

Reviewer's Comment:

The authors are not understanding my comments. The “incidence” they have measured is simply a measure of percent test positives among clinical “dengue” cases. Given the fact that many patients were bled too early, it is not a very accurate measure. The authors have not measured the incidence of dengue inside or outside of the hospital. They have demonstrated the frequency with which an IgM dengue test occurred in patients with the diagnosis of dengue. It is possible to conclude that dengue infections occurred during the time period of the study, but to change this number into a rate used to compare with numbers (rates) others have obtained whose numerators and denominators are not known is meaningless. The Discussion must be rewritten to eliminate these meaningless comparisons. It is fair enough to describe the geographic locales of confirmed dengue cases and years, possibly frequency of reports, but to compare rates suggests an accuracy that simply is not valid.

Line 209: The figures for sensitivity and specificity of the diagnosis of an acute dengue infection must come from studies where blood samples were collected 5 or more days after onset of fever. The authors seem to “know” things that are not true.

Line 214. This is a study of the serological etiology of 2015-2016 in or out-patients with the diagnosis, “dengue” at the Chitwan Medical College Hospital. The percentage reported in this paper is simply a measure of the accuracy of the clinical diagnosis. Of 357 sera tested 45 were positive – 12.6%. This is not the incidence of dengue disease anywhere. It is simply the percent of dengue-like cases that had evidence of an acute dengue infection. It is certainly possible to break down the residence of dengue cases to conclude that dengue transmission was occurring in those locales. It is also possible to say that more cases came from one area compared with another. Without knowing the total population of each of the comparison areas it is not possible to infer that the transmission or disease attack rates differed.

Line 216. All of the comparisons of Chitwan versus other “attack rates” in the Discussion are meaningless and should be deleted.

Line 262. What do “marshy places” have to do with dengue infections?

Author's Feedback:

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

We agree we have not measured the incidence of dengue virus infection inside or outside of the hospital. Therefore, study design in this present study will be, to determine the frequency of anti-dengue IgM in patients with the diagnosis of dengue virus infection. We are not sure if we are wrong, we will be grateful towards you if it will suggest us in correcting the study design part in abstract.

Line 209: we just wanted to explain the reliability of IgM capture ELISA method that was used in our study irrespective of sample collection procedure.

Line 214: we have corrected the statement and made changes in discussion on more cases in Chitwan compared to peripheral districts.

Line 216: we have deleted the comparisons.

Line 262: we have deleted the marshy places.