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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_38025
Title of the Manuscript:	MENINGOCOCCAL MENINGITIS OUTBREAK (OF 2009) AMONG CHILDREN IN MAIDUGURI NORTH-EASTERN NIGERIA: EPIDEMIOLOGY AND DETERMINANTS OF OUTCOME
Type of the Article	Original Research Article

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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	Study entitled: MENINGOCOCCAL MENINGITIS OUTBREAK (OF 2009) AMONG CHILDREN IN MAIDUGURI NORTH-EASTERN NIGERIA: EPIDEMIOLOGY AND DETERMINANTS OF OUTCOME. General comments: 1. This is a cross-sectional prospective study of a Meningococcal outbreak during 2009 in Nigeria. In general, English grammar needs an overall correction, many sentences and statements are confusing, too many to be mentioned one by one. 2. Many and important issues should be answered in order to publish this outbreak, which indeed needs to be published, the apparent attack rate seemed to be very high. Specific comments: 1. Abstract: the 10.1% "Incidence" refers as 10.1% of all people affected were children, or the authors are referring to attack rate?, if the latter the authors should refer to that number as attack rate in children of 10.1/100,000 2. Materials and methods: I am very confused, why the authors chose those "inclusion criteria"? Why all children who were hemodynamically unstable were not included? We need to remember that Meningococcal Disease (MD) is a potentially lethal disease, many children will be admitted to the ER in a critical clinical condition. 3. Material and methods: For the diagnosis of meningococcal meningitis or MD, did the authors choose cultures, latex-agglutination or PCR for the diagnosis? They are not even using WHO or CDC definitions. 4. All analysis (both statistically and clinically) are appropriate, but, without a clear definition authors' conclusions are vague, and as such, should not be published. 5. In addition, why are children with suspected meningitis receiving gentamicin? It is clear that all aminoglycosides do not penetrate the CNS. 6. In addition to grammar, some words like "Kernig", Brudzinsky), etc, should be well written through all the manuscript.	General comments: 1. Thank you I have gone over the manuscript and made some amendment where necessary, e.g. grammar, punctuation, 2. All attempts have been made to do the necessary correction. Specific comments: 1) It is quoted as 10.1% of all people affected are children. It remains as incidence of 10.1%. 2) Sir as part evaluation lumbar tap was mandatory to confirm meningitis and patients with cardiopulmonary compromise were absolute contraindication for lumbar tap, based on that we excluded them from the study. We still clinically managed such patients appropriately even if we excluded them from the study. 3) Sir because it was during the period meningococcal meningitis epidemic outbreak, and based on our laboratory capacity, we did cerebrospinal fluid cultures after Gram's staining on those patients that fulfilled the criteria. We desired to do either latex-agglutination or PCR, but we were not opportune to have had at that time of need. We understand what you mean but we thought the description of the infection with respect to meningococcal meningitis epidemic we took into cognisance the WHO definitions, you may guide us in this regard Sir. 4) We stated that our subject of interest were that during the EPIDEMIC OUTBREAK, we looked at how it affected children (epidemiological characteristics, determinants of outcome of treatment such as those treated with chloramphenicol/crystalline penicillin versus those treated with ceftriaxone/gentamycin combination). We found out that these group of patients 2-15yrs, did receive vaccination against meningococcal meningitis for over two years prior to the epidemic. It was based on this finding that we drew our conclusion not abstract. 5) Yes while it is true aminoglycoside do not penetrate CNS when inflamed meninges have settled, in our centre we combine ceftriaxone with gentamycin in the initial phase to meningitis because during the acute inflamed phase gentamycin penetrates inflamed meninges. 6) Thank you Sir, well noted correction effected. We have revised as much as we can as directed by the reviewer Sir.



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	It is imperative to te-write the whole document	
Minor REVISION comments		
Optional/General comments		