

## DIARRHOEA AND VOMITING IN CHILDREN – consultation on draft scope 10 Jan – 6 Feb 07

Status	Organisation	Order no.	Section	Comment	Developers response
SH	Association of Medical Microbiologists and The Royal College of Pathologists	1	General	In view of the complexity of some of the microbiology and public health issues to be considered (as noted below) it is important that a medical microbiologist with experience in this area has input into the guidance. The Clinical Services Committee of the Association of Medical Microbiologists would be willing to suggest a microbiology representative if required.	Thank you for this suggestion. We agree that it will be important to include expertise in this area on the GDG. We have invited applications for the GDG from Consultants with expertise in paediatric infectious disease.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	2	3(a); 4.1.1.(a); 4.1.2(b)	Duration of 'Acute Diarrhoea' needs clarification. Diarrhoea with or without vomiting lasting 8 days is still most likely to be of infective origin, we would be concerned that this cut off may result in a false reassurance that the cause of diarrhoea is non-infective. A period of <b>14 days</b> is used to define acute gastroenteritis in section 3a and this would be a more logical duration.	Thank you. Agreed.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	3	4.1.2(c)	It should be acknowledged that vomiting precedes diarrhoea in many cases of gastroenteritis, and some cases may have minimal diarrhoea. This is acknowledged in the Appendix to the Draft Scope, where the DH question to NICE specifies Diarrhoea OR Vomiting. A child may therefore present to the healthcare setting with vomiting alone due to gastroenteritis, and the guidance should deal with this.	Thank you. Agreed. This point will be dealt with.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	4	4.1.2(d)	Immunocompromised children could also present with infectious diarrhoea so it is important not to exclude them but instead one should be more vigilant in investigating these vulnerable children.	Thank you. Agreed. The intention is to avoid dealing with a multitude of disorders that may cause diarrhoea, but the importance of infectious gastroenteritis in specific vulnerable groups will be addressed.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	5	4.1.2(h) and 4.3.(g)	We feel strongly that Public Health Issues should not be overlooked, given the fact that gastroenteritis has considerable public health importance. Although from the comments at the NICE scoping meeting on 30 <sup>th</sup> January, it was obvious you felt it would be too much of a task to produce comprehensive guidance of the public health management of food poisoning, outbreaks of D&V etc, we still feel that your guidance to individual clinicians needs to remind	Thank you. This will be considered under the advice section of the guideline. It is agreed that while the wider public health issues cannot be addressed, appropriate information and advice for the individual patient will be considered.

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				<p>them that D&amp;V may have wider implications for society beyond the patient in front of them, and clinicians' own public health responsibilities need to be clarified. This would include factors such as:</p> <ul style="list-style-type: none"> <li>• Clinicians should advise parents and carers re the need for hygiene to reduce the chance of spread</li> <li>• Clinicians should also advise parents about exclusion from school/nursery/daycare/swimming pools, and when it is safe to return</li> <li>• <i>Preliminary</i> enquiries about other linked cases, possible food/water/other sources</li> <li>• Reminder to clinicians that food poisoning and dysentery are both statutorily notifiable</li> <li>• Advice to inform the local Health Protection Unit of suspected outbreaks, or cases where there is a likely public source of infection identified.</li> </ul>	
SH	Association of Medical Microbiologists and The Royal College of Pathologists	6	4.1.2(h)	There needs to be a separate heading on Prevention. Considering the burden of disease of rotavirus especially in children and the licensure of two rotavirus vaccines (Rotarix and RotaTeq) in 2006 in Europe and US, we feel that it is important to mention vaccines despite UK not licensing either yet.	Thank you. See our response above. It is likely that the emerging role of vaccines will be discussed in the final document, but this will not be included in the scope of the guideline. The guideline is intended to focus on the management of the individual child presenting with diarrhoea. The GDG will consider issues of prevention relevant to the proper management of the individual child. The scope will not include wider issues of prevention.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	7	4.3 (a)	Although it is clear that DH and NICE want this guidance to focus on infective D&V, it is important to acknowledge that acute abdominal surgical problems, and non-gastrointestinal sepsis, may also present with Diarrhoea and/or Vomiting. Therefore the Guidance, if it is to be useful, should cover triage of cases, so that children needing urgent referral and hospital assessment are identified early.	Thank you. Agreed. See 4.3(d).
SH	Association of Medical Microbiologists and The Royal College of	8	4.3.(e)	<p>The category of Investigations should come under a separate heading rather than under the category of 'treatment' as in 4.3 (e)</p> <p>This is an area of great variation in practice, and it is</p>	Thank you. The heading has been changed to "How to manage symptomatic infants and children". The GDG will consider these suggestions regarding presentation in the document and the appropriate

