

[A: We have edited your paper to avoid repetition, enhance readability, reduce length, and achieve consistency with Lancet style]

I wish to thank Ric Price and colleagues¹ for highlighting the understudied chloroquine resistance in *Plasmodium vivax* in their systematic review and meta-analysis. However, I would question their study inclusion criteria: the primary outcome was “the risk of recurrent *P vivax* parasitaemia at day 28” when table 1 lists four studies with follow-up periods of less than 27 days. I would also suggest that it seems a shame that two author-reviewers, independently, did not extract and analyse the studies and data for inclusion, as seems standard practice for good systematic reviews.² Lastly, although the paper underlines the extent and importance of chloroquine-resistant *P vivax*, I am none the wiser on what management I should offer in practice to patients from different areas given the prevalence of resistance.

I declare no competing interests.

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- 1 Price RN, von Seidlein L, Valecha N, Nosten F, Baird JK, White NJ. Global extent of chloroquine-resistant *Plasmodium vivax*: a systematic review and meta-analysis. *Lancet Infect Dis* 2014; **14**: 982–91.
- 2 Higgins JPT, Green S, eds. Cochrane handbook for systematic reviews of interventions version 5.1.0 [updated March 2011]. In: Sections 7.2.4 and 7.6.2. The Cochrane Collaboration, 2011. www.cochrane-handbook.org (accessed Oct 30, 2014).