



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_10778
Title of the Manuscript:	Assessing the Performance Characteristics of the “CareStart™ Malaria HRP2 pf (CAT NO: G0141, ACCESSBIO)” Rapid Diagnostic Test for Asymptomatic Malaria in Mutengene-Cameroon
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	• Number all sections • Describe which statistical test has been used in each of the sections i.e. f test, chi squared test etc • In all the cases, give the critical value, degree of freedom. The conclusion whether the "result had/did not have significant difference" is not meaningful till the reader can compare the result with the critical value. • Line 22: "more pupils were positive by microscopy.....and the difference was statistically significant ($\chi^2=16.02$, $p<0.0001$)" This is the same result written in line 175-177. However in both cases the χ^2 value does not match. Please explain this discrepancy. • Table 1: Poor, Middle class, Rich. These terms have been loosely used. No definition has been provided as to when a pupil was assigned to a particular group. This information might not have been essential, however since the authors are using this socio economic difference in an attempt to explain their findings (as in line 158-160), it becomes important. • Table 1: column "prevalence of fever" 27% pupils had fever in the study. But the number mentioned is "406" which is 100%. Please correct. • Discussion, line 238 "The level of acquired	1. All sections have been numbered as part of the correction and highlighted. 2. The type of test used is indicated in the column of the test statistic alongside the P values. The statistical test has been indicated and the review comments for the fourth reviewer explain the choices of the statistical test used. 3. When the P value is less than 0.05 it indicates significant difference at 95 % confidence level. If the P value is greater than 0.05 then there is no significant difference between the prevalence of malaria in the groups that we are studying. So The P values solve the problem of looking for the critical values. 4. For line 22, the correction has been done. The value of X^2_{here} is 16.096 which have been approximated to 16.1. 5. Socio-économique status was classified as poor (those living in plank houses, have



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	immunity also probably explains the highest GMPD observed in the youngest age group” This line is ambiguous. The level of acquired immunity (which I assume, is highest in children above 10 years), explains the low level of GMPD in this age group OR the absence of acquired immunity in 0-5 years explains that they are more prone to infection.	no TV/radio, no car, use firewood kitchens and pit toilets), middle class (those living in block houses, have flush toilets, TV/radio, firewood/gas kitchen but no car) and rich (those having all what the middle class children had and a car). This classification is specific to the country and will be different in different countries. It has been used by other authors working in this region. Example is Kimbi et al., 2013 (reference number 8, 15 and reference number 21). This has been included as part of the corrections in the revised version of the manuscript. This classification is again cited in Nyanga et al., 2014 (reference 16) in the article ‘Socio-demographic and Environmental Factors Influencing a Symptomatic Malaria and Anaemia Incidence among School Children in Fako Division, South West Cameroon.’ 6. Table prevalence of fever has been corrected and highlighted. 7. The manuscript reads ‘The drop in prevalence of malaria with increase in age
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		could also be related to the acquisition of protective immunity due to repeated infections as children grow older in high transmission areas (Kimbi <i>et al.</i> , 2013). The level of acquired immunity also probably explains the highest value of GMPD observed in the youngest age group.' This implies that as the children grow older they acquire immunity and so immunity is higher in the older children than in the younger ones
<u>Minor</u> REVISION comments	Line 40 "Speciation" should not be used here. It means "evolutionary process of development of species" . This information is not provided by a RDT.	Line 40: The word speciation has been replaced with the word species.
<u>Optional/General</u> comments		