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	Pathologists			important to recognise that samples may be sent to the lab for a variety of valid reasons. The result is only occasionally of direct benefit to the patient, but is often of great public health benefit, as without the occasional samples submitted by general practitioners, we would have no information about the prevalence of a variety of enteric pathogens, and many sources of such infection would go unrecognised and uncontrolled, leading to further cases. We would suggest that the Guideline Development Group be asked to bear public health factors in mind when making recommendations on investigation of diarrhoeal illness. There needs to be a balance between the two extremes of sending samples only when the treatment of the child demands it – which would result in hardly any being sent, and a ‘blind’ public health service, and sending samples on every single case of diarrhoea, which would probably be more than existing laboratories could cope with. In other words, the current variations in practice tend to balance out at a health authority level, with labs receiving a manageable number of samples and generating useful surveillance data; the challenge to the GDG is not to upset this balance while trying to standardise practice in when to send samples & how to investigate them.	use of investigations.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	9	4.3.(e)	Under additional treatment, we would like to include the role of antimicrobials, antidiarrhoeals (eg loperamide etc) and alternatives such as probiotics (considering the publication of the Cochrane review on probiotics use in infectious diarrhoea)	Thank you. Agreed. The scope enables the GDG to address the use of these agents.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	10	4.3.(g)	Advice to parents should also include the issue of returning to normal feeding.	Thank you. Agreed.
SH	Association of Medical Microbiologists and The Royal College of	11	4.3.(i)	Alternative therapies should have the same evidence base as standard therapies (see 4.3.(h))	Thank you. Agreed.

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	Pathologists				
SH	Association of Medical Microbiologists and The Royal College of Pathologists	12	General and 4.3.(f)	As the management of acute diarrhoea differs in the community settings (ie in mild cases, children can be managed at home) to that in the hospitals, it would be better to differentiate them by having two categories, ie management in the community and management in the hospital. This will then incorporate 4.3 (f) ie when to refer the child to hospital	Thank you. The GDG will consider this suggestion regarding categorisation of patients.
SH	Association of Medical Microbiologists and The Royal College of Pathologists	13	General	Although mentioned elsewhere in these comments on the draft scope (see 4.1.2(h) and 4.3.(g) above), Infection Control is such an important issue, both in the community and the hospital, that it merits a separate heading.	Thank you. Individual advice/information on reducing infection will be given.
SH	Association of the British Pharmaceuticals Industry, (ABPI)			This organisation was approached but did not respond.	N/A
SH	Barnsley Acute Trust			This organisation was approached but did not respond.	N/A
SH	Barnsley PCT			This organisation was approached but did not respond.	N/A
SH	Boehringer Ingelheim Ltd			This organisation was approached but did not respond.	N/A
SH	Bolton Council			This organisation was approached but did not respond.	N/A
SH	Bradford & Airedale Primary Care Trust			This organisation was approached but did not respond.	N/A
SH	Breastfeeding Network	1	4.3 Clinical management	<p>The immediate management of infants and young children with diarrhoea – in this section could the group look at the management of breastfed babies separately from mixed fed and exclusively formula fed. treatments may vary between these 3 categories.</p> <p>The treatment of the breastfed and mix fed babies should include ways to preserve breastfeeding. (too often mothers are told to stop breastfeeding and give oral rehydration therapy)</p>	Thank you for this suggestion. This is an important topic and the GDG will consider it carefully.
SH	British Dietetic Association			This organisation was approached but did not respond.	N/A

