



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	Ms_IJTDH_30277
Title of the Manuscript:	Reliability of a rapid test for diagnosing malaria in people living with human immunodeficiency virus infection in Cameroon
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	Introduction - Needs a more deep introduction related to the recombinant malaria Pf/Pv antigen (MSP, CSP) and other RDTs based on other antigens. There should be a way that take to the reader to the idea why they choose this particular RDT. - There is not any mention to the prevalence of Malaria in Cameroon from previous studies. Moreover, other studies related to Malaria and HIV in Cameroon. I strongly recommend to add this information. - By reading the study site, the reader can imagine that Cameroon is a high endemic country, but somewhere in the discussion it is mentioned about the Clinic diagnosis is low sensitive and specific mainly in low transmission areas, giving the idea that it is the case of the Cameroon. If it is not, better to avoid this kind of comparison and focus on how much disadvantaged is the Microscopy as a diagnosis method in the field. - Somewhere in the discussion it can be read: 181 The malaria prevalence was 16.7% in the participants. This value is lower than that found by many 182 reports [12-14]. These authors found 31.76%, 24.0% and 74.3% respectively. Conversely, our value 183 is higher than the 11.75% found by Tay et al. [15] in Ghana. Differences in sample size, study design, 184 study period, study area along with genetic background and behavioral patterns of individuals can 185 explained the discrepancies observed between these study and ours. I think the prevalence data is part of the introduction, and in discussion the most suitable comment would be about why this	- Information about malarial antigens targeted by RDTs has been added as recommended by the reviewer. Furthermore, we deeply explain why the Accure RDT ® has been used in this study. - We reviewed information about prevalence of malaria infection in general population along with HIV people as recommended by the reviewer. - We modified the sentence mentioned in the discussion to enlighten the reader as recommended by the reviewer. - We added elements of discussion about comparison of results of our RDTs with other previous studies as recommended by the reviewer. - We added further comments about the importance of perform a RDT in PLWHIV in the introduction section as recommended by the reviewer. - We obtained the sample size using the Lorentz's formula. This has been mentioned in the manuscript as recommended by the reviewer. - We generated a table referred to as Table 1 in the manuscript as recommended by the reviewer.



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	prevalence is getting down indeed. What would be those factors involved in the decreasing of the prevalence? - ***If the idea is discuss about the prevalence results by using the RDT, then, it must focus in compare other previous studies using the same RDT or other RDTs. - There is not further comments about the importance of perform a RDT in a Population with HIV regarding previous studies. Methodology - The recruitment is by convenience but how the sample size was obtained? Results. - Could be interesting to see a table with all those data from 3.1 Baseline characteristics of the participants and 3.2 Prevalence of malaria. It would be more friendly for reading. - I would like to see at least a comment about the parasite density in those samples Microscopy positive/RDT negative - The letter HAART must be break down as highly active antiretroviral therapy due to it is mentioned just only once in the whole manuscript. Discussion - The title "discussion" should follow same format as the other titles. - The references cited in the discussion as Suchita et al. (2013) and Khatib et al. (2016), did they used the same RDT? - One thing is to discuss about the efectiveness of the RDT used in this study and other the epidemiological situation, therefore the discussion should be clear. Same comment as in *** - Somewhere is written: 56Participants included in the study were hospital-confirmed being HIV-infected, attending at the district 57 hospital of Deido for routine control and willing to participate.	- The letter HAART has been break down as recommended by the reviewer. - Unfortunately, we have not looked for parasite density in this study. But, we shall do it in further studies of our research team. - The "discussion" part has been presented as recommended by the reviewer. - We effectively mentioned in the manuscript these authors (Suchita et al, Khatib et al.) used the same RDT as recommended by the reviewer. - We enlightened the discussion part as recommended by the reviewer. - All participants were recorded temperature using electronic thermometer. This has been mentioned in the manuscript as recommended by the reviewer. All cases of malaria infection were asymptomatic. Definitions of symptomatic and asymptomatic malaria were given in the manuscript. - The discussion about cell count and malaria diagnosis has been introduced in the manuscript as recommended by the reviewer.
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	...But in the discussion is mentioned: 194However, these findings witness all the highly specific nature of the ACCUCARE onestep Malaria Test® 195 to exclude any case of malaria in febrile patient in general population as well as 196 PLWHIV In the results there is no any comment about those febrile cases or asymptomatic cases vs the result of the diagnosis methods used. - There is not further discussion about the cell count and the Malaria diagnosis results. Ethical Issues: There is not mention about the Finantial support sources for the present study There is not any disclosure about who is the sponsor of this study. Looks like the financial support comes from the Accucare company itself by judging the flow of the manuscript. Plagiarism issue: In the methodology better to improve the 2.7.2 ACCUCARE one step Malaria Test® Because is almost a copy paste of the second paragraph of the SUMMARY from http://www.labcarediagnostics.com/pdf/Rapid%20Tests/Malaria%20Antibody%20Literature.pdf	- Issues about “disclosure” have been added in the manuscript as recommended by the reviewer. - We re-write the paragraph entitled 2.7.2 ACCUCARE one step Malaria Test®, as recommended by the reviewer.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		All authors are grateful to the reviewer for proofreading our manuscript.