

Peer Review

Review of: "HIV/HBV Coinfections Among People Living With HIV/AIDS in Yenagoa, Bayelsa, Nigeria"

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Peer Review Report for "HIV/HBV Coinfection Among People Living with HIV in Yenagoa,

General Comments

The study addresses an important public health issue by exploring HIV/HBV coinfection in Yenagoa, Nigeria. While the methodology is generally sound, the manuscript requires revisions to improve clarity, consistency, and data presentation. Below are specific corrections and suggestions.

Section-by-Section Feedback

Abstract

Corrections

Clarify phrasing: "Males were more prone to HIV/HBV coinfection. At the same time, their female counterparts..." → "Males were more prone to HIV/HBV coinfection, while females demonstrated a higher disposition to HIV mono-infection."

Specify statistical insignificance: "None of the sociodemographic characteristics... was significantly associated ($p > 0.05$)."

Suggestions:

Highlight the low coinfection rate (2.0%) in the context of regional disparities.

Introduction

Update outdated references (e.g., WHO 2009) with recent data (e.g., WHO 2022).

Remove redundant statements about HBV being a "silent killer."

Suggestions:

Emphasize the study's novelty as the first investigation of HIV/HBV coinfection in Bayelsa State.

Methods

Corrections:

Clarify sample size justification: Explain why 104 participants were sufficient.

Correct typo: "stool samples" (Section 2.4) → "blood samples."

Specify RT-PCR usage: State whether it was applied to all samples or only ELISA-positive cases.

Suggestions:

Add a flowchart for sample selection and testing procedures.

Results

Corrections:

Verify percentages in Table 1 (e.g., "Viral Loads 20–999 copies/ml: 39.4%" aligns with $n=41/104$).

Suggestions:

Summarize key findings in the text (e.g., "Females had a higher coinfection rate (3.0%) than males (0.0%), though statistically insignificant ($p=0.48$)").

Discussion

Corrections:

Address discrepancies: Explain why the 2.0% coinfection rate is lower than Sokoto (12.2%) or Ghana (12.5%)—e.g., regional differences, sample demographics, or ART usage.

Revise awkward phrasing: "more excellent disposition" → "higher prevalence."

Suggestions:

Use subheadings (e.g., "Demographic Trends," "Comparison with African Studies") for readability.

- Discuss limitations: Small sample size, cross-sectional design (no causality), and potential selection bias.

Conclusion

Corrections:

Remove vague statements: "Further study is advised" → "Longitudinal studies are needed to assess ART's impact on coinfection progression."

Align with results: The conclusion states "males were more prone," but results show 0.0% male coinfection. Revise for accuracy.

Tables and Figures

Corrections:

Relabel figures:

"Figure 1: Prevalence of HIV/HBV Coinfection,"

"Figure 2: Age-Specific Coinfection," etc.

- Ensure axis labels and legends are clear (e.g., Figure 3: "Male vs. Female Coinfection Rates").

Suggestions:

Convert Table 3 into a bar chart for visual clarity.

Overall Recommendations

Language/Clarity: Edit for grammar and conciseness (e.g., "At the same time" → "whereas").

Critical Analysis: Strengthen the discussion by contextualizing findings within regional healthcare challenges (e.g., ART access, HBV vaccination rates).

Final Note

The study provides critical baseline data on HIV/HBV coinfection in an understudied region. Addressing these revisions will enhance its rigor and relevance for public health planning.

Declarations

Potential competing interests: No potential competing interests to declare.