



SDI Review Form 1.6

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.

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 <i>(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)</i>
Compulsory REVISION comments	Methods: 1) There is no correspondence between the study design description ("<i>to evaluate 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</i>") and the title of the manuscript as well as what is described in the introduction, in the results and conclusions. Please, comment and take action 2) The setting of the study is not described: which antenatal clinic? In public or private settings? Which laboratory performed the analysis? In which supporting program, if present? Please, specify the study setting. 3) In the section "Standard of care": The described period of enrolment runs from February 2004 to July 2007. Anyway it is then described that mothers were routinely evaluated for ART eligibility only since July 2005. What happened before? Please, specify the ARV prophylaxis regimens given to the patients or the ARV regimens started according to immunological and/or clinical and/or virological features. 4) In the study malaria cases are classified in three groups: clinical malaria, probable malaria and confirmed malaria. In order to better clarify this classification I suggest to categorize the cases of malaria in two groups: confirmed (clinical features+laboratory confirmation) and probable (only clinical features without laboratory confirmation). 5) In the Outcome section it is not clear the timing schedule of HIV screening: every 6 months? Only at 6 weeks and then at 24 months? Please, clarify and if possible, add a table with this information and the corresponding results (with only the total numbers).	



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	Results: 1) I suggest to describe in detail the 91 children who became HIV infected during follow up: the year of diagnosis, how long they were breastfed, which ARV prophylaxis or treatment regimens took mothers, malaria diagnosis and treatment, immunological status of mothers, ARV regimen taken from the newborns 2) In table 2 and 3 no <i>p values</i> are provided to assess statistical significance . Please, complete these results.	
<u>Minor</u> REVISION comments	Introduction: The Author may consider adding the following recent review reference in the introduction section: Focà et al., Malaria and HIV in Adults: when the parasite runs into the virus. <i>Mediterr J Hematol Infect Dis.</i>2012;4(1); e2012032. Funding source: Please, specify the funder of this study.	
<u>Optional/General</u> comments	This is an interesting study which aims to evaluate the impact of malaria on the risk of HIV sero-conversion in children born from HIV-positive mothers. I therefore suggest to better investigate and describe the statistical and methodological aspects in order to attest the significance of the results.	

Note: Anonymous Reviewer