The authors should:

**Discussion:**

1. Focus on the results of the manuscript.

Response: We appreciate the reviewer’s comments and respect their feedback. We have carefully read the Results Section and the Discussion Section and amended the first paragraph of the Results Section and several paragraphs of the Discussion Section. Please see the line numbers: 197-199, 290-309, 310-311, 325-326, and 357-367 (track change version).

1. Discuss the incidence and mortality rates of DVI in Bangladesh, comparing them with other countries, both before and after 2023.

Response: Thank you for your comments. We have included the case-fatality rate (CFR) of DENV in Bangladesh for 2023 and previous years, as well as the CFR for other South Asian countries in the discussion. Refer to the revised manuscript for these updates (Line 348 – 359, track changed version).

“The CFR observed in 2023 (0.53%) is 10-times higher than the World Health Organization’s (WHO) goal to limit the dengue-related CFR below 0.05%.[30]. In 2023, the CFR varied in different South Asian countries: 0.04% (20/51243) in Nepal, 0.09% (91/94198) in India, 0.06% in Sri Lanka, and 0.05% (1/1700) in Afghanistan (See the references in the appendix of Haider et al. [31]). In the past 23 years, Bangladesh recorded a CFR of 0.35% which is lower when compared to the mean fatality rate in the South Asian region (1.9%) [32]. In 2023, the CFR of DENV in Bangladesh may be elevated due to a particularly high fatality rate in the capital, Dhaka (0.88%). This increase may be linked to a higher incidence of secondary or tertiary infections, as evidence suggests that over 80% of Dhaka's population has previously been exposed to at least one DENV serotype [9]. Moderate to severe cases outside of Dhaka city have been referred and travelled to hospitals in Dhaka for better health care management.*”*

**Conclusion:**  
Please shorten the conclusion by distilling the key findings and highlighting only the most significant outcomes from the research, while avoiding excessive detail.

Response: We have further shortened the conclusion (please see below). Thank you for your feedback. Please see the lines: 399-432

*“Bangladesh observed a large outbreak in 2023 with the number of deaths being more than double the cumulative number of deaths of the previous 23 years. Compared to the mean CFR of the past 23 years, Bangladesh recorded a higher CFR of DENV in 2023 (0.35% vs 0.53%. A large proportion (67%) of deaths were recorded within one day of hospitalization, indicating a late admission of patients with severe disease. A major geographic shift in dengue cases was observed, moving from the capital city, Dhaka, to the southern division in 2023. The transmission of dengue cases was facilitated by urbanisation, and a higher temperature, humidity, and lower rainfall in the southern districts. Improved estimation of mild or subclinical cases, their associated risk factors, and temporal trends are essential for implementing effective public health interventions. In contrast to the idea of an urban disease, dengue poses a significant threat to rural communities in Bangladesh.”*

We have also further reviewed the manuscript and revised some wording to enhance clarity and improve the flow of the writing.