



SDI Review Form 1.6

Journal Name:	Microbiology Research Journal International
Manuscript Number:	Ms_MRJI_38401
Title of the Manuscript:	Assessment of CD4 T Lymphocyte Cell Levels among Hepatitis B, C and E Viruses Negative Individuals in Ibadan, southwestern 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>)

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	This is a well written paper. I have few comments: 1. Authors did not consider two important exclusion criteria: HIV positive and recent infection in the last 3 months. 2. Authors did not give reasons why females have higher CD4 counts and why there was a significant difference in the mean CD4 count of different age groups.	Response: The authors agree with the Reviewer's comment. However, though participants were not screened for HIV they were examined for any clinical indications of early HIV or recent infection. Response: The authors thank the Reviewer for the observation. The findings about CD4 counts are in conformity with results of several previous studies, hence, we do not see the need to give reasons for having expected results.
<u>Minor</u> REVISION comments	The statement that CD4 count is used in initiating ART is no longer valid in view of the current recommendations (Nigeria inclusive).	Response: The authors thank the Reviewer's for the comment. We have revised the sentence to read "It is frequently used to monitor the efficacy of ART and to start treatment for opportunistic infections (OIs), especially in resource-limited settings. It has also been used to decide the initiation of antiretroviral therapy (ART)" (Page 3, paragraph 2).
<u>Optional/General</u> comments		