Before going further in reviewing this Ms on intestinal parasites in south Cameroon, I must admit I am troubled by the methodology and somewhat by some descriptions or interpretations. Most respectfully, I like to invite the authors to better explain the following:

- It is stated that the survey was conducted in March. One stool sample was divided in two, which is perfectly accepted. However, one part was fixed and one part left unfixed to perform the Kato-Katz (KK) method. The laboratory was 150 km away. Did they go daily to deliver the stool samples to a lab 150 km away? It is stated in the methodology that the laboratory is situated at about 150 km from the study area. This distance is just an approximation which is normally less than the value indicated. However, to cover this distance takes a maximum of 3 hours 30 minutes.

- Concerning samples transportation to the laboratory, samples were collected between 7h30 and 10 am by three groups of persons in the field (one group per village) and immediately after collection; the samples were transported by one person to the laboratory for subsequent analysis by technicians. Collection of samples continued the following day followed by transportation to the laboratory for immediate analysis. The authors did not find it necessary adding all these informations in the methodology. However, some corrections have been done as indicated in the text.

- The unfixed samples were conserved in a cooler before transporting them. For the analysis of Kato Katz slides (unfixed samples) within 24 hours, it is true that the KK was examined in less than 24 h (line 122) to avoid analysis. The authors did not find it necessary adding all these informations in the methodology. However, some corrections have been done as indicated in the text.

- The unfixed samples were conserved in a cooler before transporting them. For the analysis of Kato Katz slides (unfixed samples) within 24 hours, it is true that hookworm eggs may likely not be observed after a long period following collection of stool samples. Also, samples were read the same day within 24 following stool collection and not within 24 after preparation as previously written in the methodology (correction done in the text). It is also well documented in the Manual of basic technics for a health laboratory (WHO, 1980) that, three different forms of hookworm eggs can be observed depending on the duration after collection of stool sample: eggs observe in fresh stool (eggs having 4, 8 or 16 germ cells), egg observe in stool that have stayed for few hours (eggs having a unique mass of many small gray granulations) and eggs observed in those that have stayed between 12 to 48 hours (embryonated eggs). Either the temporary Lugol stained smears and eggs observed in those that have stayed between 12 to 48 hours (embryonated eggs) require to be examined at 100X magnification (instead of Line 124, 40X) or iron hematoxylin smears have to be prepared and examined and those findings confirmed. Otherwise I accept those results with special reservation.

- As said, if the methodology is not explained more clearly, I cannot accept the results as such.

There are a few other observations:

- In Figure 1, when looking at the color legend, there is an extra colored cube that introduces confusion. Line 36: the word Among should be removed for clarity of the sentence.

- Lines 36 to 41: I believe Neglected Tropical Diseases deserve a better explanation. Lines 117 to 120: Kato-Katz technique, more than identification, it is a standardized method for estimating the intensity of the infection.

- It is stated in the methodology that the laboratory is situated at about 150 km from our study area. This distance is just an approximation which is normally less than the value indicated. However, to cover this distance takes a maximum of 3 hours 30 minutes.

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- Examination of slides for the identification of intestinal protozoa was done only at 40X magnification to observe amoeba cyst according to the formol-ether protocol. Other intestinal protozoan such as Giardia, are also normally observed at this same magnification like the works of Behcr et al., 2012; Akingbade et al., 2013 among others, but we did not observe them. It is true that other coloration techniques such as modified Zel-Nelson permit observation at 100X magnification, but we did not use this technique.

- The extra color on figure 1 has been deleted.

- Correction made for line 36 to 41 (see text)

- Correction on estimation of infection intensity using the kato technique is done in the text (methodology)

- Concerning infection by age, some precisions have been made to give more clarity as can be seen in the text (line 148-151).

- It is true that children between 6-10 years were more infected but a significant difference in eggload was observed only for A. Lumbricoides for children between 11-15 years. Following the reviewer’s comment on eggload, a table has been included showing the summary of eggload variation in sex, age and village.

- We agree with the reviewer that not all intestinal parasites have oral-fecal mode of
In Table 3, I see some striking differences in the infection by ages: can the authors determine whether those were statistically significant or not? To my understanding, the age 6 to 10 years was more parasitized; then the authors proceed to state that the egg load was significantly high in the age group 11 to 15, but it is not shown in any Table.

Line 208: OMS are the initials in French for the World Health Organization. Since this article is written in English, kindly correct them. The same in line 41 and line 42, SIDA should be AIDS.

The authors insist in calling Ascaris, Trichuris and hookworm infections oral-fecal transmission. Another terminology for such infections is Soil Transmitted Nematodes or Soil Transmitted Helminths, therefore, oral-fecal is a misnomer. Eggs of Ascaris and Trichuris need a period in the soil before being infective and hookworm larvae infect the host percutaneously. May I suggest to remove oral-fecal from the text and look for a better term?

There are more observations to the Ms, but before the methodology is not more clearly explained, I cannot accept the results of this Ms as presented.

- contamination (eg hookworm). It has been précised in the text those that are concerned with this mode of contamination. Also, we consider oral-fecal contamination since for most intestinal parasites, the parasite is eliminated through the anus and after completing its developmental stages in the external environment, it is then ingested through the mouth (A. Lumbricoides, T. Trichiura, amoeba species etc). Even though the terminology Soil Transmitted Helminths is not used, the authors agree that the word stands the best to be used when talking of A. Lumbricoides, T. trichiura and hookworm.