



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_17487
Title of the Manuscript:	A retrospective analysis of dengue cases in Suriname: implications for treatment and prevention in a LMIC
Type of the 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>)



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments	- In table 1, row totals do not match the numbers given in respective columns. Please check the numbers. It may be possible that few numbers were not classified as suspected, probable or confirmed. If this is the case, then there should be a column showing cases which were "undefined". E.g. in first row total of males is 1447 but total of suspected, probable and confirmed is 1438. This pattern is same in each category total in this table. This should be checked. - A footnote in table 1 should be included to explain the abbreviations and explaining the "others" in race category as these numbers are very high for each group of patients.	Indeed the rows do not match the total in the column. Of the 2822 dengue hospitalization, 22 received a diagnostic test for which no result was documented. We could not classify this as a suspected case as the definition of suspected states a negative serological test or RT-PCR result. We did address this in the methods and results (highlighted in yellow) and corrected Table 1 to show the total of cases included in the analysis rather than all hospitalized cases. For Table 3 in which cases were not classified as suspected, probable or confirmed we did use all 2822 hospitalized cases for our analysis. We expanded Table 1 footnote to include all abbreviations. The 'other' category is high because it included people for which no race was documented or 'unknowns'. The table was modified accordingly.
<u>Minor</u> REVISION comments	1. Word LMIC written in title was not elaborated in text (methodology or introduction), therefore it would be difficult to be decoded by readers. It is suggested that either complete name be written in title or if issue with space, it could be explained or	The LMIC definition was included in the title. Thank you for your thorough reading of the manuscript. All typos were addressed. Table 3 footnote was expanded to include all



SDI Review Form 1.6

	'introduce' in methodology section or within introduction. 2. There are number of places where words are not formatted adequately, 'no space between separate words' e.g. at line 124, 125,208, etc. Please proof read manuscript to correct these. 3. Use of word "thought" is a typo at line 260. You wanted to write 'though'. Please correct it. 4. Abbreviation 'RGD' at line 81 would be difficult to be decoded by readers so please write it in full. 5. A footnote should be included in Table 3 to explain the abbreviations used in table.	abbreviations.
<u>Optional/General</u> comments	• Overall very well conducted study and properly written manuscript except that study is limited to one hospital, so would lack external validity. Statistical analysis was done adequate.. • There is no need to give separate headings for case definitions and data analysis and these can be combined within methodology. • Authors could include a section acknowledging the help of people in study and declare the conflict of interest in study.	Thank you for your recommendations. We removed the subheadings and included Acknowledgement and Conflict of Interest sections.