



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_29532
Title of the Manuscript:	URINARY SCHISTOSOMIASIS AND ITS RELATED ANAEMIA AMONG CHILDREN IN A HIGH RISK COMMUNITY IN GHANA
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. Englisg problem still persist: Line 105 eg The study subjects totaling 100....; Line 132: In a very bloody sample This is acceptable in English. The authors should carefully go over the manuscript to update their English. 2. Reasons for observing <i>S. haematobium</i> ova in urine collected between 10 and 2Pm should be given by the authors. 3. The authors should clearly indicate the intensity for moderate infection. Three catergories of intensity: (Low, moderate and high) 4. The authors state: The Hb reference range to determine anaemia has been stated for the children as 11.5-15.0 g/dl. A child below 11.5g/dl was anaemia. I agree with them but the reference is lacking. Are the they ones who determined this threshold? 5. The authors used which test to compare parasite intensity? Chi square test is only used for prevalence. No answer given for this comment for the first evaluation among many others. 6. The % of participants with moderate infection is required in such studies (line 155-156) 7. How did the egg load vary in the different variable (sex, age, village). These informations needed for such studies before any conclusion can be made. Globally: the authors need to revise this manuscript very carefully. Most remarks heve not been corrected.	1. The English of the manuscript is now OK 2. Reason for observing <i>S. haematobium</i> ova in urine collected between 10 and 2pm has been given in lines 114-116, and high-lighted gray colour 3. Intensities of infection has now been categorized into 3, namely light, moderate and high. Some tables have been modified to show how egg load vary in age and sex, and between the two communities. 4. Reference has now been provided (ref. Number 28) 5. ANOVA, T-test and correlation analyses were used. Please see data analysis section of manuscript. 6. The % of participants with moderate infection is now included in the results (please see Table 1). 7. Please see Table 2 and lines 156-169; a description of egg load and other variables including age, sex, and location are described in detail. The authors have carefully revised the manuscript