



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
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 the 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)
Compulsory REVISION comments	I have read Ms 29273, on intestinal parasites in school children in a region of Cameroon, and below are my comments and observations I found the work interesting and necessary for that part of the country, since it provides needed statistics on intestinal parasites in children. However, I find following observations in need of attention. The English language requires some careful revision.Examples: 1) Line 36 ...among these infections is Tropical Neglected Diseases, which is caused....Tropical Neglected Diseases is a group of diseases selected by the World Health Organization and the authors should state why and what kind are those. 2) Line 37: Intestinal infections or should it read Intestinal parasitic infections? 3) Line 39: oral-fecal contamination? Helminth eggs such as of Ascaris, Trichuris and Hookworm require a period of development in the soil, therefore the transmission cannot be oral-fecal.... Please be careful with your statements. 4) Line 45: what is the total population in Cameroon? What is the total children population? What percentage of the children population is 2.6 million hookworm infections for instance? 5) in Materials and Methods, by naming the regions studied, the authors should mention once more of what country. 6) how were schools selected? 7) how were children selected? Kindly explain in detail the methodology of sample selection. 8) if 2 stool samples per child were collected, what was the time span between each collection? Was one stool sample divided into two portions? If this is the case, then only one sample per child was collected. 9) a portion of the samples were fixed; which portion? Were both	



SDI Review Form 1.6

	samples mixed, divided and then one portion fixed? How was the unfixed portion handled? Was it refrigerated? Was it kept at room temperature? Please give details. 10) How far is the laboratory in Yaounde from the region studied? 11) how much time passed after stool collection before the stool samples could be examined? 12) Kindly outline protocol used by Nkengazong, as a courtesy to the reader 13) The methodology in general and that of stool examination requires more careful explanations. 14) it is stated that helminth eggs were observed at 10X magnification and protozoa cysts at 40X magnification. Were both observed by the same method? What method was used for helminths and what method for protozoa? 15) what are the ranges in egg counts? What is the range for low?, average? (should the term be moderate instead of average?) and high? according to WHO guidelines? 16) Line 129: <i>Entamoeba histolytica</i>? How did the authors determine it was <i>E. histolytica</i>? The cyst morphology only allows one to say <i>Entamoeba histolytica</i>/<i>E. dispar</i>; are the authors not up to date in this "new" (more than 20 years) classification? Since the stool examination methodology is poorly described, one cannot know whether any molecular methods were applied to determine the <i>Entamoeba</i> to <i>histolytica</i> species. 17) My personal preference for the presentation of Results would be to present at least one Table that regroups the children by ages, site and parasites. They were divided into 3 age groups; this would allow one to determine which age group was more parasitized and with what species of parasites from which sites. Since the authors mention poor and poorer hygienic conditions in different sites, this would also be an interesting comparison. Both observations are described in Lines 127-137 so probably a Table showing those details would be nice to have. 18) lines 143-152: since there is no stating the egg count ranges for low, moderate and high intensity of infection, it is difficult to interpret this paragraph. 19) lines 150-152: in other words, light infections were most prevalent,	
--	--	--



SDI Review Form 1.6

	with just a few moderate and high intensity infections? in which sites? In what age groups? 20) for hygiene, one should consider that water is not enough: people have to use soap and water in order to have a better hygiene. 21) it calls my attention that only E. coli and "E. histolytica" are mentioned as protozoa. What happened to <i>Giardia</i>? Other commensal protozoa? <i>Blastocystis</i> spp? were those species not recognized in the stools? How accurate is the diagnosis of intestinal protozoa, commensal or otherwise? 22) in mentioning the drug administration program, one has to be aware that it does not only involve administering the drug once a year. Other activities should go along, otherwise the program may not accomplish its purpose. 23) In summary, I consider this a very valuable study since it provides statistical data from a region in Cameroon that was lacking a similar study. However the methodology is very weak, authors kindly consider my observations and maybe have a closer look at their results. Usually intestinal protozoa represent a different infection pattern as intestinal nematode infection, more in relation to personal and environmental hygienic conditions.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

Reviewer Details:

Name:	<i>Anonymous</i>
Department, University & Country	<i>Institute for Infectious Diseases and Parasitology Antonio Vidal, Tegucigalpa, Honduras</i>