

Journal Name:	South Asian Journal of Research in Microbiology
Manuscript Number:	Ms_SAJRM_128066
Title of the Manuscript:	Prevalence of Occult Hepatitis B Infection among People Living with HIV/AIDS in Rivers State
Type of the Article	

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PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	this study contributes valuable data to the field of liver disease in HIV/AIDS patients and serves as a basis for further research into the role of OBI in this population. The low prevalence reported may reflect successful HIV management strategies in the region, but the study suggests areas for further exploration, particularly in the context of age-specific risk and comorbidity. Addressing some of the points above would strengthen the manuscript and provide additional clarity on the clinical significance of these findings.	
Is the title of the article suitable? (If not please suggest an alternative title)	yes	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	yes	
Is the manuscript scientifically, correct? Please write here.	mostly	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	yes	

Is the language/English quality of the article suitable for scholarly communications?	yes	
Optional/General comments	<p>The study on the prevalence of occult hepatitis B infection (OBI) among individuals living with HIV/AIDS in Rivers State, Nigeria, is highly relevant due to the potential liver disease complications in this population. The cross-sectional design and use of hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc) for detection are appropriate. The study reveals a low overall prevalence of OBI (0.5%) with an age-related pattern, although no significant associations with demographic factors were found. These findings offer valuable insights, though they do not provide specific directions for targeted interventions.</p> <p>Sample Size and Power: While the study reports 392 participants, given the low prevalence of OBI (0.5%), the sample size might not have sufficient statistical power to detect associations with demographic and clinical factors, which could explain the lack of statistically significant findings. It would be helpful to discuss whether a larger sample size would have been more appropriate for detecting potential associations, or if the sample was adequately powered based on prior prevalence estimates for OBI in HIV-positive populations.</p> <p>Age-Related Patterns: While the study found a higher prevalence of OBI among those aged 30-50 years, this finding is not discussed in depth. It would be beneficial to explore possible reasons for this age-related pattern. Are there specific risk factors that could explain this age group's higher prevalence? For instance, longer duration of HIV infection, age-related immune system changes, or higher exposure to risk factors like injection drug use or unsafe sexual practices could be potential explanations.</p> <p>Clinical Data and Co-Infections: It would be interesting to see more detailed clinical information, such as the participants' HIV viral load, CD4 count, antiretroviral therapy (ART) regimen, and duration of HIV infection, to assess if there are any interactions with OBI. Additionally, exploring the co-infection status with other liver diseases such as hepatitis C or alcohol-related liver disease might provide more insight into the liver health of this population.</p> <p>Discussion of Limitations: The study would benefit from a more detailed discussion of its limitations. For example, the lack of a standard definition of OBI across all studies could be a limitation, as variations in testing methods and diagnostic thresholds might affect the results. Moreover, the cross-sectional nature of the study prevents the establishment of causal relationships, and this limitation should be clearly stated.</p> <p>Recommendations for Future Research: The recommendation for further research with larger sample sizes is appropriate. Additionally, future studies could include an assessment of possible risk factors (e.g., socioeconomic status, HIV treatment adherence, alcohol consumption) and more detailed demographic breakdowns (e.g., age, gender, and comorbidities). Longitudinal studies could provide more robust data on the progression of OBI in the HIV-positive population and the impact of antiretroviral therapy on co-infection outcomes.</p>	

PART 2:

	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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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