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Measurement of dengue antibodies

Measurement of dengue antibodies

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Data management and analysis

Data management and analysis

Discussion

The first part of the discussion discusses the importance of the research and the need for a more comprehensive understanding of the topic. It highlights the limitations of the current research and the need for further investigation. The second part of the discussion discusses the implications of the research and the need for a more comprehensive understanding of the topic. It highlights the limitations of the current research and the need for further investigation.

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Table 3. *Aedes aegypti* larval abundance in different regions of Mexico, 2012. (continued)

Region	Mean	SD	%
Acapulco region (N = 1,000, 100% of houses, 30 containers)			
Mean	2.0	2.23	1.1–2.1
Median	1.1	1.40	1.03–1.1
Interquartile range (IQR)	1.3	1.2	1.02–1.4
95th Percentile	1.4	1.1	1.2–2.02
99th Percentile	1.3	1.33	1.0–1.1
99.9th Percentile	1.4	1.4	1.0–2.22
Costa Grande and Costa Chica regions (N = 3,410, 100% of houses, 0 containers)			
Mean	1.2	1.2	1.04–1.1
Median	1.4	1.4	1.11–2.12
IQR	1.0	1.3	1.14–2.0
95th Percentile	1.1	1.1	1.22–2.32

For Acapulco region, other variables included in initial model were: sex, type of dwelling, presence of temephos, language, and presence of containers with larval pupae

For Costa Grande and Costa Chica regions, other variables included in initial model were: age, area of residence, type of dwelling, presence of temephos, education of household head, language, and presence of containers with larval pupae

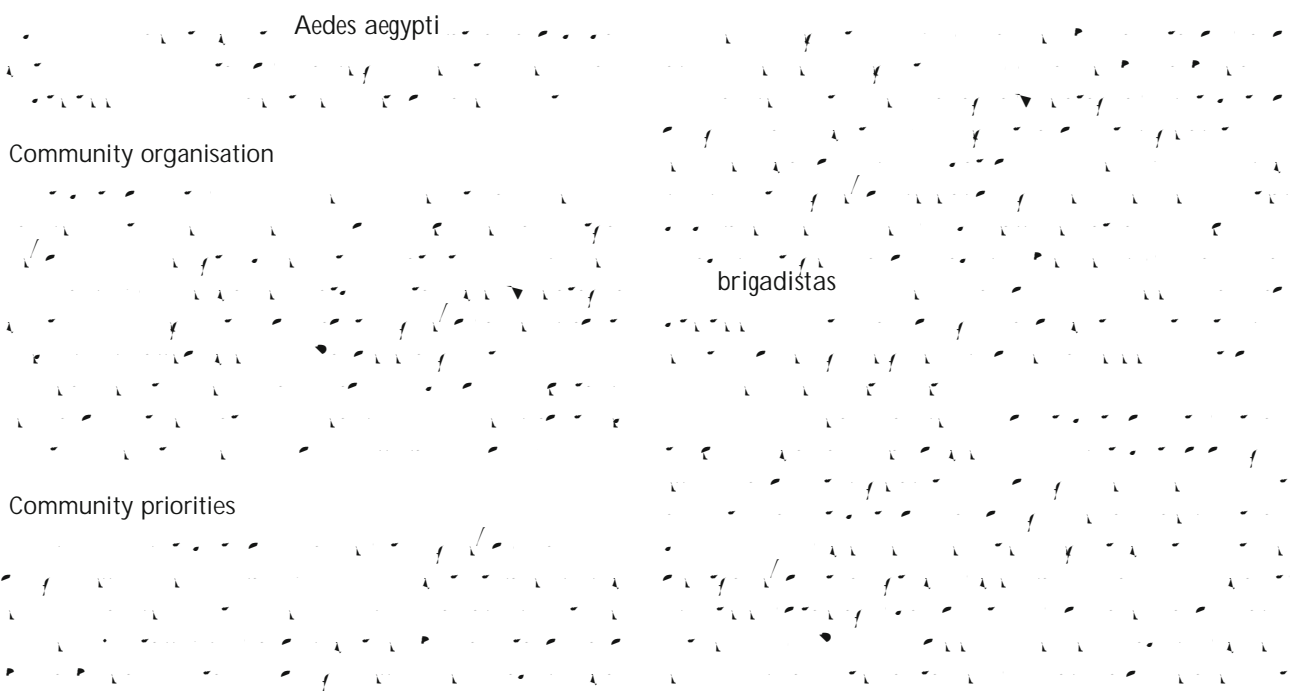


Table 4. *Aedes aegypti* larval abundance in different regions of Mexico, 2012.

Region	Mean (SD)	%	Mean (SD)	%	Mean (SD)	%
Acapulco	2.2% (1.4/1.4)	0–10	12.1% (2.4/1.4)	10–13	1.4% (3.1/1.4)	1.1–21.2
Costa Grande and Costa Chica	1.2% (1.1)	4.2–3	1.2% (1.3/1.1)	0–1	1.1% (3.0/1.1)	1.4–1.3

Aedes aegypti

Self-reported dengue illness and dengue infection

Age patterns

Limitations

Limitations of this study include the cross-sectional design, which does not allow for the determination of causality. Additionally, the self-reported nature of the data may be subject to recall bias. The study was conducted in a specific geographic area, which may limit the generalizability of the findings to other populations.

Conclusions

In conclusion, the study highlights the importance of addressing the identified risk factors to reduce the burden of the disease. Further research is needed to explore the underlying mechanisms and to evaluate the effectiveness of potential interventions. The findings suggest that a multi-faceted approach involving community education, policy changes, and improved access to healthcare services is essential for a comprehensive public health strategy.

Abbreviations

Abbreviations used in the manuscript include: WHO (World Health Organization), CDC (Centers for Disease Control and Prevention), and various statistical terms such as CI (Confidence Interval) and OR (Odds Ratio).

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Availability of data and materials

The data generated during this study are available upon request to the corresponding author.

Authors' contributions

All authors contributed equally and significantly to the design, data collection, analysis, and interpretation of the study. They were all involved in the drafting and final approval of the manuscript.

Competing interests

The authors declare that they have no competing interests.

Consent for publication

All authors have read and approved the final manuscript.

Ethics approval and consent to participate

The study was approved by the Institutional Review Board (IRB) at the participating institution. All participants provided informed consent before participating in the study.

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This article is part of a supplement titled 'Public Health Challenges in the 21st Century', which includes several other articles on related topics.

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