



SDI Review Form 1.6

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)
Compulsory REVISION comments	I would like to appreciate the authors as the overall attempt is good except for some grammatical mistakes (highlighted in manuscript) e.g. FIG and Figure	We do express our thanks to the reviewer for the valuable comments and suggestions. The lines (29 -32) highlighted under INTRODUCTION, has been revised and now reads as follows: <i>In 2016, there was a recorded 1,801 probable cases alone in Trinidad and Tobago out of the total 9,993 probable cases in the non-Latin (English, French and Dutch) Caribbean¹⁰. This is a significant decrease in the number of reported probable cases when compared to 2014; with 5,157 probable dengue cases. As was noted in a prospective sero-epidemiological study from Trinidad and Tobago, many dengue infections do not produce severe symptoms and the number of reported cases underestimates the actual prevalence of dengue in the population^{11, 12}.</i> The several grammatical errors have also been corrected
Minor REVISION comments	Kindly explain the reasoning of your observations like: 1: why the infection is more prevalent in females as suggested in your findings? 2: kindly try to find more justification for normal platelet count as in some acute cases of dengue infection, there is an increased activation of fibrinogen receptor and lysosomal markers that lead to the activation of platelets in patients. These activated platelets aggregate with monocytes during infection and signal specific cytokine responses that may contribute to dengue pathogenesis.	1. Discussions of these results have been revised and now reads as follows: <i>"Females were noted to be the majority (60.5%) of the dengue cases in our study which is different from what has been reported in other countries.¹⁶ Adults were more affected in our analysis with ages 21-30 having 32.6% of all positive cases. This again was not in agreement with Anker and Arima that reported more of their positive cases occurring more in those over 15 years in the countries they studied.¹⁶ Anker and Arima attributed the dominance of the males and the age group differences to cultural and economic reasons. Female were more perhaps because more took part in the study despite the fact that participants were systematically selected randomly. Economic differences could not have influenced our results as reported by others¹⁶ since medical care is free in our country and so all are afforded the opportunity to seek medical care".</i> <i>"In this study, similar number of individuals reported their ethnicity to be either of African descent or mixed race; and many of these tested positive for dengue virus infections. This was not in agreement with what was reported by Rojas PJH et al in Colombia that Afro-Colombians population had a significantly lower risk of getting dengue and its complications, compared with the non-Afro-Colombians population.¹⁷ Trinidad and Tobago is a cosmopolitan society with several ethnic groups, although the African and Indian descents dominates in number; but dengue virus infection could not be selective because all the different groups live together"</i> 2. We have rephrased our discussions and it now reads as follows: <i>"Lam PK et al reported and the WHO guideline states that, daily platelet counts can be used to predict the development of DSS.^{24, 25}. Also in an extensive review, Elzinandes Leal de Azeredo et al concluded that thrombocytopenia, coagulopathy, and vasculopathy are hematological abnormalities related to platelet and endothelial dysfunction generally observed in severe dengue.²⁶ We do not have proven explanations why majority of the patients who were suspected of dengue in our study had normal plate counts, but we can only speculate that their platelets</i>



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		<i>were normal because they may have recovered.</i>
<u>Optional/General</u> comments	Overall nice attempt. Keep up the good work!	Thanks