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SH	British National Formulary (BNF)			This organisation was approached but did not respond.	N/A
SH	Cardiff and Vale NHS Trust			This organisation was approached but did not respond.	N/A
SH	Commission for Social Care Inspection			This organisation was approached but did not respond.	N/A
SH	Connecting for Health			This organisation was approached but did not respond.	N/A
SH	ConvaTec			This organisation was approached but did not respond.	N/A
SH	Department for Education and Skills	1	General	Will this guidance replace/update the guidance produced several years ago as a result of a collaboration between DfES / DH entitled 'Guidance on infection control in schools and nurseries'? This guidance is currently under review – will the NICE guideline development group be liaising with DH to ensure compatibility of recommendations/ direction. In this instance, although we appreciate that NICE produces guidance that is predominantly aimed at the health services, it is very important that any messages contained in the guidance are relevant to childcare placements as parents of children in their care will be seeking advice/guidance from the DH/ Health services on how to manage outbreaks of D & V. 2 b) states that NICE guidelines support the role of health professionals in providing care in partnership with patients, their carers and families which suggests that a dialogue between DfES and the guideline development group may also be beneficial.	Thank you for highlighting this existing guidance document. It will be included in the reviewers' remit and where appropriate account taken of its recommendations.
SH	Department for Education and Skills	2	General	Given the highly infectious nature of D&V in this age group we would like to recommend that the scope includes recommendations regarding actions to be taken to limit the spread of infection, particularly with regard to recommended periods of exclusion from school / nursery etc. and basic health and hygiene requirements that will limit the spread of the disease as well as the need to notify public health bodies of potential / actual outbreaks.	Thank you. The GDG will consider these matters within the scope of the guideline.

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SH	Department of Health		4.3.e	We have one comment to make on this scope consultation and that is in our opinion there is a significant gap in paragraph 4.3.e relating to feeding – when to stop feeds, including milk feed, when to introduce feeds, including milk feeds and what feeds to use. In our view, there is still a tendency to delay reintroduction of feeds after rehydration and some data suggests this prolongs the course of the illness ultimately resulting in an increase demand on health resources	Thank you. Agreed. This has now been included in section 4.3.e and 4.3.g.
SH	Drug Strategy Directorate, Home Office			This organisation was approached but did not respond.	N/A
SH	General Chiropractic Council			This organisation was approached but did not respond.	N/A
SH	General Osteopathic Council			This organisation was approached but did not respond.	N/A
SH	GlaxoSmithKline UK			This organisation was approached but did not respond.	N/A
SH	Good Hope Hospitals NHS Trust			This organisation was approached but did not respond.	N/A
SH	Great Ormond Street Hospital for Children NHS Trust			This organisation was approached but did not respond.	N/A
SH	Health and Safety Executive			This organisation was approached but did not respond.	N/A
SH	Health Commission Wales			This organisation was approached but did not respond.	N/A
SH	Health Protection Agency	1	3a and 4.1.2.b	The former refers to up to 14 days illness whereas the latter to up to 7 days. This is inconsistent and will exclude some infections such as giardiasis that are of a longer duration.	Thank you. Agreed. The duration will be 14 days.
SH	Health Protection Agency	2	3c	While much of the problem of diarrhoeal disease in children is viral in nature, attention needs to be paid to other infective causes with a potentially more serious outcome (e.g. VTEC).	Thank you. Agreed.
SH	Health Protection Agency	3	3c	Infections are acquired by person-to-person transmission within families or nursery/school environments, or through transmission from contaminated food, water or from contact with infected animals.	Thank you. Agreed.

