



SDI Review Form 1.6

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| Journal Name: | International Journal of TROPICAL DISEASE & Health |
| Manuscript Number: | Ms_IJTDH_43271 |
| Title of the Manuscript: | A cross sectional serologic and epidemiological study of dengue virus infection in north central area of Trinidad and Tobago. |
| 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:

(<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) |
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| Compulsory REVISION comments | There are some general statements that are not scientific that need to be corrected. | <p>We do sincerely thank the reviewers and agree with the comments as the changes we made have greatly improved the quality of our paper.</p> <p>The paper has extensively been revised and the general statements pointed by reviewers pointed as not being scientific were corrected accordingly. For example where we previously made statements such as “Results from studies such as this can assist physicians stop speculating when it comes to a diagnosis of dengue in our locality as far too many cases go unnoticed or recorded as acute viral illness (AVIs)”. This has been rephrased and reads as follows “<i>Results from studies such as this can assist physicians in making definitive diagnosis of dengue in our locality since many cases go unnoticed or recorded as acute viral illness (AVIs)</i>”. Also where it was previously stated that “After week 32 in Trinidad and Tobago the number of probable reported cases were 206, none of which were laboratory confirmed.7 This may very well be an indication of how the health sector had prioritized dengue infection in this country. It is no longer important to identify or confirm a true case of dengue as long as we successfully manage its viral symptoms” has also be rephrased. It now reads as follows “<i>This is as a result of non-availability of the laboratory facilities because of lack of economic resources. It is however very critical that identification, isolation of the virus or confirmation of the dengue diagnosis be made so that dengue can successfully be managed and differentiated from other viral infections. It is also of utmost importance that all probable cases not only be reported but confirmed, especially if headway is to be made on curbing infection and development/implementation of a vaccine</i>”.</p> |
| Minor REVISION comments | <p>The discussion can be made better as the author(s) discussed in isolation by not connecting the existing information with their own results.</p> <p>The references are old. More recent ones need to be used.</p> | <p>All the other comments and corrections suggested by the reviewer have been addressed. For example under INTRODUCTION. The reviewer commented on the followings: <i>Dengue has been a global public health problem for about ten years now. Make this simpler and more direct sentences. Can you be more specific? Apart from DF, DHF and DSS, are there other severe forms of dengue? It is necessary you state the place where this was done. I know the symptoms may be mild in many cases but are you saying that they were completely asymptomatic?</i></p> <p><i>All these have been revised and are highlighted in the passage.</i></p> <p>Under MATERIALS & METHODS; the reviewer made the following comments and suggestions: <i>This study was carried using 1998 data although published in 2005. It is a good reason to reassess the place provided you present it in a better and more convincing way. Can you be more specific by listing what you actually sought for as there are different ways this could be done... febrile conditions, rashes and so on. Please state the percentage sensitivity and specificity of the kits used.</i></p> <p><i>Again all these comments have been addressed. The revisions are all highlighted in the passage.</i></p> <p>RESULTS & DISCUSSIONS The reviewer made all these comments listed below “(a). Is it not better to indicate your results before this 'discussion'? Give your results more</p> |



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| | | <p>prominence in this first paragraph. I think it will be better. (b). Please check again (c). Will this be correct without sampling the patient more than once? Will it be proper to just generalize without appropriate tests carried out? You may need to revisit this. (d). To beautify your discussion and based on your knowledge of the recruits and their environments, it is necessary you suggest likely reasons for the high sero-positivity so as to create a research gap for someone else to fill. (e) I hope this was done according to the standard. You can state the expected standard range to further strengthen your point. (f). How does this relate to your research? (g) You did not explain how true this is or why it is so or likely to be so. (h) This reference is too old for an assertion as this. (i) Figure 2: I do not think this is necessary here. You can recast it. (j) Table 1: You can recast based on the previous comment. Table 1. This appears confusing. Why not separate gender for all of the samples from the origin and if possible separate the origin results by gender too. That is how many males/females of Spanish origin, for example, had detectable dengue antibody...? (k) Table 2 - ELISA counts? Table 2 still - Consider recasting this. Table 2 still - Define what you have in the parentheses. (l) This appears political and not scientific. Please consider its review. (m) This was in 2016, what is happening now? (n) Doses?</p> <p><i>All these have been addressed to item by item and they are now equally highlighted. A major revision of separating Results and Discussions enabled us discuss the results effectively.</i></p> <p><u>REFERENCES</u></p> <p><i>References of recent publications have been introduced and used in discussions highlighted in numbers 1, 2, 3, 16, 17, 24, 25. These have also been highlighted</i></p> |
| <u>Optional/General</u> comments | You can consider breaking Table 1 to two for better understanding and interpretation | <p><i>The Tables have clearly been given appropriate headings</i></p> |