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SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	**International Journal of TROPICAL DISEASE & Health**
Manuscript Number:	**Ms_IJTDH_29273**
Title of the Manuscript:	**Study of Neglected Tropical Diseases (NTDs): Gastrointestinal parasites in school children of Lolodorf neighborhood, south region, Cameroon.**
Type of Article:	**Original Research Article**

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	**Authors' response to final evaluator's comments**
1. All the writing in yellow in the copy of the Ms was marked in red, since it was impossible to read otherwise. 2. Since this "is one of the first comprehensive studies to be conducted in this region of Cameroon"(sic your Discussion, line 216), all descriptions pertaining the collection, transportation and examination of stool samples have to be clearly stated in the methodology paragraph, not only in the Feedback form. There will be more experienced and probably more curious readers who may wonder, being the laboratory so far away from the collection site, how and when were the stools transported to the lab in Yaounde and examined. Therefore, kindly offer exact explanations in the text concerning this issue. **3**. **Example:** If it took 3:30 hours to go from the field to the lab, this means one or more persons and a car were reserved exclusively for transportation, leaving soon after finishing sample collection and (returning that day?) or (the following morning?) to be ready to take the new batch of samples to the lab that day. Correct? Please describe your complete methodology in the pertaining paragraph. Also, it is not clear which samples were transported (daily?) (at the end of the sample collection for the fixed ones?) (all were transported daily?) to the lab in Yaounde; formalin fixed? Only those unfixed samples? Was the cooler full of ice? Did the ice melt on the road? Were the samples protected so as no water could flow into the collection jar? This is very important for the authors to thoroughly describe. A faulty or poorly explained methodology leads to untrustworthy results. **4**. I allow myself to doubt the results on hookworm eggs (as example of the above), since under the tropical conditions in Cameroon, most likely soon after 30 minutes the eggs started to become indistinguishable and lost to the reader of the slide, not only my experience, but that of WHO technical personnel as well. **5**. May I insist on the lack of proper reporting of commensal protozoa in this Ms. Even the presence of *Blastocystis* spp., an organism by far most common anywhere, is lacking. The authors are invited to state in a short paragraph the significance or lack of it during the present study. **6**. A paragraph noting the limitations of this study should be added. 7. May I invite the authors to check the correct term for **Ascariasis**? Derived from *Ascaris*? **Ascaridiasis**? Derived from ***Ascaridia*** (example *galli*?) parasite of fowl? **8**. Line 237: good hygienic conditions….. Line 255 hygiene habit practice by majority of our study population is poor…. So, the schools were reasonably clean but not the children? Contradiction? Lack of education? Lack of teaching proper personal hygiene? Please comment or it may read contradictory. Intestinal parasitosis in general as in school age children is related to poor sanitation. Suggestions as what to recommend to the schools in that regard as an immediate benefit of this study?	- The authors have given more details on method description as proposed by the reviewer. - To our knowledge, *Blastocystis* spp was not really identified during our sample analysis. It may be they were rare thus hindering their observation. In addition, observation of this commensal protozoan was not really included in our objective. However, this remark will be taken into consideration in our next research program. - Limitations concerning techniques used and distance from study site to the laboratory of analysis are included in the last paragraph of discussion - Some recommendations have been made concerning proper management of the disease (see conclusion)