



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_14415
Title of the Manuscript:	Presumptive treatment of malaria during a peak transmission season in a malaria endemic setting: a cross-sectional study
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1) Study title's main focus is on 'presumptive treatment' but beside abstract, Introduction and bibliography part this term has nowhere mentioned in manuscript. 2) Not any word of term 'presumptive treatment' mentioned in methodology, result, discussion and conclusion part of MS. So the title need to be re-drafted as per the study aims, methodology, results etc.	
<u>Minor</u> REVISION comments	1) Data supporting the statement of peak transmission of malaria in Uganda in study period is missing 2) Study has reported 'low malaria incidence rate' with only 9.8% cases of fever diagnosed to suffer with malaria either by microscopy or RDT – page 4 lines 80-81 3) There is contradiction between what has been thought and what has been found in study	



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<u>Optional/General</u> comments	In conclusion: statement 'Administration of antimalarial drugs to BS-negative patients may have a marginal benefit' need to be re-looked considering the risk and benefit ratio because 1) only about 5% cases were further confirmed by experienced microscopy and RDT out of routine BS negative cases 2) There are chances to misdiagnose case of <i>P. vivax</i> malaria as 'negative' on account of using <i>P. falciparum</i> specific RDT – however the chances are low considering the malaria epidemiology in study site 3) It is also mentioned that since there is high degree of self medication which can cause low parasitemia resulting in to misdiagnosis of actual malaria case as 'negative' – here also chances seems to be very low because study recruited patients of fever in previous 24 hours only before consulting the study setting 4) Even if inflate the figure of 5% as mentioned in Sr. No. 1) of this section to 10% on account of chances of misdiagnosis as mentioned in Sr. No. 2) and 3) – there will remain be about 90% fever cases which can be put on antimalarials as presumptive treatment 5) So the benefits in terms of correct treatment of actual malaria cases AND risk of unnecessary treatment for other cases need to be interpreted	
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Reviewer Details:

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