



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_10465
Title of the Manuscript:	SEROPREVALENCE OF HUMAN CYTOMEGALOVIRUS AND RUBELLA VIRUS ANTIBODIES AMONG ANTI-RETROVIRAL NAIVE HIV PATIENTS IN LAGOS.
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>)



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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)
<u>Compulsory</u> REVISION comments	Table 3 is full of errors and must be redone. Percentages do not add up. Also numbers of both males and females for CMV IgM+ and IgM- do not add up to the total numbers of males and females in the study. Authors should maintain the same number of decimal place(s) throughout the tables and their reporting. Authors should reconcile the age range of 18 -60 years stated in lines 20 and 92 with 18 -58 years found in line 131. Statistical analysis was poorly done and should be improved on. The work will be richer if statistical associations between seroprevalence and variables like age, sex, CD4+ and viral loads were sought. Your conclusions or assertions like that made in lines 226-227 should statistically supported. Discussion was not robust. Authors should discuss their results rather than straying into other things. Some references were quoted out of content e.g References 12 & 14.	Table 1 was corrected All other tables were redone as a result of mixed up in the results Corrected and highlighted in lines 20, 92 and 131 Statistical analysis was done using Pearson's Chi-squared test Discussion was corrected and highlighted
<u>Minor</u> REVISION comments	There are some grammatical errors e.g Line 18: "The study was investigated in" should read "The study was carried out in" lines 131 and 197: "...were tested positive..." should either read "..... were positive....." or ".... tested positive...."	Grammatical errors were corrected and highlighted.



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	Line 94: What do you mean by standard questionnaire? Was it pre-tested? What were the major information sought in the questionnaire? How was it administered? What was the reason why the viral load results of 13 patients were not retrieved and what effort was made to retrieve them? Table 1 will be better if summation is done along the rows rather than columns.	The questionnaire was pretested and restructured for patients to answer correctly. Major questions include: Any commencement of anti-retroviral therapy, previous infection, age, sex, marital status, etc. Viral load result was not available and it has been removed in order to avoid inconsistent result.
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<u>Optional/General</u> comments	Of what relevance is including CMV in this study since it has been previously done by Akinbami et al, 2010 (Your Ref 13) in the same institution? Sample size of 80 is rather small in a clinic where 30 new patients were enrolled per week and the study lasted for 12 months (April 2011 to May 2012). How did you arrive at the sample size? Also how were the 80 patients selected? One serious finding in this study that contradicts most other studies is the relatively low seroprevalence of CMV IgG (67.5%) compared to the higher values reported by other studies in Nigeria even among healthy individual; much more immunocompromised patients(See Alao <i>et al.</i>, 2008; Akinbami <i>et al.</i>, 2009; Ojide et al, 2012 & 2013). In fact Akinbami et al, 2010 (Your Ref 13) in the same Lagos and same hospital recorded CMV IgG seroprevalence of 100% in HIV infected patients. Why is your value that low? Also the seroprevalence of CMV IgM (92.5%) is by far higher than previously reported in Nigerian studies (See Akinbami et al, 2010 that reported 6.6% and Ojide et al, 2013 that reported 7.0%). The implication of your findings is that most of your subject had active CMV infection and are coming in contact with the virus for the first time. This is rather strange in the study environment and casts serious doubts on the authenticity of the work/result. Please explain. Authors obtained informed consents from their subjects and ethical approval from the appropriate authorities.	Akinbami <i>et al.</i>, reported the prevalence of CMV among HIV patients while this study focused on the prevalence of CMV and Rubella virus among anti-retroviral naive HIV patients. Sample size was calculated using the formula: $n = (z/\Delta)^2 P(1-P)$ - (Naing et al., 2003)- Determination of sample size. Malaysian journal of medical sciences. 2003; 10(2):84-86 Where n = sample size, Z = 1.96 (Confidence level of 95%), $\Delta = 0.05$ (margin of error) and P = estimated prevalence of 5.1% (HIV prevalence rate in Lagos state, Nigeria 2010 by Federal ministry of health department of public health technical report on 2010 national sero-prevalence sentinel survey). The calculated sample size was 74.46, but we decided to use 80 patients for this study. Generally, the study included a wide array of viral markers among HIV patients and part of which is this present one, and along the line there was a mixed up but the results had been rectified. We are very sorry about it. Ethical approval and informed consent form had been sent to the editor. Thanks for your comments
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