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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7951
Title of the Manuscript:	Seroprevalence and relative risk of HBsAg among female patients seeking healthcare service in Bo Government Hospital, Sierra Leone: 14-months database study
Type of the 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:

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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	Seroprevalence and relative risk of HBsAg among female patients seeking healthcare service in Bo Government Hospital, Sierra Leone: 14-months database study In this manuscript, the authors describe interesting results about the HBsAg prevalence among female patients screened for HBsAg leaving in the Bo region of Sierra Leone. The matter is relevant since chronic hepatitis due to Hepatitis B Virus is growing worldwide, mainly in developing countries. Sierra Leone is located in one of the poorest regions of Africa and the knowledge of its prevalence can support local and regional measures for controlling the disease. However, I have major and minor concerns. MAJOR CONCERNS Was not clear for me why the authors classified the patients in pregnant/lactating women and non-pregnant women. For most of the authors, the focus of HBV on pregnant women is highlighting the role of mother-to-child-transmission of the virus. Are there mechanisms that makes pregnant woman more susceptible to be infected with HBV than non-pregnant woman with sexual intercourse? For example, woman in usage of contraceptives with sexual intercourse have less chance to be infected than pregnant woman? In the discussion section, the authors stated that in Bo region, woman initiating sexual activity early in the life, about 16	Observation noted: Data now readjusted and now determines and later compares HBsAg seropositivity among various categories of the study subjects but more specifically between



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	years old, and become pregnant as teenagers. On this point of view, woman >18 years old, with sexual intercourse since adolescence, has more chance of being infected, due different risk factors such as previous pregnancies and different partners than the pregnant/lactating group analyzed. It doesn't matter if they are pregnant or not. It is well known in the literature that HBV infection increases according to age. It is noteworthy that woman >18yo represent 48.92% of the whole analyzed population and 25,83% of them showed positive HBsAg. The authors attributed the high rates of HBV infection found only due to sexual transmission. It is well known other forms of transmission, and in places with high prevalence rates, mother-to-child transmission should be considered. The classification of the analyzed population according to age should be considered. The manuscript is moderately well written and several mistakes arise from the text.	pregnant women and girls between 5-18yrs. The study is of the opinion that pregnancy is an increasing risk factor that puts women at risk of STI infection considering the fact that for a woman to become pregnant she needs not practice safe sex while non pregnant women including girls 5-18yrs may practice safe sex. Other high risk practices that places people at risk for HbsAg infections such as poor blood screening, increased blood letting practices like female genital mutilation (FGM) and tribal and cultural markings have been included in the Results and Discussions section (see Line 195-196)
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<u>Minor</u> REVISION comments	MINOR CONCERNS	
	Abstract The percentage should be expressed with one number after comma Introduction There are several mistakes of writing (ex: world wide). This phrase was not clear to me: adults with unprotected sexual? Methods Immunochromatographic assay for screening infectious diseases such as HIV and viral hepatitis are well described in the scientific literature, and the methodology could be resumed. Ex: Briefly, ---- according to the manufacturer's instructions (producer, city, State, Country). The specificity and sensibility of the text should be added. Results I suggest that in the first paragraph, results could be expressed in an increasing or decreasing way (48.9%; 47.5%; 25.8%, etc). The results lack some statistical analysis; a P value could be calculated in table 1 comparing pregnant woman HBsAg positive and negative; lactating, etc. Discussion The authors do not need to repeat the results one more time in the discussion section. All the results of first paragraph should be deleted. Some affirmations are not supported by the bibliography: This high	Correction made in the text Corrections made in the text. See Line 42 and 46 Corrections made in the text. See Line 102 and 104 Correction made in the text. See Line 140-145



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	risk for HBV infection among pregnant woman in this study may be explained by the fact ... Line 140: to the large population surveyed... The authors calculated the total number of female seeking healthcare service in the Bo region to affirm that the studied population represents statistically a large cohort? Conclusion Results do not need to be presented in the conclusion section, unless they are extremely relevant. I suggest that they can be deleted. The paragraph could be start in: The elevated HBsAg seroprevalence... References Should be corrected in line with “instructions to authors”	Comment noted and repetition deleted in Discussion section. Comment noted and affirmations deleted Results deleted from Conclusion section Reference now in line with ‘instructions to authors’.
<u>Optional/General</u> comments	The manuscript requires important corrections before being accepted for publication	