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SH	Health Protection Agency	4	3c and 4.3.d	It is important that children with diarrhoea and or vomiting are diagnosed by microbiological investigation, both for clinical management and public health purposes.	Thank you. The GDG will give careful consideration to the appropriate use of microbiological investigations.
SH	Health Protection Agency	5	3e	Guidance should include advice on managing public health prevention measures as well as management of the patient. This should include any recommended exclusions from nurseries, swimming pools etc.	Thank you. This topic will be carefully considered in the advice given for individual patients.
SH	Health Protection Agency	6	4.1.2e	It would be useful to include children admitted to hospital for other conditions who develop diarrhoea when admitted as these may have nosocomial infections.	Thank you. This group will be considered in 4.1.1.B..
SH	Health Protection Agency	7	4.1.g	The more public health elements of the guidelines have been excluded. Public health is everybody's business and the scope should, at the very least, look at the risk of infection and include the appropriate best practice for infection control in and out of the health care setting.	Thank you. The guideline is intended to focus on the management of the individual child presenting with diarrhoea. The GDG will consider issues of prevention relevant to the proper management of the individual child. The scope will not include wider issues of prevention.
SH	Health Protection Agency	8	4.3d	The aim of this section should be to identify appropriate microbiological investigations to establish whether the diarrhoea and vomiting is caused by an infectious agent and if so which.	Thank you. The appropriate microbiological investigation of the child will be carefully considered.
SH	Health Protection Agency	9		Some children are at increased risk of serious infection, such as those returning from abroad or with severe symptoms such as bloody diarrhoea, or those who have been in contact with another person in a recognised bacterial, viral or protozoan outbreak.	Thank you. This important point will be considered by the GDG.
SH	Health Protection Agency	10	4.3g	Advice to parents following initial assessment should include information about how to prevent friends, family and others from becoming infected.	Thank you. Agreed. This will be considered by the GDG.
SH	Health Protection Agency	11	General	The HPA is the principal body responsible for the surveillance of diarrhoeal diseases and needs to be represented on the working group.	This guidance is focussing on the individual management of the patient but if necessary the GDG may request specific advice from the HPA.
SH	Health Protection Agency (2)	1	General	Thanks for this information. I do hope you will be able to include criteria for stool culture in the NICE guidance. We are currently developing guidance, in collaboration with Prodigy and the Association of Medical Microbiologists. The first draft, which is opinion-based, is enclosed.	Thank you. Appropriate investigation will be considered within the scope.

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SH	Health Protection Agency (2)	2		 Faeces lab use guidance draft 3 20.0	Thank you for drawing attention to this document which we will take account of.
SH	Healthcare Commission			This organisation was approached but did not respond.	N/A
SH	Home Office			This organisation was approached but did not respond.	N/A
SH	Infection Control Nurses Association of the British Isles	1		Just to say that the ICNA has no comments on the Draft scope thanks.	Thank you.
SH	Institute of biomedical Science			This organisation was approached but did not respond.	N/A
SH	Liverpool PCT			This organisation was approached but did not respond.	N/A
SH	London Development Centre for Mental Health			This organisation was approached but did not respond.	N/A
SH	Luton and Dunstable Hospital NHS Trust	1	4.2.1. e)	Management of diarrhoea starting in hospital should be included because most cases are due to pathogens like rotavirus or small round viruses which are encountered within the community setting as well. Prevention of nosocomial transmission of diarrhoeal pathogens is also an important infection control issue which should be covered as part of the care of the child with diarrhoea in secondary care as an essential part of management.	Thank you. This has now been included.
SH	Meat & Livestock Commission			This organisation was approached but did not respond.	N/A
SH	Medicines and Healthcare Products Regulatory Agency (MHRA)			This organisation was approached but did not respond.	N/A
SH	Mental Health Act Commission			This organisation was approached but did not respond.	N/A
SH	National Childbirth Trust			This organisation was approached but did not respond.	N/A
SH	National Patient Safety Agency			This organisation was approached but did not respond.	N/A

