



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_6387
Title of the Manuscript:	NUTRITIONAL STATUS OF TUBERCULOSIS CASES BY HIV STATUS AND OTHER FACTORS ASSOCIATED WITH MALNUTRITION IN THREE HIGH TB/HIV BURDEN PROVINCES, KENYA
Type of the Article	Original Research

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>



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<u>Compulsory</u> REVISION comments	a) Even though this is an important topic, the article is non-analytical—it examines 13 variables, but there seems to be no attempt to analyze their impact as they act synergetically or individually. b) Reason is not given why HIV negativity is correlated or lumped together with TB. The two diseases are not defined and the resulting comorbidity not discussed for the benefit of the reader. What is the relationship between the two, as we know it today in epidemiological studies done all over the world? Why is it that employment or non-employment makes no difference in under-nutrition? What accounts for the fact that living in a city or rural area makes no difference in nutritional status? Are the foods the same in quantity and quality? c) At one point, the authors say they consulted the registries but the study was conducted from a structured questionnaire. Which is which?	a) Based on comments from other reviewers, we now have low BMI as outcome measure of interest. page 4 - A variable for the outcome of interest BMI was generated from weight and height. Persons with a BMI of <18.0 were classified as low BMI, 18.5 – 25.0 as normal BMI, while those with a BMI of >25 were classified as high BMI. Low BMI is the outcome of measure in this study. The title of the paper has also changed to: <i>Predictors of low Body mass index among patients with smear positive pulmonary tuberculosis in Kenya</i> (page 1) as per suggestions from one reviewer. We have also excluded high BMI from analysis b) HIV is a risk factor to TB reactivation and malnutrition and has been discussed in the introduction and discussion. After re-analysis based on comments from other reviewers lack of employment is a predictor to low BMI in TB cases
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	d) Policy implications were glossed over and future directions for research were dismissively passed over, perhaps due to time limitations. These omissions, however, weaken the usefulness of the study in such a critical country in East Africa as Kenya is.	c) The registers at the district level were used as a basis for deriving the sampling units. All patients with TB are traditionally registered and line listed in one register for each district. Revised in page 4 under sampling 'At the district level, the TB district register was used as a sampling frame and the required sample size randomly selected.' d) With all the comments from all the 4 reviewers factored in, it is now clearer and this has been given due attention.
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<u>Minor</u> REVISION comments	e) I counted the sources, and 65 percent of them were published much prior to 2010. The many new sources available on Kenya could have strengthened the article. I virtually see few relevant journal articles in this cross-sectional study. Tons of sources exist on the topics of nutrition, HIV, and TB, especially on the developing countries. f) The authors also were careless in their writing style. Comas appear in the wrong places, while periods are scarce or in places where they should not be. See line 309: "This is not surprising because, low socio-economic status has..." Line 309: The spelling here is <u>socio-economic</u>, whereas in line 324, the spelling is "<u>socio economic</u>." Unclear sentences also appear. Examples: "Districts sampled proportionately allocated to the three regions with a high burden of notified TB cases." What does this mean? The word data is used in the singular and plural inconsistently. In other instances, the subject changes from the study... to "we." Sentence "Analysis was done..." (p. 4) ends with no period. The tenses are also inconsistent. See the section on <i>Results</i> (See first paragraph, on p. 4): ("were," "is," "are"). Nutritional on line 131 is spelled <u>nutrition al</u>. Line 191: the preposition "the" is missing from "...to be from 25-34 year age group." Lines 191 and 194: The word province is in lower case, when it was capitalized at the beginning: Rift Valley <u>province</u> and Nairobi <u>province</u>! (see lines 10, 12, 100, 188)	e) We have included more newer references f)We have done our best to revise this
<u>Optional/General</u> comments	i) My opinion is that this article is not analytical, and therefore does not benefit the readers or policy-makers in Kenya. It is unclear; examines too many variables that could have been done separately—i.e., it is too ambitious. The methodology is also confusing. The literature it relies on is so irrelevant in view of the new sources that have come out after 2008.	i) With all the revisions made based on reviewers' comments, we believe that this article, even though a cross sectional study will help generate hypothesis for more analytical studies in this field. There are currently no studies published in this topic in Kenya. In addition, the outcome of interest has now become focussed on only one outcome (low BMI). We have excluded high BMI from the analysis to make the



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		discussion less confusing. We have revised the methodology and included recent references in the text.
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