

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Infectious Diseases

Manuscript NO: 77434

Title: Five-year retrospective hospital-based study on epidemiological data regarding human leishmaniasis in West Kordofan state, Sudan

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05847926

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Sudan

Manuscript submission date: 2022-04-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-21 02:34

Reviewer performed review: 2022-05-22 14:35

Review time: 1 Day and 12 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors conducted a five years retrospective study to find the frequency and distribution of human leishmaniasis in West Kordofan state. And the results indicate that leishmaniasis is endemic in the study areas, which is useful to inform the health care policymakers and the governments to applied proper health and economic policies. However, there are still several obvious problems in this manuscript: 1.The abstract section of the manuscript is poor and unclear, especially in the methodology part, there is no description of a clear diagnostic methods, and even the meaning of 4.39% positive rate is not understand well. 2.It is too rough in the materials and methods, and there is not a clear diagnostic criteria, inclusion criteria or excluding standards. Therefore, the result will become unbelievable. 3. The author emphasized the gender differences and annual differences of the positive rate, but whether these features have internal associations, the author should try to interpret them, otherwise these results will be only accidental phenomenon. 4.In the discussion, the author mentioned the impact about new diagnostic standards and new intervention strategies on the results of the research, but the authors did not interpret specific content, which were considered to be very important for the differences in the results of the research. All of that, the conclusion of this manuscript lacks new ideas compared with previous research, and has not discovered or proposed new disease characteristics and intervention strategies, which should be a problem worth thinking about.



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Reviewer performed review: 2022-05-27 04:24

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Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments: 1. The first sentence of the abstract and introduction are the same; please rephrase one of them. 2. Did not find the result of the type of leishmaniasis: Please classify the prevalence of LC and VC and their occurrence ratio in males and females. 3. The age group should also be divided into neonatal, pediatrics, and adults. 4. From the medical records, you can also get the site of infections; if possible, include that data too 5. The acute and chronic states of infections also need to be included. 6. The patient types, morbidity rate, and outcomes of infections need to be included. 7. The treatment used for curing infections needs to be mentioned. Knowing about the efficacy of diffent medicine in your state will provide a guideline for the prescribers. 8. In your study, the old aged people are more vulnerable to infections, while the prevalence is low in > 65 age patients. What is the possible reason for this? You may explain this in your discussion section. I will give you a hint that these patients might have less exposure to the infection due to their lifestyle. 9. Please include the limitation and implementation of your study in the discussion section. 10. The conclusion is not sufficient and needs to be improved and rewritten.