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SH	National Public Health Service - Wales			This organisation was approached but did not respond.	N/A
SH	National Treatment Agency for Substance Misuse			This organisation was approached but did not respond.	N/A
SH	Neonatal & Paediatric Pharmacists Group (NPPG)	1	General	We fully support the scope of this consultation and look forward to the draft.	Thank you.
SH	NHS Direct	1	General	Would like to see nutrition covered as well as fluids as there is much inconsistency in practice around continuing feeding as opposed to withholding food and also ½ strength feeds v full strength in babies	Thank you. Agreed. Please see 4.3.E and 4.3.G.
SH	NHS Health and Social Care Information Centre			This organisation was approached but did not respond.	N/A
SH	NHS Plus			This organisation was approached but did not respond.	N/A
SH	NHS Quality Improvement Scotland			This organisation was approached but did not respond.	N/A
SH	Norgine Ltd			This organisation was approached but did not respond.	N/A
SH	Northwick Park and St Mark's Hospitals NHS Trust			This organisation was approached but did not respond.	N/A
SH	PERIGON (formerly The NHS Modernisation Agency)			This organisation was approached but did not respond.	N/A
SH	Prodigy Sowerby Centre for Health Informatics at Newcastle (SCHIN)	1	4.1.1	<p>The scope unfairly excludes children over the age of 5 years.</p> <p>Diarrhoea and vomiting is mainly a problem of younger children, and there is little evidence from clinical trials of the management of diarrhoea and vomiting in older children. Nevertheless, restricting the scope gives the impression that NICE are discriminating against older children for the sake of making their work easier — it is likely that no guideline will ever cover this group.</p> <p>This approach is not consistent with the National Service Framework for Children, Young People and Maternity Services (Children's NSF) which:</p>	Thank you. The intended scope of the guideline does restrict it to those children under 5 years. The reason for this focus is not alone that infectious diarrhoea is exceptionally common in that age group, but in addition they are at very much greater risk of serious morbidity and mortality than older children. However the advice will still be relevant for children older than 5 years.

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				<ul style="list-style-type: none"> <li>• “aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood”</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• “is intended to lead to a cultural shift, resulting in services which are designed and delivered around the needs of children and families using those services, not around the needs of organisations”</li> </ul> <p>If NICE were to extend the scope to include older children, it would entail little extra work because there is little evidence from clinical trials in this age group. This small additional cost would be more than offset by the value of the resulting impression that NICE is reflecting the needs of children and children’s services. NICE would also be able to comment on the need for research into the management of diarrhoea and vomiting in older children.</p> <p>=====</p> <p>Children’s NSF  <a href="http://www.dh.gov.uk/assetRoot/04/09/05/52/04090552.pdf">http://www.dh.gov.uk/assetRoot/04/09/05/52/04090552.pdf</a></p>	
SH	Queen's Medical Centre Nottingham University Hospitals NHS Trust			This organisation was approached but did not respond.	N/A
SH	Regional Public Health Group - London			This organisation was approached but did not respond.	N/A
SH	Royal College of Nursing	1	General	<p>The scope seems comprehensive and the guidelines offer clarity.</p> <p>We consider that it will encompass the majority of children that would be seen acutely by community children’s nurses.</p> <p>However many of the children who would be seen by a Community Children’s Nurse (CCN) fall into the exclusion criteria of co-morbidity and it is these</p>	Thank you. Children with other disorders and who develop gastroenteritis will be included. Those in whom acute diarrhoea occurs for reasons other than gastroenteritis will not as this is not within the scope of the guideline.

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				children who can pose the most difficulty in treatment in the community.	
SH	Royal College of Nursing	2	4.1.1.a	Will this include infants and young children presenting in Primary Care to 'walk-in centres' and/or 'Drop-in centres'?	Thank you. Yes. They would be included.
SH	Royal College of Nursing	3	4.1.2 h	We note that the draft scope indicates that there will be no consideration of the potential use of immunisations to prevent Diarrhoea and Vomiting. We are aware that there are wide scale universal immunisation programmes in the US to prevent rotavirus. The impact of rotavirus and cost to children, their parents, the NHS and the wider economy is considerable. We believe that there maybe scope to consider such measures in this country dependent upon economic modelling and cost effectiveness testing.	Thank you. Immunisation is clearly an important topic in its own right. However the scope of <i>this</i> guideline is restricted to the child presenting with acute diarrhoea.
SH	Royal College of Nursing	4	4.3a	Do we need to define 'an acute infection'?	Thank you. It would be better altered to 'an acute gastrointestinal infection'.
SH	Royal College of Paediatrics and Child Health	1	General Comment	This is a very welcome and needed initiative .The scope is appropriate. A subsection on management of babies aged less than 6 months would be helpful.	Thank you. The GDG will consider this suggestion.
SH	Royal College of Paediatrics and Child Health	2	General Comments	We urge you to widen the group under consideration to extend the period of diarrhoea to 14 days. The condition is considered to normally last no more than 14 days but the scope restricts the population for guidelines to those with diarrhoea for no more than 7 days. While the intention to focus on those with acute diarrhoea is understood, some commented that a longer period (probably 14 days) would be more rational. It would not significantly widen the group under consideration or include other irrelevant conditions (most of which would be associated with much more protracted diarrhoea) and would allow some guidance to be given on the care of children who occasionally present late.	Thank you. This is agreed.
SH	Royal College of Paediatrics and Child Health	3	General comments	1. General advice regarding the duration, dietary advice, hygiene at home to protect other children and their return to nursery/school. 2. What to do, if the diarrhoea continued longer	1.The guideline will take account of DoH guidance. 2. Agreed 14 days as inclusion criterion. For those with persistent diarrhoea will not be covered by this guideline, but referral pathways will be considered.

