

Nasopharyngeal carriage of organisms in children aged 3 to 59 months diagnosed with severe community acquired pneumonia. *Indian Pediatr.* 2016;53:125-8.

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Nasopharyngeal Carriage of Organisms in Children With Severe Pneumonia: Authors' reply

1. The current paper was a part of a multicentric randomized controlled trial for oral amoxicillin administered at hospital vs. home [1], published elsewhere. The children with effusion or consolidation were excluded as they required special care and hospitalization for longer durations, and were therefore excluded.
2. The word 'consolidation' has been used to refer end point consolidation which means a significant pathology that means a dense or fluffy opacity that occupies a whole of the lobe or entire lung that may or may not contain air- bronchograms. The term 'infiltrate' was used to define non endpoint infiltrations which include minor patchy infiltrates that are of no sufficient magnitude to constitute primary endpoint consolidation [2,3].
3. The categorization of patients was based on the place of administration of oral amoxicillin *i.e.* whether it

has been administered in a hospital setting or at home.

4. Serotyping would have helped definitely but it was beyond the scope of this study as it was focused on treatment of community-acquired pneumonia with oral amoxicillin, and was not directed towards the etiology of the disease [1].
5. The patients were enrolled between 2009 to 2011. Hib vaccination was not a part of national immunization at that time.
6. The pneumococcus isolates and their antibiotic susceptibility has been shown in the manuscript [4].

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Centralized Newborn Hearing screening in Mumbai: Success or Failure?

In India, two children are born with hearing impairment per hour which amounts to 1/2000 to 1/10000 live births. 18000 children with hearing impairment are added to our population every year [1]. Universal newborn hearing screening is mandatory in most developed countries. WHO's Newborn and Infant Screening Report (November 2009) postulates a 1-3-6 rule for newborn

hearing screening programs, in which neonates should be ideally screened before 1 month of age, diagnosed by 3 months of age, and intervened by 6 months of age. Presently, Kochi seems to be the only city in India to have centralized new born hearing screening program [2]. The program has screened 1,01,688 babies and identified 162 babies with hearing loss [3].

We started centralized newborn hearing screening in October 2010 and have continued it till date. A two-tier screening approach with oto-acoustic emissions, and brainstem evoked response audiometry (BERA) was followed. A health care worker was identified and trained