



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_19046
Title of the Manuscript:	Neonatal Tetanus are we winning the war?
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	First, I want to say that the authors did great work to review the current status for tetanus. However, the tetanus is a highly preventable disease. It is extremely shocking to see that the mortality in 2009-2014 increased dramatically (68.75% comparing to 50% in 1995-2009). What are the reasons for this dramatic increase or what did the local health system fail to do to cause this? And what strategy or steps should be taken by the public health system to reduce the mortality? How to work with the local government and the health system to implement these steps efficiently to save the mothers and babies? Please address these questions in a feasible format. It is good to see a publication on this topic. However, I would love to see what we can do to stop this. Therefore, the feasible steps are the things that our readers/researchers love to see in a paper like this one. Thank you!	In 2007, the teaching hospital where I work moved from its temporary site to a more permanent site, at the temporary site we had a tetanus room which was isolated from the rest of the children's ward free from noise pollution and frequent visitors as these things would provoke tetanic spasms, with this movement to the permanent site the then authorities felt there was no need for a tetanus room and tetanus patients were nursed in the open wards and this placed the patients at increased risk of more provocative spasms. However the situation was reverted in last quarter of 2013. As we now have a separate tetanus room free of noise and frequent visitors for the management of our tetanus patients. This may have been a contributory factor. There has been attempt by the community paediatrics unit that manages tetanus patients at raising community awareness by way of television talks in the local television in Rivers state which reaches every local government area in the state to educate them on tetanus, its aetiology, epidemiology, pathophysiology clinic presentation and prevention and we believe this has impacted on the community as we have not seen any case of neonatal tetanus this year
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		