



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
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

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
<p>Major revision in methods, results and discussion essential</p> <p>Abstract Line 22 – seroprevalence of anti HBc total and HBsAg is [not was] high among HCW's.</p> <p>Line 42-44 here the author provides reference for high prevalence of HBV in Sudan but forgets the need to be specific in which group of individuals it is noted, because here the study is restricted to HCW's as shown in reference 11 which is appropriate .</p> <p>Figure 3.1, 3.5 and 3.6 can be clubbed into one showing population distribution and prevalence of anti HBc total and HBsAg as one graph.</p> <p>Demographic variables and their significance can be represented as one table.</p> <p>Tests of probability for HBsAg and anti HBc total can be shown as one table instead of two.</p> <p>Reason for less number of doctors [15.6%] participating in the study when compared to other HCW's to be mentioned.</p> <p>Line 107 health care workers cannot be designated as labour. So please use a better term instead of it.</p> <p>Data to be provided as table for results of anti HBc and HBsAg in various HCW's it is the most significant aspect of the study.</p> <p>Discussion</p> <p>Line 162-165 Here the author states that high exposure rate to blood and body fluids as the reason for high prevalence of HBV infection and carrier rates. How one can imagine this, unless TYPE OF EXPOSURE which is an important variable in the study design was included in the study [questionnaire] or not needs to be confirmed first by the author. Therefore justification provided for high prevalence of anti HBc and HBsAg; in particular geographical locations is not sound enough to support the study. Relative evidence needs to be provided in findings. The variables selected in the study design must support the findings Discussion should support findings. Hence the paper has to be thoroughly revised with respect to the questionnaire and it is must for the author to submit it to the editorial board for evaluating the article which I have already emphasized in my previous remarks. Without which the study is incomplete.</p> <p>Conclusion- here again the author needs to restrict to the prevalence rates instead of going on recommending for vaccination and education, as the study does not include the type of exposure in health care workers as a variable, which has</p>	<p>Point was considered.</p> <p>Point was considered.</p> <p>Already it was presented as one table.</p> <p>Point was considered. This is because the sample was distributed among HCWs according to their number in the population</p> <p>In our health system in Sudan we name those handling waste products and cleaning as laour. The results concerning the various HCW's can e considered in a separate manuscript</p> <p>We did not state that there is a high exposure rate to blood and body fluids. Instead we said the high prevalence of both Anti-HBcore and HBsAg among HCWs <u>may be due to their exposure to blood and body fluids of patients in this high endemic area.</u></p> <p>Questionnaire was attached. Kindly, remember that we planned to write different manuscripts from data collected through this questionnaire</p> <p>Point was considered.</p>



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<p>resulted in high prevalence rates of HBV. Clarity on whether it is vertical transmission [prenatal or perinatal] or horizontal is essential to recommend preventive strategies.</p> <p>Line 169- 171 the statement different demographic factors including [occupation] has no statistical significance on the prevalence of high HBV rate in HCW’s needs to be revised and enough data to be provided on it. p values or not just enough.</p> <p>There are different categories of HCW’s, prevalence rates are influenced by type of exposure and vaccination status of health care workers.</p> <p>References -1 and 12 are same.</p>	<p>This is what we found.</p> <p>This point will be considered in a separate manuscript</p> <p>They are not same.</p>
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