elisa method , clinical diagnosis was made based on history of fever for more than 7 days associated with atleast one of the following symptoms as myalgia, headache, conjunctival injection, cough, maculopapular rash and lymphadenopathy, eschar.

5. IgM was used incorrectly for two times. IgM is correct not "Ig M", search and correct all typo-grammatical errors in the text

Relevant correction are made.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 10 Jan 2020

Dear AE,
The manuscript is a revision of a previous one, where some new information and revisions were requested. All of my concern is well addressed and I have no further comment.
Thanks.

REFEREE: Reviewer | **Revision** (1) 12 Jan 2020

Dear AE,
Thanks for the revisions
- These sentences are not suitable for results they should be written in the discussion part:
“The lower prevalence of eschar could be attributed to the dark skin color of the Indian population and the unusual feeding sites of chiggers”
“Although many studies
have documented GI involvement in scrub typhus, the exact cause remains unclear.”
“The main causes of CNS involvement in scrub typhus were direct invasion of
organisms across the cerebrospinal fluid (CSF) barrier and small vessel vasculitis changes in the meninges.”
“On the other hand, Varghese et al. reported a mortality
rate of 14% from India5, and Watt G et al. reported a mortality rate of 15-30% from Thailand.”
Regards

Ali Amanati: Associate Editor | **Revision** (1) 16 Jan 2020

Dear EIC,
The overall presentation of the manuscript is improved after amendments. However, a few points need the authors' consideration as noted by reviewer-2.
Thanks

REFEREE: EIC | **Revision** (1) 19 Jan 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.

Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Reviwers reply

All the necessary corrrections have been made. And is added into the discussion part.

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Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (2) 26 Jan 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.