

Reviewer's Comment:

This is an inaccurate and poorly designed study of the incidence of dengue infections in Chitwan Hospital. First of all, dengue IgM antibodies only appear at or after five days after the onset of fever. Most of the patients seen in the out-patient department were probably seen before five days after onset of fever. It is possible that in-patients may have been bled at or after five days after onset of fever. But, this must be stated. Because blood was not collected at the appropriate interval after onset of fever, there is no way to know what percent of patients with a clinical diagnosis of dengue actually experienced a recent dengue infection. Throughout the manuscript the authors describe this as a "seroprevalence" study. If the authors had tested dengue IgG antibodies in sera collected from residents of Chitwan Province or Bharatpur city, the results would comprise a study of the seroprevalence of dengue antibodies at the time of the survey (past dengue infections).

This is an "Incidence" study. The authors are measuring the rate of dengue infections in a population during a specified period of time. This is a study of the incidence of dengue infections in the patient population of Chitwan Hospital during 2015-16. (Except, of course, it is not, because sera for determining the incidence of dengue infections were not collected at the appropriate time after onset of infection.)

Line 241. This is absolutely wrong. Dengue infections occur principally inside homes resulting in somewhat higher dengue infection rates in females than males. *Aedes aegypti* breed in and around human habitations. There is no value in speculating on transmission of dengue viruses by *Aedes albopictus* in Nepal as there is no data.

Line 260. Dengue transmission has nothing to do with harvesting rice.

Author's Feedback:

We greatly appreciate the constructive comments of the reviewer and respond as follows to their concerns:

In our scenario, patients visit OPD if fever does not subside which is exactly few days after onset of fever. In this study, depending upon the clinical signs and symptoms of the patients, samples were collected from patients suspected to be suffering from dengue virus infection both from inpatient and outpatient departments.

We agree this is an "Incidence" study, measuring the rate of dengue infections in a population during a specified period of time in the patient population of Chitwan Hospital during 2015-2016. We have corrected this part in manuscript.

Line 241: we have deleted the wrong statement.

Line 260: we have deleted the part on harvesting rice and corrected it.

Thank you for the comments.