

### **Editor's Comment:**

Editorial decision. My decision is to accept the manuscript to be published in AJRID after revising based on my comments.

The followings are my comments/queries on the manuscript:

1. Who prescribed the medications (antibiotics) to the patients? If they are medical doctors, didn't they get pharmacology lecture/training in preclinical years as well as any exposure in clinical years? Reconsider your conclusion like "inadequate antibiotic therapy training for caregivers". Do you have any evidence in order to make such a conclusion?
2. Out of 455 consultations, 314 were excluded; so many exclusions (69%). We would like to know the reasons for exclusion because it might affect the (validity of the) findings. If those excluded were antibiotics users (or those with antibiotics prescription), it will influence the findings (i.e., current findings may be either over or under estimation [Or] there might be "differential mis-classification bias")! My advice is "it is better to reveal the reasons for exclusion including how many of them were on antibiotics"! The readers will make their own judgement based on this information.
3. What about limitations of the study? Don't you (the authors) think that you need to reveal it in the manuscript?
4. It is better to explain how the expert (An infectious diseases physician and an ENT physician in your study) judge the quality of the use of (prescription of) antibiotics. Did you use any blinding? What I mean is that did you conceal the name of ENT doctors who prescribe the antibiotics at the time of experts' judgement? I didn't see any of it under "2.4 Assessment of antibiotic therapy quality".

### **Editor's Details:**

Dr. Win Myint Oo  
Associate Professor, Sibul Clinical Campus, SEGi University, Malaysia.