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## Epidemiology and Demographic Features of Dengue Infection in Children

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We read with interest the study by Mistry, *et al*. [1] published recently in *Indian Pediatrics*, and have few comments:

1. In Methods, it is not clearly written whether sample database is from outpatient department or inpatient department; or from single institute or multiple institutes.
2. Authors excluded samples with evidence of co-infections like malaria, typhoid or any co-morbid diseases. As the study was primarily concerned regarding the epidemiology of dengue infection, there was no need to exclude other infections or co-morbid illness. In fact this could have led to less number of cases of dengue than expected. Including co-infections could have added another analytical point about magnitude of co-infections in dengue, which could have bearing on management.
3. In the result section, authors have mentioned dengue positivity rate in percentages (positivity ranged from 44.1% in year 2013, 25.8% in 2015 to 16.1% in year 2017), but drainage area and population mass is not clearly defined. Authors should have mentioned the sensitivity and specificity of the test kits either from the previous studies or data from the manufacturers.

It is noteworthy that despite seasonal trends, patient should always be investigated for dengue when there is high index of clinical suspicion.

### REFERENCES

1. Mistry M, Chudasama RK, Goswami Y. Profile of dengue fever in hospitalized children in Saurashtra, Gujarat, 2013-2017. *Indian Pediatr*. 2019;56:123-5.

### AUTHOR'S REPLY

We thank you for reading our article and raising some queries. Following is our response:

1. It is mentioned that the microbiology department is one of the sentinel surveillance center under NVBDCP. It included all samples received from OPD, IPD, and from multiple hospitals.
2. Based on our primary objective, we included only samples positive for dengue and excluded others. Our objective was not to assess co-infections with dengue.
3. We included only those cases who were diagnosed by IgM or NS1 Antigen test which are diagnostic tests and not the screening test. Thus, sensitivity and specificity was not mentioned.

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