



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2014_BMRJ_9084
Title of the Manuscript:	HUMAN MYCOBACTERIUM TUBERCULOSIS AND MULTI-DRUG RESISTANCE IN BENUE, NIGERIA
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The manuscript needs thorough editing in language as well as improved scientific expression to enhance its readability. This would give justice to the work presented. This reviewer recommends the use of editing services that provides proofreading as well as copyediting services. A more detailed review of the manuscript would have to be made after language editing is performed.	ACCEPTED
Minor REVISION comments	There are several minor revisions to be made. Together, these minor "inconsistencies" become quite important and should be corrected to improve the quality of the manuscript 1. The title of the manuscript needs to be changed – there is no such thing as "Human <i>Mycobacterium tuberculosis</i>" since the bacterium essentially causes human disease – it's either human tuberculosis or simply <i>Mycobacterium tuberculosis</i>. 2. <i>Mycobacterium tuberculosis</i> should be written as such (please note italicised words and upper and lower case letters). Please ensure consistency and accuracy in writing the scientific name of this bacterium 3. Several abbreviations have been used. Unfortunately they are not consistently used. Abbreviations should be defined the first time they	TITLE: MYCOBACTERIUM TUBERCULOSIS AND ITS DRUG RESISTANCE IN BENUE, NIGERIA



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	are mentioned and used subsequently throughout without reverting back and forth between the abbreviations and the terms spelled in full. 4. The writing style should follow standard format. Hence “spaces” should be used between words and when a word “meets” a parenthesis. On the other hand “spaces” are not used at the beginning of a parenthesis and the next word. Hope that this is clear but the author can refer to any published materials for further understanding of the points mentioned above. 5. What is the inclusion criteria used. For example, were HIV-positive participants included in the study? (line 378 “..was not restricted to HIV/AIDS patients” is unclear). Furthermore, it may be better to define the cases included in the study in the Methods section, rather than the Results section. 6. The authors stated that re-treatment cases comprised 11.3% whereas new TB cases constituted 2.6% of all MTB positive cases. It is thus unclear what the remaining 86.1% of TB cases are. Please clarify. 7. The statistical difference in rifampicin resistance between the two geographical locations is not convincing (31/230 vs 11/73). Please confirm whether the X^2 test refers to the difference in rifampicin resistance or to the number of TB cases in the two locations. This reviewer thinks that it is the latter and hence the conclusion drawn in line 194 to 196 is inaccurate. 8. Line 388 – replacing the word “occasionally” with “rarely” may be more appropriate. 9. The number “45” before Nigeria Airforce Hospital is confusing. If possible, please remove the number and use only the abbreviation, NAF.	NOTED METHOD The study included all patients suspected of pulmonary TB irrespective of HIV status. Re-treatment and treatment-naïve(new) cases were enrolled. Re-treatment cases comprised 81%(n=34/42) whereas new TB cases constituted 19%(n=8/42) of all RIF resistant MTB positive cases ($X^2 = 6.51$; $p < 0.05$). The statistical difference is for MTB cases in the two locations, hence the conclusion pointed out by the reviewer has been withdrawn Effected Noted
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<u>Optional/General</u> comments	This is a retrospective study that may be of interest to the general scientific community, in particular those working on the management of tuberculosis.	