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				than a week?	
SH	Royal College of Paediatrics and Child Health	4	1. Title	Management of acute diarrhoea with or without vomiting in <b>children</b> under 5 years.	Thank you. Suggestion noted.
SH	Royal College of Paediatrics and Child Health	5	1.1 Short title	<b>Acute</b> diarrhoea with or without vomiting in <b>children</b> under 5 years.	Thank you. Suggestion noted.
SH	Royal College of Paediatrics and Child Health	6	3a	Line 3. Sentence “acute diarrhoea due to gastroenteritis comes on suddenly and is usually short lived” is inappropriate here and should be deleted. The definition given here is not correct as one loose stool does not constitute diarrhoea. The internationally agreed definition for acute diarrhoea is “passage of 3 or more watery stools per day.”	Thank you. The scope has been modified.
SH	Royal College of Paediatrics and Child Health	7	3a	Line 5. After acute diarrhoea delete “due to gastroenteritis”.	Thank you. Suggestion noted.
SH	Royal College of Paediatrics and Child Health	8	3c	Line 1. After cause of acute diarrhoea is, insert “gastroenteritis and is caused by”	Thank you. The scope has been modified.
SH	Royal College of Paediatrics and Child Health	9	3c	Line 2. After remaining add “infective pathogens”	Thank you. Suggestion noted.
SH	Royal College of Paediatrics and Child Health	10	3d	Line 1. After self-limiting add “(3 to 7 days)”.	Thank you. Suggestion noted.
SH	Royal College of Paediatrics and Child Health	11	3d	Line 4. After it can, delete “cause” and add “lead to”	Thank you. The scope has been modified.
SH	Royal College of Paediatrics and Child Health	12	3.	There is a clinical need for wider education of primary care. Professionals stating that there is no role of anti-diarrhoeals and should not use boiled water with salt and sugar	Thank you. Will be addressed in guideline.
SH	Royal College of Paediatrics and Child Health	13	4.1.1	The focus on presentation with diarrhoea is reasonable. Somehow, however, it would be important to take into account the occasional infant with acute gastroenteritis that presents before diarrhoea has begun. Small infants may present in this way, and may become dehydrated and shocked before the first passage of a diarrhoeal stool.	Thank you. This occasional occurrence will need to be considered by the GDG.

