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Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_19731**
Title of the Manuscript:	**Clinical Factors associated with Atrial Fibrillation in Congestive Heart Failure patients admitted at the University Teaching Hospital, Lusaka, Zambia**
Type of the Article	**Original Research 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:

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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 study is interesting and provides data from a specific center from Africa, with certain data different from the traditional western reports** **Line 12. Says: "**Data was done from June 2014 to August 2014", but in line 81 the patients "were enrolled into the study between July to September 2014". These dates might be corrected. Definitions of smokers, hypertension, alcohol intake and diabetes are needed. Lines 21 and 152: refers to "excesive alcohol intake", the readers need to know what is it. **Line 106:** reads Table 2, but this is the first table in the text **Table 3** (might be table 2) **and line 118:** dilated cardiomyopathy 81.6% in the table, but in line 118: DCM is 18.4%. **Line 170.** ADHERE Registry is from the United States (ref 11) **Line 174.** As in line 21, a definition of "excessive alcohol intake" is important	
Minor REVISION comments	**Line 20.** To explain that 7 patients were diagnosed by standard 12-lead ECG and 6 were by Holter monitoring would be useful for a better understanding.	

	Figures may be listed as 1 and 2. Line 124 reads "Figure 1 shows the modality utilsed to diagnose AF …" but there are two figures 1 (A and B). **Table 2.** Adding ethnicity may be important for the association with pathology and comparison with other countries Ref 5 post ref 6 **Discussion:** a commentary about a lower prevalence of hypertension than in other studies or registries of HF and AF would be necessary (in this study 26.5%). The same for the sex (51% female); in most of the studies HF and AF are more prevalent in men.	
Optional/General comments	Line 115, table 3. Due to CHA_2DS_2-VASC score is a useful tool to predict systemic embolism in patients with AF, may be relevant to add data about previous Stroke and previous Vascular disease (prior myocardial infarction, peripheral artery disease, aortic plaque) Discussion: newer trials about the monitoring of heart rythm to detect AF may be useful for robust discussion of the findings of the current study (e.g Gladstone DJ et al. *N Engl J Med* 2014 EMBRACE trial, Sanna T et al. N *Engl J Med* 2014;370, CRYSTAL AF trial)	

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