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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_6085
Title of the Manuscript:	Malarial Morbidity and Postnatal HIV Infection in Breastfeeding HIV-exposed Infants
Type of the Article	Research Paper

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.

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PART 1: Review Comments

	Reviewer's comment The abstract is well written with good statistical result summary showing the incidence rate, 95% CI, Hazard ratios of acquiring the HIV by the breastfeeding infants. The introduction and the problem well stated, resulting and discussions with very minor comments. The statistics The work meet the standards and worth publishing in the IJTDH.	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) Thank you Reviewer for appreciating the worth of our manuscript. We have carefully weighed each of your critiques and effected changes as noted here in and highlighted in the manuscript.
Compulsory REVISION comments	Abstract: None INTRODUCTION: The authors should have a paragraph or two on breastfeeding and the advantages of breastfeeding. METHODS: Design: What is the initial name of the cohort study that the current study is extracted from? mention in the design or subject/participant section Settings: The Prevalence of HIV in the general population in Dar es Salaam should also be mentioned as the case of malaria (12%). Subjects/Participants: The inclusion and exclusion criteria are not clear. The author should have a separate section for the inclusion and exclusion criteria for better clarity. Standard care: The role of PEPFAR is not clear in this section. The role of PEPFAR should be precise Outcome : The screening of the HIV status of the infants at baseline should be mentioned before at 6 months. Explain why the baseline assessment was not determine?	Introduction: We discuss the benefit of breastfeeding in this setting and the concomitant HIV risk associated with this valuable practice for infants of HIV-infected women. “Breastfeeding of HIV-exposed but uninfected infants by their HIV-positive mothers has serious health implications for the newborn’s health. In the malaria-endemic regions of SSA, in particular, such a newborn is at simultaneous high risk of malaria and HIV infections. On the one hand, the passive anti-malaria immunity transferred through breastfeeding is highly desirable because it will protect the newborn from malaria;(14) on the other hand, for infants of HIV-positive women, the shedding of HIV virus in breast milk is a serious risk factor for postnatal HIV infection.(15)” Design: We have revised and updated this section in light of the reviewer comments as follows: “This is a nested prospective cohort study designed to investigate the association between child malarial morbidity and postnatal HIV infection in breastfeeding HIV-negative children of HIV-positive women. The parent study is a



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	Statistics: The authors should explain how the mean and standard deviation were determined and for which type of data? Ethics: Issues concerning ethics clearance were not mention. They should be after the statistical section. RESULTS: Good DISCUSSION; good REFERENCES: The authors should up date 2012 and 2013 reference. There excellent update on PMCTC work in various publishing indexes.	randomized, placebo-controlled trial of the efficacy of daily supplementation with vitamins B, C, and E in decreasing the incidence of select childhood morbidities among infants of HIV-positive women in Dar es Salaam, Tanzania. The parent study included follow-up of the mother-child pair until the child's 24th month of life." Setting: We thank the reviewer for this comment. This information was previously provided under subjects/participants. In light of this comment, it has now been moved to this section where it more correctly belongs. "With respect to HIV at study initiation, HIV prevalence in antenatal clinics was 8.4%,(18) and pediatric HIV constituted 9% of prevalent HIV infections." Subjects/Participants: In light of this comment, we have modified the title of this section to clearly highlight the inclusion/exclusion criteria that was used in this study. Standard of Care: Access to ARTs for maternal treatment was afforded through PEPFAR as we currently describe in the manuscript. Outcome: We agree that baseline HIV assessment is critical. We determine baseline HIV infection at 6-weeks as described in our manuscript and included below for reference. "HIV status of children was assessed at 6 weeks by HIV-1 DNA PCR using Amplicor HIV-1 DNA version 1.5 assays (Roche Molecular Systems, Branchburg, NJ, USA) until 18 months of age. Thereafter, HIV status was determined by the Murex HIV antigen/antibody (Abbott Murex, UK), followed by the Enzygnost anti-HIV-1/2 Plus (Dade Behring, Marburg, Germany) ELISAs. Discordant results
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		were resolved through Western blot assay.(22) Per protocol of the parent study, real-time HIV tests were done at 6 weeks and 24 months; however, blood samples for future HIV testing were stored every 6 months. Blood samples for children HIV-positive at 24 months were back-tested to estimate the approximate age at HIV infection.” Ethics: In light of the reviewer’s comments, we have now explicitly modified the title of this section to reflect that we our study was both IRB reviewed and the participants provided informed consent for participation. RESULTS: Thank you for kindly noting that this section was satisfactory. DISCUSSION: Thank you for kindly noting that this section was satisfactory.
<u>Minor</u> REVISION comments	There just some few grammatical errors. The <i>P. faciparum</i> should be intalicize throughout. The authors should mention the attrition rate.	Thank you for this comment. We provide the number of children included in the estimation of various parameters in the foot note of Table 1.
<u>Optional/General</u> comments	The malarial Morbidity and Postnatal HIV Infection in Breastfeeding HIV-exposed Infants is an excellent nested study and should be published in the IJTDH. Not fully mention. The ethics committee that approved the work was not mentioned. the IRB committee that approved the work should be fully mentioned.	