Reviewer's report

Title: Chlamydia trachomatis Infection in Early Neonatal Period

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Reviewer: Mirja Puolakkainen

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

1. Comments

This paper describes five newborns that were submitted to the neonatal intensive care unit in Japan. All five neonates had clinical symptoms and C. trachomatis DNA and antigen in their respiratory tract, three also in conjunctival swab. It has been long known that C. trachomatis infection can be transmitted from the cervix to the neonate during vaginal delivery. Some reports have also described (possible) intrauterine C. trachomatis infections. Also, three infants described here were reported to have C. trachomatis IgM antibodies in the cord blood suggestive of intrauterine transmission.

a) Discretionary
b) Compulsory revisions

The abstract could be rewritten to better describe the contents of the paper (conclusions in the abstract are not related to results presented in the paper).

Introduction:
Respiratory tract chlamydial infections that are recognized as a major health problem are mainly due to C. pneumoniae, while genital infections are caused by C. trachomatis. At present the text gives an impression that respiratory C. trachomatis infections are a public health problem worldwide. Last sentence is not in line with the contents of the paper.

Materials and methods:
I assume the patient population consists of selected neonates that were admitted to the NICU during 1995-2001. The selection criteria should be mentioned. The patients are described well in the table, but the description in the text could be simplified.

Methods should be written in more detail: what specimens were taken from the infants (at what age) and by which methods were they studied. If a commercial kit was used, the authors should indicate the manufacturer (EIA antigen test), or give a reference for (or describe) the in-house methods (MIF test).
Discussion:
Only findings/results presented in this paper should be discussed here. As only 5 cases (out of N) are presented (all of which had C. trachomatis infection), it is difficult to evaluate the overall prevalence of respiratory neonatal C. trachomatis infection (and also the importance of C. trachomatis as an etiological agent of perinatal respiratory infections) in the Japanese population.

Competing interests:
None declared.