SDI Review Form 1.6

Journal Name:	**International Journal of TROPICAL DISEASE & Health**
Manuscript Number:	**2014_IJTDH_12189**
Title of the Manuscript:	**Tetanus Toxoid immunization Coverage in Federal Medical Centre, Umuahia, Abia State, South East Zone, Nigeria**
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:

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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	**1. Delete the table on TT immunization schedule. At best they can state it in a sentence.** **2. Authors need to focus the review of literature on TT vaccination coverage from the South East zone, other regions of Nigeria and in particular similar hospital based studies as this is the main objective of the study. Again there is information available from the demographic and health survey reports of 2008 and 2013,** **3. What is the TT vaccination status of the cases recorded in the said hospital? Were these cases or their mothers on the immunization registers? Where do these mothers live in terms of distance since immunization delivery strategy is defined by distance?** **4. What is the total under one year old children of the town and the estimated immunization health facility catchment area target population of the hospital? This is important since the later should be the denominator for calculating TT coverage and not the total numbers of children in the immunization register? Note that the hospital is a referral hospital and that means its catchment area extends beyond the border of Umahia town and since there other health facilities that provides immunization services in the same town, it is likely mothers from other health facility catchment area do seek for since in the hospital. How many other health facilities in the same town provide routine immunization services?** **5. The authors need to discuss their findings based on actual state of affairs and not speculate (lines 155-163). For instance was there evidence of stock out, were health education sessions provided during each immunization or antenatal sessions?** **6. Technically it is inappropriate to compare DPT and TT (line 155) since they have different absolute number of target population with the former been**	

	4% of the total population while for TT is WCBA which is 22% of the total population. In fact, the schedule for the administration of TT and DPT are totally different. DPT can be compared with OPV, BCG, YF, Measles since they have same target population and in particular OPV is given on the same visit with DPT **7. The authors mention univariate analysis was done but there is no result or table although it was discussed on line 167. Authors need to use standard tool to assess immunization data quality audit (available on WHO web site) and state the data discordance rates between the three immunization registers namely the tally sheet register, the daily immunization summary register and the month summary register.** **8. If authors did not use the specific health facility target population to calculate TT coverage, my suggestion is the title of the article should be changed to TT immunization data quality audit in FMC Umahia**	
Minor REVISION comments		
Optional/General comments	No immediate or late likely impact on cases, however, authors need to state that they have received approval from the ethical committee of the hospital	

Reviewer Details:

Name:	**Abubakar Sadiq Umar**
Department, University & Country	**Department of Community health, college of health sciences, Usmanu Danfodiyo university, Sokoto, Nigeria**