



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_47632
Title of the Manuscript:	Target the Bite
Type of the Article	Review Paper

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>)



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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)
Compulsory REVISION comments	<ol style="list-style-type: none"> 1. How is the title of the Article relevant to the Contents of the Article? 2. In case this Article is meant to be a Narrative Review in synthesizing knowledge on Lyme's disease, the Authors' Instruction page of the JAMPS website clearly states: "4. Review papers: These papers will not have empirical data acquired by the authors but will include discussion of papers published and data acquired in a specific area. We advise a length of 5000-9000 words, (including 50-150 references plus 3-5 figures and/or tables (if required)).5. Mini-review papers: Mini-reviews are brief historical perspectives or summaries of developments in fast-moving areas covered within the scope of the journal. They must be based on published articles; they are not outlets for unpublished data. They may address any subject within the scope of the journal. The goal of the Mini-reviews is to provide a concise summary of a particular field in a manner understandable to all readers. We advise a length of 3000-6000 words, (including 30-70 references plus 2-3 figures and/or tables (if required))." Kindly conform to the Authors' Instruction from the Journal. 3. Lyme's disease can be discussed from the aspect of Clinical Features, Causative Agents, Diagnosis (including Laboratory Diagnosis), Treatment/Clinical Management and Epidemiology including Control and Prevention (and vaccines and vaccination within this). What aspect of the disease does your Article cover? Does Lyme's disease happen your country, and your region? To what extent? 4. Even a Review Article need to be written under the subheadings of Introduction/background, Aim, Method, Results and Discussion, and Conclusions and Recommendations. 'Lyme in the Media' is best discussed under Introduction/background. Such structuring of your Article also needs to be reflected in your Abstract. Very importantly, what is the Aim of you writing your Article? 5. Besides your existing References, use the Literature here as a basic guide, and add more References accordingly. Do not leave out discussing the neurological (and cardiac) involvement of the disease. https://www.cdc.gov/lyme/index.html 6. Besides <i>Borrelia burgdorferi</i> five different Lyme borrelia are associated with the disease in Europe and Asia: <i>B. afzelli</i>, <i>B. bavariensis</i>, <i>B. garinii</i>, and <i>B. spielmanii</i>. Three additionally, are suspected. Discuss this. 7. Give greater attention to English grammar and sentence-construction. The Grammarly-app added on to the Word program can be of help. Best to have someone proficient in the English-language guide you with the language. 8. Patients with symptoms of later stages of the illness, such as arthritis or Bell's palsy, can be clinically diagnosed and treated. But, in such stages diagnosis should be supported by 2-step serologic testing, typically an enzyme immunoassay (EIA) or rarely, an immunofluorescence assay (IFA), followed by Western immunoblotting in patients with a positive or equivocal EIA or IFA result. But, serological tests in the early stages of illness should be considered with caution 'cos they are insensitive during the first weeks of infection and may remain negative in those treated early with antibiotics. In patients symptomatic for not more than 30 days, an IgM Western-blot may be useful in diagnosis. VlsE (Vls locus expression site) or C6 recombinant antigens, increase the sensitivity of IgG immunoblot. Test-sensitivity increases in patients progressing to later stages of illness. Cross-reacting 	



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	IFA and ELISA antibodies may cause false-positive reactions in patients with different diseases. Diagnosis of neuroborreliosis in Europe is typically accomplished through serologic testing for borrelial antibodies in cerebro-spinal fluid. (Heymann DL editor. Control of Communicable Diseases Manual. 20 th edition. APHA. 2015)	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

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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