



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_29468
Title of the Manuscript:	Clinicians' adherence to implementation of test, treat and track strategy for malaria control among children under-five years in Ho Municipality, Volta Region, Ghana
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>)



SDI Review Form 1.6

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	It is not clear from the manuscript how the interviewing was conducted and which group provided which results. For instance, was presence of fever established from medical record or interview? If interview, was it the patient or the clinician? And how long after the encounter were these questions asked? Readers may question the accuracy of memory if much time elapsed between the encounter and interview. These details need to be provided. Where were the interviews conducted for patients? If at home, how far in time from the actual illness had passed on average? Again, this impacts accuracy of memory. I did not see a report of the number of patients declining interviews. This information should be reported if available, to get a sense of possible selection biases.	This has been corrected This has been corrected This has been corrected
<u>Minor</u> REVISION comments	Tables: sometimes the percentages refer to the rows and other times to the columns. This should probably be consistent one way or the other. If not possible, then it should be annotated. Also, table two reports that 109 Public patients with fever were tested, but the table 'Tested Fever cases with respect to malaria' begins by assuming that 110 Public patients with fever were tested.	This has been corrected This has been corrected



SDI Review Form 1.6

	Are 'unknown' results indeterminate results? Or were these results simply not available to the researchers? Line 188, I suggest using a different word than 'Majority', since <50% were in the category. Maybe the 'largest proportion of patients' instead? There are missing chi² results for some sub-tables in table 2 and 3. In the limitations section, define 'consulting room registers'. Is the equivalent of a medical record? Detail which data in particular could not be verified. Perhaps this could be better described as the 'data were derived from survey and could not be verified through written records'. Line 337: should there be a 'not' in the sentence? Some grammatical errors exist throughout. Line 65: authors describe a large proportion of treatments in patients not tested. However, line 59 says that a vast majority were tested. Is this just a difference in years (2016 vs older?). Line 61: authors use 'ascendency' but the numbers appear to be decreasing.	Noted Corrected Corrected Has been clarified Corrected Line 65 refers to the Ho municipality while line 59 refers to the whole of Ghana Yes, this correct in terms of actual numbers. The percentages have been removed to bring out the trend
--	--	---



SDI Review Form 1.6

<u>Optional/General</u> comments	It's not clear what percentage of treated patients were those that tested positive for malaria. This will be a smaller number than the percentage of treated patients that were tested (since some negative testing patients were treated as well). This would be a useful number to report. The researchers cite the 80% of malaria-treated cases are untested in the abstract. The results are actually much better in their cohort. Perhaps this should be commented upon. Consider including the equation for sample size and defining margin of error more clearly so readers realize it defines the actual error on the proportions. Also the link for reference 13 is broken. The sub-tables are variably titled. Some have titles, like 'Fever cases treated with ACT', others do not. It would be easier to read if all were titled. It would be useful to have the 'tracking' data in the form of a figure or table. Currently, that part is buried in the text.	
---	---	--