



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7014
Title of the Manuscript:	Sociodemographic and clinical correlates of HSV2 infection among antenatal clinic attendees in Benin
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 (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	The paper as written is too long, disjointed and difficult to follow. Rewrite with $\frac{1}{2}$ to $\frac{1}{3}$ the length, one table and simple conclusions. The results should be placed in a single easily read table. The results should be a simple coherent paragraph. 1. When during pregnancy were the bloods collected? How many months gestation? 2. The study would be markedly benefitted by vaginal herpes simplex cultures. 3. How many patients had ulcers? Where were the ulcers? How many discharges occurred? 4. Were these findings present in herpesvirus antibody negative patients as well?	The review comments are well appreciated The revised manuscript is shorter, and better organized 1. On enrolment; at different gestational ages. The gestational ages would become more relevant in the incidence studies. 2. This is a cross-sectional survey of HSV-2 seroprevalence and its association with specific population characteristics. Not an incidence study. 3. The frequencies of occurrence of genital ulcers and vaginal discharges among the HSV-2 seropositives and HSV-2 seronegatives were reflected in the table. The choice of clinical syndromes for assessment was based ability of the average patient to recognize it. I did not expect the average patient to recognize ulcers in the cervix, for example. External genitalia has been specified in the revised copy 4. Yes, it seemed redundant to include another column for frequency in HSV-2 seronegatives.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		