



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	2015_I-SRR_16131
Title of the Manuscript:	Co receptor Usage of Human Immunodeficiency Virus Type 1 Strains among Individuals Presenting for HIV Counselling and Testing in Ibadan, Nigeria
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:

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



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments	<p>The paper is well written. Perhaps the discussion is too long. My feeling is that the paper may be beyond the scope of potential readers of the manuscript.</p> <p>The drawbacks of the papers are:</p> <p>a) The population studied may be biased by sample size, and by the time of sampling.</p> <p>b) Tropism has been tested on Proviral DNA, where a higher proportion of X4 viruses have been reported.</p> <p>c) All patients are infected with nonBs, and some of the bioinformatic tools for coreceptor usage estimation have been trained mainly on B subtypes, which may also explain the higher proportion of X4s.</p> <p>I attach the pdf with some additional comments</p>	<p>-The length of the discussion is because the authors have taken time to explain the different results of the analyses.</p> <p>-The authors believe that this paper still falls within the scope of readers of this manuscript because the article looks at the possibility of the use of CCR5 inhibitors for HIV treatment, HIV/AIDS is a sexually transmitted infection.</p> <p>a) it is possible but may not necessarily be the case and as stated in the discussion, more work with a larger sample size needs to be done.</p> <p>b) Tropism tested on proviral DNA or viral RNA have given the same result as reported by Baroncelli <i>et al.</i> 2012 Evolution of proviral DNA HIV-1 tropism under selective pressure of maraviroc-based therapy." <u>J Antimicrob Chemother</u> 67(6): 1479-1485.</p> <p>c) Reference [6] and [21] have shown that for d subtypes used in this study, criteria used for HIV-1 subtype B have can be used for non-B subtypes.</p> <p>d) The HCT centre in the department of Virology is just one of the many HCT centres</p>



SDI Review Form 1.6

		within the University College Hospital, Ibadan, which caters for patients from most of south western Nigeria, and so samples analysed is a fair representation of the actual scenario on ground.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		