SDI Review Form 1.6

Journal Name:	**International Journal of TROPICAL DISEASE & Health**
Manuscript Number:	**2013_IJTDH_8017**
Title of the Manuscript:	**Co- Infection of HIV and HepatotropicViruses: Impact on the Biochemical and HaematologicalMarkers of Patients in Northeastern Nigeria**
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** *(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)*
Compulsory REVISION comments	**References 18, 19 and 20 are to my mind too old and should be replaced with more recent/current references. I am of the opinion that data as important as those in this study should only be compared with equally recent data. Besides, there may be recent statistics on the locations, Botswana and Swaziland under reference. So comparing 2013 data with those of 2005 in a study of this nature is to my mind NOT permissive**	The revised version has adequately replaced old with current references and the information has been appropriately updated.
Minor REVISION comments	Line 1: Space between hepatotropic and viruses Line 11: To read - (aged Line 14: To read - ... conducted between January and October, 2012 Line17: To read – Of the HIV patients, 12.8% Line 26: To red – (K^+) Line 36: Space between with and hepatotropic Line 37: Space between the and three Line 38: To read - ..... transmission [3]. Line 41: Space between setting and are Line 44: To read – [4, 7, 8] ..... Space between HIV and in Line 45: Space between 2010 and [9] Line 46: To read – [6, 10-13] Line 47: To read – [6, 12-14] Line 52: Space between the and central Line 60: Space between Ashaka and Gombe Check correctness of the statement – .... "Medical Center Ashaka Gombe State ..... Line 67: Use appropriate symbol for degree ° and ^{0} Line 70: To read - ..... pre-test counselling were Line 74: To read – A 10 ml amount/volume of venous blood .... Line 79: To read - ..... blood/citrate ratio Line 82: To read – [Marburg, Germany]. A 4ml volume of blood .... Line 87: To read – Mannheim	All the suggested corrections have been effected where applicable. **I wish to state that, some of the comments of the reviewer 2 become unnecessary because of the issues raised by the reviewer 1** Lines 36, 37, 38, 41, 44, 45, 46, 4, 52, 60 have been corrected accordingly. Line 67: The correct symbol of degree is used It has been corrected to read pre-test counselling Line 74: Corrected Line 79: corrected Line 82: corrected Line 8: corrected Line 90: corrected Lines 91-15: corrected

	Line 90: To read Positive samples Line 91: To read - .... enzyme-linked immunosorbent assay (ELISA) Line 95: To read - ... student test Line 103: To read – ..... served as Tables should be properly prepared or boxed To read – HIV/HCV co-infection was detected in .....To read – Table 3 depicts Kindly remove S/N column from Table 3 To read – Wbc (x 10^9/L) Line 127: To read – Table 4 NOT IV Line 128: To read –..... liver Line 133: To read – Table 4 Line 137: To read – Have commented on Ref 18; too old, this is 2013 Line 138: To read – ..... appear Line 143: To read – diseases [8]. Line 152: To read – .... routes [6, 13, 22] Line 153: To read – ..... [12, 23] Remove coma after that Line 155: To read – ..... recorded HIV/HBV Line 156: To read – ..... in agreement with Otegbayo et al. [14] Line 157: To read – ..... HIV/hepatotropic virus co- infection Line 158: To read – ..... biomarkers in .... Line 160: To read – anti-retroviral ..... Line 163: To read – significantly dysregulated ..... Line 164: To read – It would appear Line 165: To read – ..... hepatotropic virus co-infections such as HBV Line 166: To read – ..... (IAPAC) [28] Line 167: To read – Idoko et al. [29] .... Otegbayo et al. [14] Line 168: To read – .... well-being Line 175: To read – ..... vessels [27, 31] Line 176: To read – .... be attributed Line 179: To read – ..... infections [32-34] Line 181: To read – ..... as evidenced Line 183: To read – report [12] that Line 185: To read –Remove coma after also Line 186: To read – HIV/HBV and HIV/HCV con-Infections Purposing et al. [35] Line 188: To read – IAPAC [28], HIV-associated Neuropathy (HIVAN) There should be a head on CONCLUSION Line 191: To read – HIV-positive	Line 57-188 are not applicable

	Line 195: To read – HIV-infected ....Should be encouraged. Such Line 203: To read – 2004; Line 204: To read – 2003; Line 227/228 among others: Use surname and initials for authors listed; do not use full names. Check format Line 234: To read – Otegbayo JA, Taiwo BO, Akingbola TS. Line 236: To read – Ref 15 is not properly listed. Line 255: To read – .... Lancet 2002; Line 256: Kindly cross check for correctness of – ten Cate H Line 260: Close the gap between Accessed and the date Line 265: Do not use full names of author listed in References Line 267: Ditto Line 268: ISSN number not necessary, use doi instead Line 269: Do not use full names of author listed in References Line 273: Ref 35; ..... Lalloo UG. Line 279: Remove the statement on the article not being published in another Journal. This is already taken care of on Line 283 Line 290:To read - ..... A copy ..... available for sighting	Conclusion has been given a heading Lines 191-195 are not applicable any more Lines 203-255 have been corrected. Ref 15 has been correctly listed. Line 255: corrected. Ten Cate is correct as was listed. Lines 260-279: Corrected accordingly. Line 290: corrected
Optional/General comments	This is a good study fairly well written on such important infections ravaging our communities. This serves as a mean of assessing the severity and devastating impact of co-infections of HIV with hepatotropic viruses such as HBV and HCV. It also reveals the need for regular surveillance for appropriate and timely intervention/s.	