



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_37916
Title of the Manuscript:	Nine Years of Malaria Cases in Bangladesh: A Time Series Analysis
Type of the 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:

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



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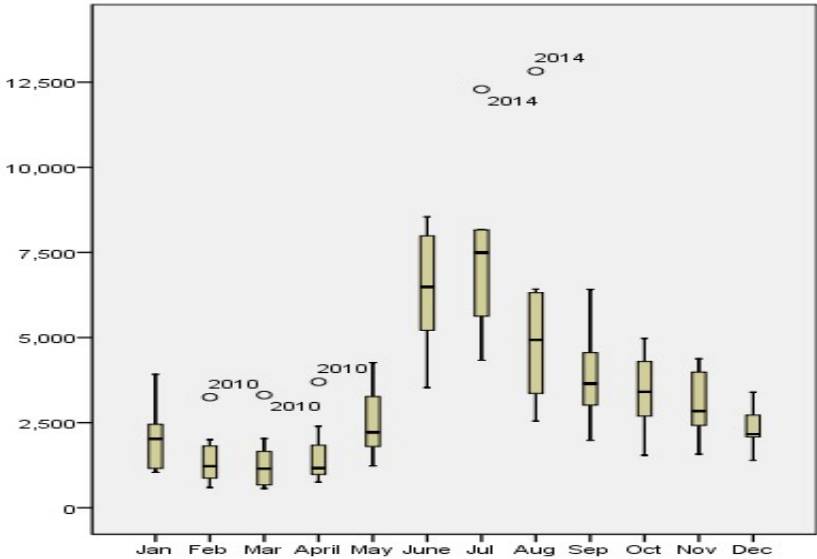
PART 1: Review Comments

	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	The manuscript describes a time series analysis of malaria in Bangladesh an important topic. However, the English is bad and the paper poorly written. There are so many grammatical errors which I've tried to correct. In many cases the way a sentence is constructed does not make sense. I've attempted to correct these as much as possible. There are too many figures and the Reference section is also poorly written. The authors would do well to re-write the paper according to corrections made. The Editor should emphasize that the authors should write the Reference section according to the instruction stipulated by the Journal.	considered as a paradigm shift and Bangladesh should take different strategy to contain <i>P. vivax</i>. <i>P. vivax</i> parasites can remain dormant in the liver for several months and even up to a year or more. When these dormant parasites reactivate they can cause relapses of febrile illness, and we found number of relapse cases in low endemic areas. We think the discussion and analysis of different species is important and relevant to understand malaria epidemiology under different geographical context of Bangladesh, so therefore, we concise the paragraph (P08.01-05) as follows: <i>Malaria is caused by Plasmodium parasites and Plasmodium falciparum has been the dominating species in Bangladesh. Both P. falciparum and P. vivax decreased by 75% and 77% respectively from 2008 to 2016 (Table 1). Since 2008, Plasmodium falciparum declined steadily [$R^2=0.86$, $P\text{-value}=0.003$] (Fig. 6) while P. vivax showed the fluctuation, increased after the year 2013 which is not significant</i> We have also deleted figure 6 (original manuscript) in line with reviewer comment. Regarding figure 10 (original manuscript) Please label CHT as 1, Cox's Bazar as 2 and Mymenshing as 3 for clarity purpose Yes the reviewer is quite right and we agree with the point. We rephrased the title of figure 8 (revised manuscript) with a, b, c: Malaria trend in a) CHT, b) Cox's Bazar and c) low endemic districts with moving average. As we mentioned before that figure 8 has been changed in X axis with January 2016. Regarding figure 15 (original manuscript) But this graph shows malaria cases for just one year. Figure 15 (original manuscript) should not have (2008-2016). Yes, the reviewer is correct; the figure is for 2010-2016. Actually the figure 13 in revised manuscript is a box-plot diagram where each month-wise box defines the median point of six years data (20102016).



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Minor REVISION comments



With this diagram we can conclude that malaria cases were more than 12000 cases in July and August 2014 while malaria cases were relatively low in Jan-April which was highest in 2010.

This figure is an important evidence for seasonal variability in Bangladesh which prompted us to keep it in revised manuscript.

Discussion

Discussion section has also changed in line with reviewer comment.

The following sentences P 14.07-09 (Line 07-09 in page 14) and P15.07-09 (Line 07-09 in page 15) have been changed according to the reviewer comments (underlined).

Plasmodium vivax initially declined steadily but reversed and increased slightly after 2013, indicating a paradigm shift, similar to the report of another Ethiopian study [10].

The pre dominance of malaria infection in adult population of Bangladesh may be associated to the relative proportion of the adult population and the growing younger generation shift in Bangladesh.

Conclusion

Conclusion section has also been changed according to the comments made by reviewer.

Optional/General comments