



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_32600
Title of the Manuscript:	Prevalence of Helicobacter pylori in students with Stomach ulcer attending School of Health Technology Gwadabawa, Sokoto, North-Western Nigeria
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)
<u>Compulsory</u> REVISION comments	First of all, the authors must be careful to the word of this bacterium. 1) This bacterium is named as "<i>Helicobacter pylori</i> (<i>H.pylori</i>)" and must be italicised because of an academic word. And then, the word of this bacterium is not <i>H.pyroli</i> or <i>H.Pilori</i> but <i>H.pylori</i>. 2) In general, it is said that the younger persons are in the low level of the infection by <i>H.py lori</i>. Why does the result go opposite direction? 3) The higher infection rate is shown during married peoples. The authors need to indicate the proven records by economists in the country. 4) The female showed higher rate than that of the male. Why is the reason?	Noted with thanks Noted ? Noted
<u>Minor</u> REVISION comments	1) On the line of the 36th; [3][2]⇒[2][3]. 2) 92nd~93rd is produced ambiguity as English. 3) Another people may read proof about words before submission.	Noted Noted Noted
<u>Optional/General</u> comments	This paper is interesting for the world-wide.	Thanks 2. Yes the infection is higher in adults than children, but at the age of 20 years a person is considered an adult, moreover, chronic infection continues during adult life most especially in developing countries like Nigeria where acquisition of infection seems to occur at a higher rate. Also there are reports



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		suggesting positive correlation between age and <i>Helicobacter pylori</i> infection. A Previous research in Mexico by Javier Torres <i>et al</i> in 1998 found out that at the age of 1 year 20% were infected by the age of 10 years 50% were infected 3. Do not understand what the reviewer is trying to say. - Is he referring to the poverty level of the area - The per capita income of the affected participants? In either case I believe that is well documented with some international donor organisations or world bank. But for the disparity with other studies that could be down to - The people in that particular area are polygamous in nature both by culture and religious affiliations. It is also a common practice to find grandparents, parents and grandchildren living in the same compound as an extended family, and is also suggested by other researches that a household of greater than 8 is a predisposing factor to <i>Helicobacter pylori</i> infections
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		b. So also is the hostel accommodation giving to the students where you can find as much as 8 – 12 students or more officially allocated a room. This can sometimes result in compromised sanitary conditions, which is also a factor for <i>Helicobacter pylori</i> infection 4. This could be as a result of other factors like Family size and animal rearing,. Some studies suggested food and animals as reservoirs of <i>Helicobacter pylori</i> outside the human GIT. So also the water sources being used by the students might also be another source.
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