



SDI Review Form 1.6

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	MS: 2013_ IJTDH _3136
Title of the Manuscript:	Prevalence of Antibody to <i>Trypanosoma cruzi</i> in women Delivering Infants at Parkland Health & Hospital System, Dallas, Texas, USA

General guideline for Peer Review process is available in this link:

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

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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)
<u>Compulsory</u> REVISION comments	The paper by PM Southern « Prevalence of Antibody to <i>Trypanosoma cruzi</i> in women Delivering Infants at Parkland Health & Hospital System, Dallas, Texas, USA » reports a prevalence of 2% of Chagas infection among Hispanic women giving birth in a hospital of Dallas, Texas. The methodology used for the immunological diagnosis is relevant and reliable. In contrast, the recruitment of women is questionable. It seems that it was neither randomised nor guided by a consistent strategy. The only selection criterion was the surname, which was insufficiently accurate to prove that the woman could have migrated from an endemic area of Latin America. In addition, the prevalence of Chagas disease is highly variable depending on location. For example, in Mexico, from where probably come most Hispanic women attending Dallas hospitals, the prevalence ranges 0.45 in Chihuahua to 18.99 in Queretaro (Cruz-Reyes et al., Mem Inst Oswaldo Cruz 2006; 101: 345-54). In other countries, the prevalence may be much higher as in Bolivia, but there are probably few Bolivians in Dallas. Or, at contrary, nil like in Cuba, also an important provider of migrants in this part of the USA. It would have been wiser to include women according to their birth place after stratification according to the	With respect to the recruitment of women, we addressed that issue above in response to Reviewer #1. Also, we addressed the probable origin of most of our immigrants above. There are very few Cuban immigrants in Dallas. The reviewer cites data from Querétaro, which is one of the places of origin of many of our immigrants. As we also stated above, that we were prohibited by the provisions of our IRB approval to identify the subjects in terms of their names, ages, addresses, or places of origin. Therefore, it was not possible for us to do that. We did not state that this is a representative percentage figure of the epidemiological risk of transplacental transmission of <i>T. cruzi</i> in the population of women delivering infants at our facility. It only confirms that the possibility exists.



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	demographic distribution of Hispanics in Dallas, or at least detail the country of origin of women in the sample. However, information on the presence of women infected with <i>T. cruzi</i> in the U.S. is not new, as the author pointed out. In addition, this study cannot pretend to give a representative figure of the epidemiological risk of congenital Chagas disease in Dallas, Texas, regardless recruitment bias mentioned above.	
<u>Minor</u> REVISION comments	No	
<u>Optional/General</u> comments	No	