



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_21523
Title of the Manuscript:	High prevalence of isolated hepatitis B core antibody among adults in Oyo State, Nigeria: the need for review of diagnostic and vaccination guidelines
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:

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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. The paper needs to be better written. There are a lot of grammatical errors and long sentences hard to read. 2. Material and methods: 2.1 Need more details on the study population. What is the inclusion and exclusion criteria? What is 'apparently healthy', how did the authors measure 'apparently healthy'? 2.2 Multivariate analyses should be taken to identify the risk factors 3. Results: 3.1 Table 3 is confusing and should be explained better, particularly how the numbers in table 3 match the numbers in table 2 3.2 The p value for sex for HBsAg is missing 3.3 Provide multivariate analyses results 4. Discussion: 4.1 Can the authors discuss more about the inconsistent findings? For example, a lot of risk factors were not significant in the study. What are reasons behind this? How did the authors think of the reliability and validity of their findings given this? 4.2 Can the authors discuss other limitations? For example, how do the authors think self-reported nature of the study impact the results? How do the authors think of the generalizability of their findings? 5. Conclusions: The conclusions is not supported by the results given	1. Grammatical and long sentence errors corrected by a reviewer have been effected. 2. Materials and methods 2.1 The inclusion criteria were provided in lines 61 -63. However to reduce bias in sampling, individuals who had ill health, knew their hepatitis B status and have had hepatitis B related symptom were excluded (included in the materials and methods, line 63-65). The apparently healthy status was based on the absence of any disease symptom (physical or mental manifestation indicating a disease and is obvious to an individual). 2.2 Chi-square test used for data analysis is the best method to determine the statistical significance of an association between a categorical outcome variable (HBsag & HBcAb seropositivity) and a categorical predictor variable (the risk factors). 3. Results 3.1 The results presented in Table 3 is a further investigation and markers (HBeAg & HBeAb) are not used for determining hepatitis B positivity (reason for non-inclusion of values in Table 2). Rather HbeAg and HBeAb are used to determine the degree



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	that vaccination was found to be not protective in the study. The authors have to think about the interpretations of their findings and the implications.	of infectiousness of an infected individual. For example a HBeAg positive individual is highly infectious. 3.2 This has been included (Table 4). 3.3 Chi-square test used for data analysis is the best method to determine the statistical significance of an association between a categorical outcome variable (HBsag & HBcAb seropositivity) and a categorical predictor variable (the risk factors). 4. Discussion 4.1 Risk factors for hepatitis B are known to vary widely. This often is due to differences in the sampling population, the region/country, cultural practices and behaviours etc. Also a significant association of a risk factor with a disease is predicted by the level of exposure among study participants; hence a risk factor that is not predominantly common cannot be statistically significant. The results in this study are reliable and valid because the result is a true representation of the population studied. 4.2 There were no other limitations apart from the one stated (line 315-316). The self-reported nature of data collection from participants could not have impacted the findings negatively. This is because the questionnaire used was evaluated by a pre-test sample. Also the workers administering the questionnaires were trained to gain the confidence of the participants to be as
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		truthful as possible. Finally the participants were told of the confidential nature of the data collected. Generalizability of findings: hepatitis B is endemic in Nigeria, affecting both old and young. Therefore the recruited individuals are a representative sample of the larger population. Also this is a pilot study, a larger study would be conducted in the future. 5. Conclusions: Regardless of the finding from the study, vaccination is highly effective for preventing hepatitis B infection (references 39-40). A reason was given for this (line 295-297). Also the small number of vaccine recipient may have affected significant association of vaccination with disease prevention (this has been included-line 297-298).
Minor REVISION comments		
Optional/General comments		