Reviewer’s report

Title: Effect of the 2015 earthquake on pediatric inpatient pattern in a tertiary care hospital in Nepal.

Version: 1 Date: 28 Sep 2017

Reviewer: Matthew Ellis

Reviewer's report:
My thanks to the authors for their revisions which in large part answer the points raised. However their reworked discussion would be improved by some editing. Rather than opening this discussion with a consideration of the geographical factors which may have contributed unequally and hence biased the presentation of patients from affected and unaffected areas can I suggest they open the discussion with the principle findings ie ‘We found infectious diseases, notably acute respiratory illness and acute gastroenteritis, to be significantly more prevalent among children admitted from affected districts and families than those from unaffected districts and families.’ Their discussion of the literature with this regard logically follows.
I would follow this with their subsidiary findings - secondly increased requirement for critical care and thirdly sequential rise in glomerulonephritis with associated consideration of the literature.

The discussion of geographical factors can then be moved to the limitations section.

I thank the authors for their wider consideration of community based interventions. I note their conclusion that though many activities were undertaken little is recorded other than that they describe. I do not consider their wider discussion of community health copied below adds significantly to the discussion and therefore suggest they omit

'For majority of people in rural areas, the health 10 posts and primary health care center are the only source of health care and they also serve as
the coordinating center for public health interventions. In the Annual Health Report, published by
the department of health services, there is no specific mention of primary and public health
measures undertaken following the earthquake. The report mentions a lack of reporting
mechanism for disaster related activities in the regular Health Management Information System
( HMIS ) [24]. Possibly the activities conducted by local District Health Offices and the
subordinate community level government organizations have not been published. Hence it is
difficult to obtain information on the impact these local level interventions might have had in
controlling disease outbreak or reducing hospital admissions following the earthquake.
The Nepal demographic and health survey [2016] provides information on some parameters of
child health across different regions of Nepal and among both urban and rural children [25].
Among the parameters examined were vaccination of children, incidence of childhood acute
respiratory infections, fever and diarrhea, and the nutritional status of children. Most of these
parameters were nest among children from the hill districts and poorer among children from the
mountain and plains districts. The parameters were better among children from urban areas.
The Kathmandu valley is part of the hill districts and a large proportion of the valley is urban.
The other affected districts were mainly hill and mountain districts. It is possible that before the
earthquake the Kathmandu valley had better child health indicators compared to the more
outlying districts.'

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
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