to carry out the screening test and documentation. The screener travelled to the identified locations, screened the babies, and provided the provisional reports, following which formal report was mailed to them.

From October 2010 to December 2015, we screened a total of 1716 babies. 809 babies were from well-baby nurseries and 907 babies were from neonatal intensive care unit. 299 babies failed the first screen, but only 66 out of 299 appeared for rescreen. Eighteen babies failed the rescreen and were recommended BERA testing. However, none of the babies turned up for BERA testing or could not be tracked further.

Poor follow-up for rescreening and diagnostic BERA was the greatest challenge to our endeavor. As compared to the experience from Kochi [3], the number of children we screened is much less and follow-up is poor. The dropout of children could possibly be due to lack of effective communication between the screener and the parent, which may be due to lack of background in speech and hearing. We plan to overcome this by introduction of an audiologist to coordinate the patient screening and place audiology interns to carry out the screening. We believe that a centralized two-tier approach is the best and most economically viable approach to neonatal hearing screening, provided adequate communication is established by the screening personnel, so as to ensure a proper follow up.

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Transfusion-associated Necrotizing Enterocolitis

We read with interest the recently published article on relationship between packed red blood cell (PRBC) transfusion and severe form of necrotizing enterocolitis (NEC) [1].

The association between NEC and blood transfusion has been reported previously in case control studies but no strong evidence is available till now [2]. The authors have concluded that blood transfusion-associated NEC (TANEC) is severe, and is mainly a surgical form of the disease (stage 3a+3b), but number of TANEC cases with this staging and their comparative value in the other NEC group are not reported. Authors also mention that TANEC group was more likely to be of blood type B+ and less likely to be type A+. Data for this inference are not available in the results. Also, in the present study, we feel there are many confounders. The mean birth weight (992.8 g) and gestation age (27.3 weeks) in TANEC group was less compared to other NEC group. A multivariate analysis adjusted with these confounders is important. Significant number of more females in TANEC group is a new finding in the study not reported previously.

The association between NEC and blood transfusion demands a strong evidence of multi-center prospective randomized trial while addressing the confounders.

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Transfusion-associated Necrotizing Enterocolitis: Authors' Reply

We agree that association between packed red blood cell (PRBC) transfusion and necrotizing enterocolitis (NEC) has been reported multiple times over the past 20 years but investigators are still hard-pressed to provide a cause-and-effect relationship between the two entities.

During the publication process, several revisions of our data were made, and somehow surgical NEC data and blood group data were omitted from our final published results. In our study, out of 26 transfusion-associated NEC cases, 10 (39%) had stage 2a + 2b NEC and 16 (61%) had stage 3a + 3b cases (P = 0.04), while from control (non-transfusion related NEC) group 45 (61.6%) had stage 2 NEC and 28 cases were of stage 3a + 3b NEC, which was statistically significant. B+ blood group was present in 31% of transfusion-associated NEC and only in 9% of non-transfusion associated NEC cases. This relationship did not reach statistical significance (P=0.07).

The mortality rate mentioned in the abstract section has been adjusted for gestational age, birthweight and gender. After rechecking our data, the number of males in the transfusion associated NEC group were 15 instead of 5, which was not statistically significant. We agree with your contention that association between NEC and blood transfusion should be studied in prospective multi-center randomized trials with control of all confounders.

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