Reviewers' comments:  
  
Haider et al. in this study, examine the 2023 dengue outbreak, which resulted in millions of infections and thousands of deaths. The manuscript presents a significant analysis of the global dengue virus (DENV) outbreak in 2023, marking it as the worst on record. The study aims to identify regions and continents with a high burden of dengue during this period, utilizing data on DENV cases and deaths reported to the WHO. The results highlight significant dengue hotspots in South America and South and Southeast Asia, underscoring the urgent need for a comprehensive global approach to DENV control.  
  
While the study addresses a critical public health issue and provides valuable data, I would recommend a major revision for the following reasons:  
  
Descriptive Nature of the Study:  
The study is primarily descriptive, and it's unclear how these findings significantly advance our current understanding of dengue epidemiology. To enhance the impact of this work, the authors could explore deeper analytical insights or identify new patterns that build on existing knowledge.

Response: Thank you, for your valuable time for this comment. We conducted a one-way ANOVA to assess statistical differences in cases and deaths across continents. The results were summarized in the abstract and article, also included in the methods.

Page 1: “We observed a statistically significant difference in the number of cases and deaths per million across different continents (P < 0.001).”

Page 2: “A one-way analysis of variance (ANOVA) was employed to determine whether dengue variables differ significantly across geographic regions.”

Page 3: “One-way ANOVA analysis revealed a statistically significant difference in case incidence and death rates per million across continents (P < 0.001), indicating a substantial influence of geographic location on these variations.”   
  
Data Sources and Methodology:  
The manuscript lacks detailed information about the data sources and the methodology used for data collection and analysis. Clarification is needed on how the data was standardized across different countries and how potential reporting biases were addressed.

Response: I appreciate your valuable comment. We included detailed information about the data sources and the methodology used for data collection and analysis.

In page 2: “We collected data from countries where WHO aids in outbreak confirmation, offers technical support for dengue management, and helps improve reporting systems to accurately capture the disease's burden [1]. The WHO recommends several serologic tests for diagnosing dengue infections, including: Haemagglutination-inhibition (HI), Complement fixation (CF), Neutralization test (NT), IgM-capture enzyme-linked immunosorbent assay (MAC-ELISA), and Indirect IgG ELISA. The details of the laboratory test are discussed elsewhere [2].”  
  
Regional Focus and Generalizability:  
Although the study identifies key hotspots, the analysis would benefit from a more detailed examination of other regions with emerging DENV risks. Additionally, the generalizability of the findings to regions with different epidemiological profiles should be discussed.

Response: Bhai, need your help.   
  
Interpretation of Case-Fatality Ratios:  
The manuscript reports case-fatality ratios (CFR) without providing sufficient context or comparison to historical data. A deeper discussion of these figures, including potential factors influencing regional differences in CFR, would strengthen the conclusions.

Response: Thank you, for your valuable time for this comment. We included CFR values in Table 1 and presented the ANOVA results. Additionally, we provide a detailed discussion of CFR, including potential factors that may influence regional differences.

In Page 2: However, the case fatality rate (CFR) does not differ significantly across continents (P = 0.123).

In page 3: However, when analyzing the case fatality rate (CFR) with the same method, the results indicated that CFR does not significantly differ across continents (P = 0.123).

In page 4: Prior to 2023, the highest historical dengue caseload occurred in 2019, with over 3.18 million cases, 28,208 severe cases, and 1,823 deaths (CFR 0.06%) [4]. In 2023, within the South-East Asia Region, Bangladesh saw a rise in deaths from 281 (CFR 0.45%) to 1,598 (CFR 0.52%), while Thailand's death toll increased from 34 (CFR 0.07%) to 147 (CFR 0.11%). Other countries reported CFRs ranging from 0.04% in Nepal to 0.72% in Indonesia. In the Western Pacific Region, the Philippines reported 167,355 cases and 575 deaths (CFR 0.34%), and Viet Nam reported 149,557 cases and 36 deaths (CFR 0.02%) [4]. Dengue case fatality rates are negatively associated with average income per capita. Additionally, primary health care units are linked to lower case fatality rates. A positive association was found between dengue mortality and the Gini index. Overall, investigations into the spatial distribution of dengue fever incidence indicate that these factors are geographically associated [10].

Discussion of Public Health Implications:  
The conclusions emphasize the need for a global approach to DENV control but could be more specific in outlining the recommended strategies. A more detailed discussion on the implementation of vaccine development, vector control, and public health initiatives would be beneficial.

Response: Bhai, need your help.

Presentation of Data:  
The presentation of data could be improved, particularly with clearer visualizations or tables that allow for easier comparison between regions. This would enhance the readability and impact of the findings.

Response: Bhai, I don’t have any ideas for improving the clarity of visualizations or tables to facilitate easier comparison between regions.