



SDI Review Form 1.6

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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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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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	Abstract : discussion must not be included Incidence must be expressed per 100 000 habitants or in this context children's Introduction - page 2 authors say "that even MenAfriVac is ineffective in reducing meningococcal meningitis" witch is false !! and they gives references from Num 4 to 8 witch published before 2010 except one (Num 6). MenAfriVac were used in the belt meningitis region since 2010 (WHO information) and the conclusion in ref 6 are different from those of the authors (ref in attached field) in addition the present study is done in pre-vaccination area (2009)!!!! Patients and methods : are very poor Results - results begin with a figure that resume the study design but there is no Num of figure and it's not listed in the text - page 4 : expression of incidence. Figure 1 gives no information in serogroup distribution !!! - page 5 : authors gives in a whole paragraph a listing of all variables in all tables → this is not a result!!!! - Tables : you can reduce the number of tables by removing certain variables especially those with NS <i>P</i> results (weight; body rash, neck pain, residence....) - Table 2 : what's the difference between pyrexia and fever ????; what's mean irrational beh???? - Table 3 : what's mean Comb. CNS signs ??? meningeal irrit??? Discussion : very poor Paraph 4th is a resumption of results In total : the present study is contacted prior the Men A vaccine implementation (2009). It reports a meningococcal A outbreak, that's has been mastered by Men A vaccine in the region of belt meningitis. This limited the interest of this manuscript. Authors don't gives an overview on the current state of vaccination in Nigeria, something that can improve the interest of this document	1. Abstract: Thank you Sir, I have expunged the discussion from the abstract. 2. Introduction: Sir probably my phrase was not clear but I meant to say "even with introduction of the MenAfricVac", major epidemic outbreaks have not been halted, why?. So that was my question, but I did not misquote the REF number 6 lit or the other REF. And you can see later in the results all the children that came with disease had not been vaccinated for more than two years prior to epidemic and we only discovered that during the study. We did not question the effectiveness of the "MenAfricVac". Also, This epidemic took place in 2009 and by then the vaccine "MenAfricVac" had not been in use, but even thereafter epidemic had occurred that is where policy, prompt and adequacy/wide coverage of the vaccine might have contributed to the occurrence. 3. Patients and methods: Thank you Sir, I have made some significant improvement in the construction even though I will have benefitted if it was pointed out where specifically I could improve up on. 4. Results: - Yes Sir it is summary presentation of the initial patients that were encountered during the study period 1120 children out of which 117 met the criteria for the study which was eventually studied. - Page 4; the epidemic was caused by "serogroup A" alone as I stated, also figure 1 shows from suspected patients to those eventually confirmed. - Page 5; the paragraph gave the highlight summary of the regression analysis of the variables which is detailed in the respective tables 1-4. - Yes Sir I felt variables whether statistically significant or not there always something to learn from research results, that one reason I included them in the tables. - Table 2 and 3 it was meant to categorize the symptoms/signs for example: fever is a symptom, while pyrexia is sign so for clinical purposes and for teaching sake we decided to elaborate it. 5. Discussion: - Paragraph 4, has much has been expunged and recast. In Nigeria since the four year, we have repeatedly experience meningococcal meningitis outbreak and this because no standard policy in place to embark on vaccination at regular intervals.



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Minor REVISION comments	- Serogroup W135 is actually called serogroup W - Abbreviation must be detailed in the first mention and in all tables Exple : Page 5 : CNS is given with no Some abbreviations are massed in all tables - Figure 2 : useless	-Noted, W135 is same as serogroup 135 -Abbreviation corrected -Noted
Optional/General comments	You use very long sentences There is many errors in punctuation	The sentences improved upon.