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SH	Royal College of Paediatrics and Child Health	14	4.1.2 d	Under 'groups that will not be covered' the draft scope suggests that infants and children with 'already diagnosed co-morbidities that may cause acute diarrhoea' will be excluded. This excludes a number of important and vulnerable children. Primary and secondary care of an infant with short bowel syndrome who develops viral gastroenteritis is a matter of great importance. These children may be at huge risk. It is difficult to accept that a guideline would not contain a section identifying such high risk cases – especially relevant to the referral guidance to be given.	Thank you. These patients will be included within the scope of the guideline.
SH	Royal College of Paediatrics and Child Health	15	4.1.2 d	There is a typographical error – 'inflammatory bowel syndrome' should read 'inflammatory bowel disease'	Thank you. Noted.
SH	Royal College of Paediatrics and Child Health	16	4.1.2 e	The reason for excluding patients with acute gastroenteritis who develop the illness in hospital seems unclear. Children in hospital are at great risk of developing the illness. Perhaps it is considered that this matter will be or has been addressed elsewhere – in the prevention of infection in hospitals?	Thank you. The management of these children is not excluded by the scope.
SH	Royal College of Paediatrics and Child Health	17	4.1.2d	Line 4. After for example add "urinary tract infection, cows milk protein or"	Thank you. The scope has been modified.
SH	Royal College of Paediatrics and Child Health	18	4.2	Can we delete the word community?	Thank you. The scope has been modified.
SH	Royal College of Paediatrics and Child Health	19	4.3e	At the end add "how to prevent spread of acute diarrhoea"	Thank you. The guideline will include that consideration in relation to the individual child presenting with diarrhoea.
SH	Royal College of Pathologists	1		Please refer to joint submission with AMM.	Thank you. Your joint comments and suggestions were greatly appreciated.
SH	Sanofi Pasteur MSD	1	4.1.2	In point (h), "Immunisations to prevent diarrhoea and vomiting" are specifically excluded from the scope. This is a mistake as the scope itself acknowledges that "the most common cause of acute diarrhoea is infection, 87% of which are viral with rotavirus making up the majority of these". Yet there are two vaccines licensed in the United	Thank you for this comment. The specific remit of <i>this</i> guideline is to consider children who actually develop gastroenteritis, and so it will not address the important topic of immunisation.

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				<p>Kingdom that could prevent the vast majority of severe cases of rotavirus diarrhoea and vomiting. Therefore, excluding rotavirus vaccines from the scope of this guideline neglects an intervention that could significantly impact upon the burden of diarrhoea and vomiting in children under five years of age.</p> <p>Sanofi Pasteur MSD is therefore of the opinion that immunisations, and rotavirus immunisation specifically, should be part of the scope of this guideline.</p>	
SH	Scottish Intercollegiate Guidelines Network (SIGN)			This organisation was approached but did not respond.	N/A
SH	Sedgefield PCT			This organisation was approached but did not respond.	N/A
SH	Sheffield PCT			This organisation was approached but did not respond.	N/A
SH	Sheffield Teaching Acute Trust			This organisation was approached but did not respond.	N/A
SH	Social Care Institute for Excellence (SCIE)			This organisation was approached but did not respond.	N/A
SH	Specialist Advisory Committee on Antimicrobial Resistance (SACAR)			This organisation was approached but did not respond.	N/A
SH	Staffordshire Ambulance HQ			This organisation was approached but did not respond.	N/A
SH	The Royal Society of Medicine		3d	Diarrhoea also causes dehydration in adults and older children – it is just a more rapid process in babies. There <b>are</b> symptoms during early stages of dehydration in infants, i.e. increased thirst, which is often ignored by mothers who fear that feeding provokes further diarrhoea (which it does). Failure to understand these mechanisms results in the view expressed in the document that early dehydration is asymptomatic – and therefore undiagnoseable.	Thank you. The comment in 3.D has been rephrased.
SH	University College London Hospitals (UCLH) Acute Trust	1	4.1.2	The division at 5 years is somewhat artificial as most of the pathogens affect other ages. The presence of diarrhoea and vomiting is variable and	Thank you for these comments. The scope is restricted to those under 5 years because of course gastroenteritis is extremely common in that group

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				to exclude one does not seem sensible. It is better to deal with both symptoms.	and more frequently causes dehydration. It is agreed that presentation without diarrhoea (at least in the early stage of the illness) may occur, and this will be considered in developing the guideline.
SH	University College London Hospitals (UCLH) Acute Trust	2	3	Norovirus is a concern in hospitals and very difficult to contain once an outbreak occurs	Thank you. This matter will be considered by the GDG.
SH	Welsh Assembly Government			Thank you for giving the Welsh Assembly Government the opportunity to comment on the above draft scope. We are content with the technical detail of the evidence supporting the consultation and have no further comments to make at this stage.	Thank you.
SH	Welsh Scientific Advisory Committee (WSAC)			This organisation was approached but did not respond.	N/A
SH	Wirral Hospital Acute Trust			This organisation was approached but did not respond.	N/A