



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	Ms_I-SRR_31094
Title of the Manuscript:	Molecular Detection and Typing of Genital Human Papillomavirus Among Female Medical and Nursing Students in Harare, Zimbabwe
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	1. Provide a justification for the study. 2. What is the reason of the study with medical and nursing students? What is the relation between these women and the presence or absence of the virus in their organism? 3. Check if the study may have some type of conflict of interest. 4. Cite in Methodology the number of individuals of the study and their inclusion and/or exclusion characteristics. 5. What is the content of the presentation given to the participants: a. Information	1. The justification has now been well-stated in the manuscript – highlighted in red under Introduction, “Most studies on genital HPV in Zimbabwe have been done on adult women. Epidemiological data on the prevalence of genital HPV genotypes in adolescents and young healthy women such as university or college students are not available.”. 2. The following has been added to the INTRODUCTION section: “We targeted students because genital HPV is the most common sexually transmitted virus on campuses and infection by the virus is the best biological marker of their sexual behaviours and activities [11]. Medical and nursing students were also targeted in this study because they were easy to recruit and self-sampling of genital specimens was likely to be easy for them”. 3. There was no conflict of interest 4. The following has been added to the manuscript “The inclusion criteria were: being a female medical and nursing student at the above mentioned institutions; aged between 17-25 years and being willing to voluntarily participate in the study. The exclusion criteria were: being a non-female medical and nursing student at the above mentioned institutions; being female and aged low 17 years or above 25 years and being unwilling to voluntarily participate in the study. A total of 125 female participants aged between 17-25 years were therefore recruited from the University of Zimbabwe College of Health Sciences



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	about the virus; B. Information about the infection; w. Information on prophylaxis; D. Information on how the study would be; etc. Make this clear in the text. 6. Could self-collection interfere with study results? Would not it have been better only an experienced professional for this type of activity? Another problem is the collection has been made in the patients' home. How to ensure that the sample collected is really from the patient? 7. Describe the used primers. 8. Recalculate the percentages from Table 1. For example, the percentage of 78 students out of a total of 125 is 62.4%. As described in the article. However, the percentage of 35 female students who had zero or one sexual partner would be 28% and not 61.5%, as described in Table 1.	and Harare Central School of Nursing employing the random sampling technique. 5. The following has been added to the manuscript: "The presentation was not to give participants information about the virus, its infection or prophylaxis, but to convince the students to join the study and to advise them on how to complete the questionnaire and how to self-collect swabs". 6. Self-collection method has been shown in other studies done elsewhere to be as good as physician-collected samples. So to reduce the cost of the study, we adopted the self-collection method. We did quality control to assess if the self-collected samples were suitable for HPV DNA studies by amplifying the house-keeping gene which showed the presence of human DNA. As stated in the manuscript, 114 out of 125 were suitable for HPV studies. Most participants stayed at student residence and we assumed that they were honesty enough to only give samples they collected from themselves. As medical and nursing students, we assumed they were of high integrity and professionalism. 7. The following description of primers has been added to the manuscript: "The HPV DNA amplification was performed by polymerase chain reaction (PCR) using consensus primers, MY09/MY011 set (MY09: 5'-CGT CCM ARR GGA WAC TGA TC-3'; MY11: 5'-GCM CAG GGW CAT AAY AAT GG-3') which amplified a 450 bp sequence within the L1 region of the HPV-DNA as well as the GP5+/GP6+ primer set (GP5+: 5'-TTT GTT ACT GTG GTA GAT ACT AC-3'; GP6+: 5'-GAA AAA TAA ACT GTA AAT CAT ATT C-3') which amplified a 150 bp sequence in the same region". The primer sequences of Trim5a have also been added. 8. The table has been deleted and data in it corrected and
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		summarized. Data on knowledge of the students on HPV have been omitted and will be presented in another manuscript.
Minor REVISION comments		N/A
Optional/General comments ADDITIONAL		THE MANUSCRIPT HAS BEEN RE-EDITED AND EDITS ARE INDICATED IN RED