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*COMMUNITY ACQUIRED PNEUMOCOCCAL PNEUMONIA IN NORTHWESTERN NIGERIA:  
EPIDEMIOLOGY, ANTIMICROBIAL RESISTANCE AND OUTCOME*

## **Introduction**

1. The first sentence states that *Streptococcus pneumoniae* is the major cause of community-acquired pneumonia (CAP) and a large contributor to morbidity and mortality worldwide. I would provide statistical data on this to address the severity and extent of it. It will further strengthen the need to do this research.
2. I would include what parts of Nigeria represent the percentages of pneumococcus stated; 50%, 54.5%, and 60%.
3. It is clearly expressed that there is a need to study pneumococcal diseases. Current estimates of disease burden are based on small clinical studies, vaccine trials, extrapolation from data in developed countries, and studies of persons at high risk for disease. There is a lacking of data specifically on pneumococcal pneumonia in Nigeria. I would provide a brief sentence explaining what previous CAP studies in Nigeria focused on.
4. Authors state "HIV pandemic and emergence of pneumococcal resistance has furthered the need to study pneumococcal pneumonia" I would explain the relationship between HIV and pneumococcal pneumonia.

## **Materials and Methods**

1. This section is very detailed and does a good job at describing the procedure from start to finish. I would recommend considering a flow chart to better organize the process. It will make it easier for the reader to digest.
2. Data on previous techniques used to detect pneumococcal pneumonia would be useful in this section. Just a sentence in the beginning would be sufficient.
3. First sentence states "All adult patients who were admitted over the study period with 'features compatible' with CAP.." I would list some features you used to distinguish CAP.

## **Results**

1. What is the difference between bacteraemic pneumonia and primary pneumococcal pneumonia?
2. What is CURB-65? This should be mentioned in the materials/methods section.
3. No tables were included in or attached to this article. (I could not find the article with the attached tables anywhere online) Paper references Table 1-4. No comments can be made on the tables as of now.

## **Discussion**

1. Discusses an increase in females of reproductive age group and explains it might be because kids were shown to act as reservoirs for adult infection. In the end it explains the need for vaccine campaigns to target age > 65. What about these females?
2. It would be worthy to address the high percentage of the sample that denied HIV testing. Is this predictive that there could have been more HIV among those who did not consent for testing?
3. Paper provided a lot of previous research data on why age > 65 may be more susceptible to mortality in response to pneumococcal infection.
4. Consider including what the standard protocol for pneumococcal vaccination is in Nigeria. (Ex: what are the current recommendations, availability, etc.). I would also provide some data on how effective these vaccines are at preventing infection.

**Recommendation: major revision**