



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.

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(<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	Abstract should be restructured as follow: ,aim, methodology, results and conclusion. Some citations in lines 38, 56,224,230,239,249,261,267, and 301 lack references. The data generated are categorical data so why the authors did used ANOVA? The data on sex, age and social status are repeatedly measured in tables 1 and 2.The authors should have used chi-square. Results can be presented either in tabular or graphical form. Therefore the entire statistics has to be overhauled. Generate contingency table from tables 1 and 2. Table 4 should also be restructured as contingency table. Adopt figure 1 and 2 and delete table 3. Where one categorical variable is measured Goodness of fit chi-square can be applied. Where two or more categorical variables are compared contingency chi-square can be applied.	The abstract has been restructured into aim, methodology results and discussion. References have been corrected and put in the format indicated in the instructions for authors. Table one is independent of table 2. Table one gives us the general characteristics of the study population. If merged into table two, it will be too bulky and complicated. The chi-square test has been used for malaria prevalence by age, sex and social status. This is O.K with your comments. We do not see why we should use goodness- of- fit because we do not have a hypothesis that we are validating and we do not have a model that we expect the data to fit into. We have used ANOVA for the GMPD because the age was categorised into three



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		(more than two categories) and the social class was categorised into three (more than two categories). As table 3 has been deleted. This was indicated by the first reviewer as well. Table 4 has been renumbered as table 3. We do not understand why we should give preference to contingency tables over the ones presented for the following reasons 1. The number of pupils in each category has already been indicated in brackets following the prevalence's. 2. The confidence intervals and ranges may not fit well into contingency tables.
<u>Minor</u> REVISION comments	Remove the highlight of the reference in line 51. Check for spelling errors.	This has been done.
<u>Optional/General</u> comments	Data can be presented either in tabular or graphical form. PLEASE CLARIFY THE ETHICAL ISSUE, IF ANY	Ethical issues and consent have been clearly explained.