



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_29050
Title of the Manuscript:	DUFFY BLOOD GROUP DISTRIBUTION AMONG PATIENTS IN A MALARIA ENDEMIC REGION
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	Authors must include the methodology and re-submit for review Chart the Distribution of Duffy phenotype among the patients based 108 on ethnicity with the prevalence of Malaria in Nigeria including Sokoto on the map. Name and Laboratory institution where the research was conducted Which type of blood was collected? How was Sample and Data quality control insured Line 77: Three milliliters of whole blood was collected from each subject into an EDTA anticoagulated tubes. The red cell was collected and typed for Duffy antigen using potent antisera from Lorne Laboratory UK. This is inadequate description? How much blood was drawn and how was it treated/collection/transported prior to testing, criteria taken to ensure integrity of the blood collected Is the name of the IRB called specialist hospitals in Sokoto, this needs to be well written out and clarified?	Thank Sir for your comments, we have done as suggested. However, we state here that this research work was not an epidemiological research sponsored by any organisation, but a prevalent study to find the prevalence of Duffy blood group system among patients in a tertiary hospital in Sokoto, Nigeria. Nigeria itself is known as an endemic region for malaria, therefore, with all due respect sir, the charting of the distribution of Duffy phenotype with the prevalence of malaria in Nigeria will be going out of our scope. Again, because it was not an epidemiological study, sample transportation, treatment and storage was not a problem. The specialist hospital (which is not an IRB) was just a five minutes' drive to where the blood samples were analysed for Duffy phenotype. However, we have included as a recommendation for the Nigerian government to carry out an epidemiological study on the prevalence of <i>P. vivax</i> and <i>P. knowlesi</i> infection.
Minor REVISION comments	Conclusion: Line 157: The study concluded that the distribution of Duffy negative (Fya-b-) in the study area is high	



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	providing the necessary protection against P. vivax and P. knowlesi infections. Prevalence is high compared to what region can you draw this conclusion in comparison to a known prevalence elsewhere in either Nigeria or any African region where it has been established already to establish a good measure of what is high and low.	
<u>Optional/General</u> comments		