Response to Reviewer 1 Comments

Thank you kindly for the reviews of our manuscript. Below is a point-by-point response to your comments including line references in the revised version.

Point 1: It is not clear to me if the claim of "prior DENV infection" can be substantiated. It might simply be the case of cross-reactive ZIKV antibodies affecting the DENV PRNT assay. Was the diagnosis of DENV infection known before any diagnosis of ZIKV infection? If so then this must be better clarified in the manuscript. If not than I am afraid that the title/conclusion is not appropriate.

Response 1: We appreciate the reviewer perspective, and a retrospective analysis of testing records indicated that none of these patients were tested previously for dengue virus by Public Health Ontario, the sole testing provider for dengue serology in the province of Ontario in Canada. However, this does not preclude the fact that testing may have occurred in another jurisdiction, or that the patients did not seek medical care. It should be noted that this is often a limitation of clinical studies, as it is not always possible to get health records from other regions. We used the established CDC diagnostic criteria outlined by Rabe and colleagues (Interim Guidance for Interpretation of Zika Virus Antibody Test Results MMWR 65 (21), 543-6 2016) to determine whether patients had previous dengue virus exposure, or a previous exposure with a flavivirus that could be dengue virus, but could not be identified. Therefore, we have made significant changes to the manuscript.

Point 2: The title suggests broad implications that are not justified by the small cohort. Provided that issue 1) is addressed and that previous DENV infection is confirmed, I very strongly suggest to indicate "16 patients" in the title. This will allow the reader to correctly evaluate the impact of the study. Should previous DENV infection not be confirmed, in my opinion the manuscript can only be accepted if "pre-existing" is removed from the title and the tone of the whole manuscript is changed accordingly.

Response 2: We appreciate the suggestion of the reviewer. We have modified the title to reflect that it is a relatively small cohort, removed the word "pre-existing" from the title, and have made significant changes to the manuscript as we were unable to definitely confirm previous DENV infection from clinical records.