



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_35402
Title of the Manuscript:	Assessment of antihelminthic efficacy of mebendazole 500mg against soil- transmitted helminths in a high risk area of Cameroon
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:

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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	Questions/comments after reviewing Ms IJTDH 35402 Check: <u>four</u> species of geohelminths, <u>not</u> three. 1. How long were samples kept in the field after collection before being transported to the lab in Yaounde? How far is the lab from the study sites? 2. How were the schools and children selected? At random? By a raffle? By convenience? Explain sampling procedures. 3. Sentence in lines 146-148 somewhat obscure; something is missing: "all read the same following stool sample collection to avoid degeneration of hookworm eggs" (?) what does "all read the same" mean? Also, hookworm eggs do not "degenerate": they further develop to a larval stage that leaves the egg when due. 4. Line 153: 3 months after first treatment gives ample time for reinfection: prepatent period for hookworm is 3-4 weeks. The interval between treatment and retrial should have been no more than 21 days. 5. Reinfection is particularly early with <i>Ascaris</i>, for sure before 3 months, adding that there might have been migrating immature stages that had time to complete development and become adult worms in the period of 3 months. The long wait of 3 months introduces bias in the interpretation of data. 6. Kato-Katz both capital letters (line144). 7. Line 146, 172: keep terms uniform: Kato-Katz instead of kato katz or Kato. 8. in Table 2, why 100% under <i>Ascaris</i> post treatment when only 7 out of the initial 71 were found infected? Same question for <i>Trichuris</i> and Hookworm columns. Kindly explain. 9. Figure 2 shows as if the treatment was ineffective in ascariasis. Kindly explain. 10. P values are not shown in Table 1, as said in text. 11. Line 216. A parenthesis is open but not closed. Please check. 12. Line 246. ...light <u>intensity</u> infections...? 13. Lines 271-296. Keep in mind prepatent periods, as mentioned before. Authors may need to include a paragraph in relation to limitations of study. 14. <i>Trichuris</i> is known to be difficult to treat, even in 3-drug combinations; these results are not surprising or unusual. 15. Fecundity increases in female hookworms when infections become light thereby increasing egg counts post treatment. This point has to be discussed. 16. Line 313-315. Usually, anthelmintic drugs are not	The authors agree that 4 STHs do exist but they have specified on the majors ones that cause much burden. 1: Precisions are made in the text on the duration of samples after collection and on distance from study site to the lab. 3: The appropriate word is degradation and not degeneration. See text 4+5: Retrial was done after ten weeks. It is true that post treatment evaluation could have been done after 21 days following the life cycle of hookworm that might go up to one month. The ten weeks retrial was based on the cycle of ascaris and <i>Trichura</i> which vary between 60 and 90 day. The authors however do agree with reviewer that this time extension will be considered on the limitation section of the study. 6 and 7 have been corrected in the text 8+9+10: The prevalence of each class of infection intensity is calculated as the number for each class divided by the total number for all the three classes divided by 100 .eg; For <i>Ascaris</i>: $N=115$; therefore light infection is $71/115 \times 100 = 61.7\%$. Hence only 7 individuals were infected for ascaris at post treatment; $7/7 \times 100 = 100\%$. Same remark for <i>Trichuris</i> The P-values are mentioned only in the text as we found it cumbersome fitting them in the table 13 : It has be taken into consideration in the limitation paragraph of the text 15: The pertinent remark has been taken in to consideration in the text. We thank the reviewer for that remark which is very logical. Nevertheless, the authors could not support the remark with any reference and are here pleadinging the reviewer to provide us with one if possible. 17+18: The study was conducted in six



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	effective against all species of migrating larvae; for albendazol to be somewhat effective to <i>Strongyloides</i> larvae, for instance, five or more days of treatment are required. Certainly not in this case. 17. Children came from six different locations, each with different environmental and personal sanitation conditions; therefore, this needs to be taken into consideration before discussing drug effectiveness. 18. Preventive chemotherapy programs are not based solely on drug compliance or effectiveness; such programs to be effective have to include better environmental and personal sanitation and hygiene, health education and infrastructure improvement. A paragraph on the subject, if none of those items are considered in the Cameroon nat. deworming program needs to be added. 19. In the Discussion authors may consider the fact that worms are important for the morbidity they may cause, one <i>Ascaris</i> could be enough to cause a serious or fatal case. In well conducted program timely drug delivery reduces worm burdens and eventually diminishes large number of infective eggs in the soil. In the present case it is not surprising the egg loads after 10 weeks treatment in places with heavy soil pollution. Are there any data (hospital records) on morbidity of STH infections in that region? How about occlusion-obstruction due to <i>Ascaris</i>? Levels of anemia? Chronic dysentery due to <i>Trichuris</i>? Malnutrition? Are there ethical issues in this manuscript? Were all positive children re-treated at the end of the study? What happened to those infected?	different villages which have almost the same environmental and hygienic conditions apart from Ngovayang mission where water sources (Taps) are present in school. Despite this, infection rates remain high in this village. This means that operational study in the entire community could best answer these worries. However, environmental and personal sanitation and hygiene, health education and infrastructure improvement which was not taken into consideration during this study are given are recommendations to the authorities concern in deworming program. 19; To our knowledge, we had no information concerning the morbidities caused by these helminths as previous studies in the area be it in the unique hospital of Ngovayang mission or as publications. Nevertheless, following the results obtained, a research protocol is being drafted to evaluate these morbidities (anemia, malnutrition etc) in infected children of the area. It has been included as a perspective. A section on ethical consideration is made in the text. Treatment was given at baseline at one year post treatment. The major objective of this study was to evaluate the protocol of the National deworming program which is based on systematic deworming of school children once a year. By treating the children after ten weeks, the results obtained could not permit is to give appropriate recommendations on how many times should deworming be done within each year.
Minor REVISION comments		
Optional/General comments		