



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15093
Title of the Manuscript:	TRENDS IN MALARIA INCIDENCE RATES (2006-2013) IN EDO STATE, NIGERIA

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
- Line 6: Author(s) still failed to give detailed information on the severity of malaria. - The interchange of 'incidence rate' in the first submission with 'prevalence rate' is appropriate. - Line 79 & 169: The use of presumptive diagnosis (clinical diagnosis) in this work is unacceptable. NOTE: The most important factor in the clinical (presumptive) diagnosis of malaria is a high index of suspicion (Doherty <i>et al.</i>, 1995). Malaria can mimic many diseases and the differential diagnosis is an extensive one. Diagnosis based on clinical symptoms alone is not reliable. Treatment of malaria infection based on clinical symptoms (presumptive diagnosis) can lead to the following: - Unnecessary expenditure; - Inappropriate use of antimalarial drugs (antimalarial drug misuse); - Delay in establishing a correct diagnosis; - A delay in the treatment of a patient; - Reliance on presumptive treatment can facilitate the development of antimalarial drug resistance due to 'Selective Pressure'. Oliver <i>et al.</i>, (1991) reported that the use of presumptive treatment for malaria had the potential for facilitating resistance by greatly increasing the number of people who are treated unnecessarily but will still be exerting selective pressure on the circulating parasite population. - It has been reported by some researchers that 72.1% of unclaimed malaria results had negative malaria parasite result. Most of these patients would have been given presumptive treatment for malaria (Peletiri&Ibecheozor, 2013). - Line 131: Authors are still unable to explain the usage of the word severity in table 3 with reference to line 134 – 136. - The results being reported in this research work were based on presumption, and so, not authentic; hence cannot be relied upon. This manuscript therefore is not scientifically robust. Authors should be advised to make use of factual results next time.	The symptoms for severe malaria used for the diagnosis and confirmed by WHO have been itemized. The data on prevalence rates obtained by presumptive/clinical/diagnosis in this study across the Local Government Areas (LGAs) were similar, in fact lower, than those obtained by thick blood smears in 2007/2008 by Mordi&Borke (2013) across the LGAs in Edo State. We have physicians in these Primary Health Centres, who grew up in Malaria Endemic Areas, went to Medical Schools in Malaria Endemic Areas and therefore know the symptoms of the disease very well. Consequently, the strident comments of the reviewer are therefore untenable in this study. However, the authors have recommended improvement in facilities for a more holistic diagnosis.