



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2015_BJMMR_18578
Title of the Manuscript:	Prevalence of Anti-HBcore and HBsAg among health care workers in Public Hospitals, White Nile State, Sudan; 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)
Compulsory REVISION comments	<p>Recommendations:</p> <p>Introduction:</p> <p>→ Addition of explanation of serological testing in Hepatitis B diagnosis</p> <p>→ Discussion of risk factors for Hep B infection and carrier states</p> <p>Line 36: Tamil Nadu reference does not tie-in to the rest of the article. Requires more information regarding sero-prevalence in Sudan</p> <p>Line 78: The role of HBcAb-IgM vs. HBcAb-Total</p> <p>Line 85: Adjust figure one – create bar graph of infection and carrier states across different localities (as detected by this study)</p> <p>Line 91: Sentence construction requires attention</p> <p>Line 93: Marital status vs. number of sexual partners (more realistic quantifier of transmission risk)</p> <p>Line 95 – 97: Grammar requires attention</p> <p>Line 111: Can the study also differentiate past and current infection in candidates using HBcAb-IgM</p> <p>Line 116: Discussion → lines 117-118 include repetition.</p>	<p>We disagreed with the reviewer regarding:</p> <p>→ Addition of explanation of serological testing in Hepatitis B diagnosis.</p> <p>→ Discussion of risk factors for Hep B infection and carrier states.</p> <p>Line 78: The role of HBcAb-IgM vs. HBcAb-Total</p> <p>Our manuscript is dealing with quantifying i.e, prevalence of Hepatitis B virus. So, there is no need to talk here about the methodology of diagnosis, risk factors, or the role of HBcAb-IgM vs. HBcAb-Total.</p> <p>Marital status vs number of sexual partners: The respondents are Muslims, so there is no sexual partner apart from wives and husband.</p> <p>Line 111: Can study also differentiate past and current infection in candidates using HBcAb-IgM: We did not use HBcAb-IgM; instead we used total</p> <p>The rests of the comments were considered.</p>



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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	The article should be free flowing with no gaps in the explanation.	