



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_16469
Title of the Manuscript:	Sero-prevalence of Hepatitis B Surface Antigen (HBsAg) among apparently healthy Students of a Tertiary Institution in North-Eastern 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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

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 study aims to examine the prevalence of chronic hepatitis B in students in North-eastern Nigeria. They find a high prevalence with differences between age groups and gender. The issue is very interesting, since chronic hepatitis B is a major health problem. This reviewer agrees that highlighting this issue is very important. It requires high-quality evidence to do so with credibility. Comments and questions: General points - The study should conform with the STROBE statement (www.strobe-statement.org). - Be much more specific in explaining why this study is important to do, when so many studies have been performed on HBsAg-prevalence in Nigeria. This is not clear at all - Why does this study represent valuable scientific progress? - Needs to be rewritten to become more tight and focused, omitting parts that are unnecessary and confusing the reader (see below) - Several typing errors and sentences that need reconstruction - Rethink what to describe in the different sections, as this is confusing at this point	Noted



SDI Review Form 1.6

	Title - Include the study design in the title, for example “a cross-sectional study” Abstract - The method is not stated. Introduction - This would be the logical place to present data on the existing knowledge of HBsAg prevalence and preventive strategies – this takes up a major portion of the discussion. - Why is it relevant to carry out this study when so many studies have determined that HBV is highly endemic? What is new about this study? - What was the hypothesis prior to performing the study? - What are the predominant routes of infection in this population? Methods - Need much more detail, this is very poorly described. - What are the populations of the study area (Mubi)? - It is impossible to determine where the study was carried out (at the school or at a clinic?), who carried out the study, how and when the students were recruited - Who did the analyses? - Why are only 200 students examined when there are 14000 students – surely there are not 13800 students who were either vaccinated, apparently ill or refused participation? - How homogenous is the cohort? Are they urban or rural? Other important differences? - Are there really no other sources of bias that need to	Title ➤ Noted and included Abstract ➤ Noted and included Introduction ➤ It is relevant because this study was never reported in the said study area. The study itself is not new in the academic circle, but the new thing here is the study area ➤ The work was not questionnaire-based, so there is need for hypothesis. Methods ➤ The study area was restricted to Federal Polytechnic Mubi and not the entire Mubi metropolis and the bench work was carried out in the microbiology Lab. of Biological Science Department of the institution. ➤ The corresponding author carried out the bench work ➤ The figure the reviewer quoted (14000) was the estimated number of students as per 2009/2010 session. This number was not consistent with the number of student in the period under study (students enrolment was low). Probably,
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SDI Review Form 1.6

	be addressed? - How was it determined that a student was “apparently ill” – was it by a doctor, a nurse or some other? - Why was written informed consent not obtained? - Why is the Duncan test used? Has it any relevance in answering the study question – I can’t see it is used for anything? Results - Try to minimize repeating data in the text that may be found in the tables. - It is said the the Duncan test shows that “all the age groups were likely to be infected at the same rate” – is this really justifiable? And if so, this statement should be reserved for the discussion section. - Significance analyses were made, for instance to examine difference in the prevalences between males and females. What method? Not described! It would be much more useful if odds ratios and confidence intervals were calculated and presented in the tables. Discussion - Poorly written and highly confusing. Needs a lot of attention. - Should have the general form (again, see the strobe statement): Key results with reference to study objectives – limitations of the study including errors, biases and confounders, including how they might affect study results – interpretation of the results including how they relate to already published data – external validity – conclusion - Much to much information on other studies. This should be narrowed down a lot. Some can be moved	due to insurgency in the area. ➤ “Apparently unhealthy”.... That statement was omitted ➤ We feel verbal informed consent was enough for this study. ➤ Duncan multiple range test is ANOVA that is often used for multiple comparison to determine the location of significance. The test was carried out to determine significance level among the age brackets used in this study. ➤ Non-parametric Mann-Whitney test was used to examined difference in prevalence between males and females Discussion ➤ These observations are vague.
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SDI Review Form 1.6

	to the introduction section, other portions may be aggregated, and yet other may be removed entirely: it is not clear why HBV prevalence in Brazil and Pakistan, or even Tanzania is important when discussing this study, in the light of the many studies already carried out in Nigeria. - The discrepancy between results from Nigeria must be dealt with – how do the studies that present high endemicity differ from those that present low endemicity? - Many examples of peculiar reasoning: for instance, why is it meaningful to compare gender distributions in two studies that have prevalence's of 27-43% and 4-7% (line 125-128)? - It is said that no concrete explanations can be given for the differences between males and females, but several are provided right after this statement! Sharing of cups and eating utensils is not risk behaviour when it comes to HBV-infection. - It remains to be explained why this study represents valuable progress - Suddenly, preventive strategies are discussed. They have no place for it here. Should be moved to the introduction or omitted. Conclusion - What grounds are there to suppose that this population should have a low prevalence rate? Are other sexually transmitted diseases lower in this population than in the general population? This is an interesting point that should be addressed before the conclusion. - It is not clear how these data justify doing a national survey, when so much data was already at hand before this study.	➤ Comparison has no limitations but can only be restricted ➤ Noted and corrected ➤ It is meaningful because both reports have it that males are more likely to be infected than females but with no statistical significance. The point of comparison is not the figures but lack of significance. ➤ “No concrete explanations can be attributed for the higher vulnerability of males to the infections than Females” according to author no. (30). It wasn't our own personal opinion. While other authors gave reasons for higher vulnerability among males than females. ➤ Sharing of cups and eating utensils are removed ➤ Preventive strategies are also removed Conclusion ➤ Their supposed knowledge on risk factors- it is an assumption.
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SDI Review Form 1.6

	Ethical issues -: Only verbal informed consent was obtained.	Yes
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		