



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_13282
Title of the Manuscript:	Investigating prevalence rate of HCV, HBV, and HIV co-infection in Khorramabad, Iran, in 2013
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>)



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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	Using only ELISA is not enough for diagnosing HIV, HCV and HBV. For HIV positive antibodies at screening needs to be confirmed with western blotting. For HCV antibodies are seen also in cured infections, for diagnosing active infection HCV- RNA is need. For HBV it needs to be specified what analyses that have been done: HbSAg, anti HBc, anti-Hbs, HBV-DNa to evaluate if it is an active infection. Data is needed on the in- and outpatientgroups which are studied, diagnoses, type of clinical departments? The prevalence is not clear presented, I suggest to present prevalence among men, women and all. Many of the references are old like reference 4, 16. Newer data are available. The estimated new infections with HIV is now according to UNAIDS 5800 per day (not 14000) and about 33 milion (not 40) are living with HIV in the world. The number of people living with HCV is mostly estimated to around 170 million, not 500 million. Figure 1 can be improved by presenting statistics for HIV, HCV, HBV separately and in the same or another figure or table divided in women/men	Thank you for your comments. In this study, all tests were repeated twice to ensure accuracy. The molecular tests such as PCR is not performed in the hospital, after positive tests, PCR to patients in other centers such as blood transfer is recommended. also We do not allow offer, other centers. Number of patients because of poor health care and culture despite refuse recommend additional tests. In consultation with experts, the answer is usually the tests are consistent with the molecular results The aim of our study was the frequency of synchronization and communication of clinical symptoms and test results from the three viruses .were not targets According to reviewer, references, was corrected According to reviewer , Table was added.



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<u>Minor</u> REVISION comments	Use capital letter for Iran in title. At row 54, 58 it is better to write HIV instead of AIDS	According to reviewer, was corrected
<u>Optional/General</u> comments	Too low quality to be published in current form.	Thank you for your comments. We hope that this article in your journal, give useful information to the medical and health community.