Reviewer's report

Title: Age specific aetiological agents of diarrhoea in hospitalized children aged less than five years in Dar es Salaam, Tanzania

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Reviewer: Thandavarayan Ramamurthy

Reviewer's report:

This study explains about the etiological agents that were responsible in causing diarrhoea in children below five years of age from Tanzania from where this information was not available for the past 10-15 years. This study was done in a systematic way covering all most all the common enteric pathogens. Following are few comments that I would like to add.

Comments:

1. Does the collected sample reflect the total diarrhoeal cases attend in each hospital or some representative cases in each month?
2. Page 2, line 7. How the protozoan were identified by agglutination assay. This detail was not given the materials and methods section.
3. Page 3, line 11. Change “on this topic” to ‘on this aspect’.
4. Is it possible to distinguish Norovirus GI and GII using this ELISA (page 6, line 5)?
5. Why Entamoeba histolytica was not included this study?
6. The proportion of persistent diarrhoea seems low in this study. It will be very informative if the authors mention about the association of specific pathogen(s) with persistent diarrhoea.
7. Page 7, line 11. The given number of samples positive for single pathogen (93+87+52 [=232]is not matching with the mentioned total number patients with single etiology (188).
8. Serogroup 01 should to corrected to O1 (page 7, line 19).
9. DEC consist of 4-5 pathogroups of E. coli. It will be more informative if the authors spell out the proportion of ETEC (LT/ST), EPEC, EAEC and EIEC among diarrhoeal children with the clinical symptoms.
10. Thought the manuscript, Shigella flexineri should be corrected to “Shigella flexneri”.
11. In 4 diarrhoeal cases, viral infection has caused dysentery type of diarrhoea. Any comments about this specific property?
12. It was mentioned that in 32.9% of the stool specimens pathogens were not detected (page 8, line 18). What was the exact number of cases in which no etiology was found? It is worth to mention here about the clinical symptoms of
these patients.


14. Generally, usage of tetracycline is not recommended for children with cholera due to adverse effects (Page 11, line 8).

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests