

Review Form 3

Journal Name:	Journal of Advances in Microbiology
Manuscript Number:	Ms_JAMB_129535
Title of the Manuscript:	Study of the resurgence of typhoid fever in the commune of doba in Chad
Type of the Article	Original Research Article

PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	The subject of this article is important because salmonellosis is still considered as a health issue in many developing countries especially in which there are bad hygienic circumstances.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes.	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	Yes, but it is required to add a brief recommendation.	
Is the manuscript scientifically, correct? Please write here.	Yes, it looks scientifically- written.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	Yes.	

Review Form 3

<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>Yes.</p>	
<p><u>Optional/General</u> comments</p>	<p>The section of DISCUSSION is preferred to be separated from that of RESULTS. Few sentences about the suggested recommendations are required after the DISCUSSION.</p> <p>In the INTRODUCTION section- line no.12, I think the word (globally) should be added after (It is estimated that), and the (21 millions cases) should be (21 million cases).</p> <p>All tables should include the TOTAL number in their contents.</p> <p>The significancy of p-value (if exists) should be mentioned in the tables.</p> <p>The following paragraphs should be in a separated DISCUSSION section: -</p> <p>Reviewer's comment:</p> <p>* Our results show a high incidence of typhoid fever, which is similar to those of Sauch et al. (2010), who found an annual distribution revealing a summer peak from July to October, in relation to rainfall. Two phenomena could explain this high incidence of typhoid fever in the hot, rainy season. Firstly, the rainy season is marked by major problems with drinking water supplies and sanitation. On the other hand, so-called 'water-borne' diseases, including typhoid fever, are rife at this time of year [1, 11]. Our results are in line with those obtained in 2002 by Sako in Yopougou, Abidjan, and Lefebvre in Senegal.</p> <p>* The age group between 11 and 40 was the most represented, with a frequency of 55.08%, and an average age of 25. The minimum age was 1 and the maximum 85. The incidence of typhoid fever is much higher in young adults. This could be explained by the fact that older children and adults can become infected outside the family environment.</p> <p>* The work of Theveniau et al. (2000) in France and Teyssier (2000) in Senegal showed a male predominance, which is contrary to our results. This is contrary to our results. There seems to be no explanation for these differences.</p> <p>* We can thus note a high frequency in the use of antibiotics without a doctor's prescription in view of the percentage of households systematically resorting to it (56%) in the presence of a case of illness, compared with 44% referring to a doctor. For 88.42% of households, the main reasons for self-medication are related to experience, to which can be added the economic factor for the remaining households (11.58%).</p> <p>* Our surveys also revealed a reliance on habit and experience in the choice of antibiotic molecules. This practice can be a significant risk factor, resulting in antibiotic treatments that are inappropriate, ineffective or even useless in the face of the pathogens present. Such as unsuitable spectra, non-bacterial microbial agents and/or ill-defined dosages [6, 12, 13].</p> <p>It is highly regrettable to note that in our study, 60% (n=57) of households implement a second treatment before seeking medical attention. Indeed, any use of antibiotics again exposes bacteria to selection pressure [14, 15] and the multiplicity of treatments is a risk for the selection of multi-resistant bacteria [16].</p> <p>Our study also shows that 28.42% of patients adhere to their doctor's prescriptions, as opposed to 71.58% who, due to lack of resources, fall back on lower-cost generic antibiotic molecules and, once their health has improved, stop treatment or modify the dosage and frequency of antibiotic administration. It should not be forgotten that changes in antibiotic dosage, duration or frequency of administration are risk factors for the emergence of resistant bacteria. It can also lead to a lack of bacteriological cure for the patient, and be responsible for chronic</p>	

Review Form 3

	<p>carriage of virulent bacteria [14, 17].</p> <p>Our surveys revealed, among other things, abundant use of ciprofloxacin with a proportion of 56.4%, followed by Ceftriaxone (31.4%). According to the information gathered, these antibiotics are used because of their broad spectrum of action, availability and easy administration.</p> <p>* This situation calls for a wide-ranging information and awareness campaign to link the level of hand hygiene in particular with the onset of diarrheal diseases such as salmonellosis among the population.</p> <p>* Traditional wells are the primary source of drinking water in both wet and dry seasons. This water is very often consumed directly in households, without prior treatment. It is only treated in 29 households (38.15) and bleached in 30 (39.47%).</p> <p>The conditions under which drinking water is collected, transported, stored and handled can contribute to contamination at several levels: drawing water, buckets and ropes lying on the ground, the container or transport vessel, the cup used to draw water from the canary, and poor maintenance of the cup [18].</p> <p>To circumvent these sources of contamination, containers should be covered for transport and home storage. These containers must also be kept out of the reach of children, pets and insects. Water should be removed from storage containers by siphoning, rather than using cups, which are often exposed to insects and dust [19].</p> <p>The length of time water is stored in the home seems to be a major factor in its quality deterioration.</p> <p>quality deterioration. It can be seen that the longer the water is stored, the greater the deterioration in water quality. After three days, over 80% of water samples analyzed were of poor quality [20]. Similarly, there is a low presence of latrines (48%) in households, which would favour the dissemination of germs in the wild, a major factor in the spread of typhoid fever [1, 11] in the commune.</p>	
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PART 2:

	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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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