

Review of: "Sero-prevalence of Viral Hepatitis B and C infection and associated factors among Pregnant Women in Southeast Ethiopia: Community-based crossectional study"

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Potential competing interests: No potential competing interests to declare.

This study aims to assess the seroprevalence of HBV and HCV infections and associated factors among pregnant women at the community level in the southeastern Ethiopian city of Robe. Carrying out this analysis correctly and very well written. Congratulations to the authors. That said, here are my observations:

1. The study's "methodology" informs that a rapid test was used to diagnose viral hepatitis, and serum was used to detect the HBsAg and Anti-HCV markers. Is there any difference between the use of serum in the application of the test? Is there any claim of increased sensitivity and specification using serum compared to plasma or whole blood?
2. Suggestion: In Table 1, the wealth index uses an unusual spelling that can give grounds for pejorative terms, instead of classifying as "poor" or "rich", establish ranges in relation to the country's minimum salary.
3. Adjust table 4 to the text.
4. In Discussion, the paragraph "The source of observed discrepancy might be due to differences in the habit of using the intravenous drug, exposure to blood transfusion, and potential variability in the efficiency of the commercially available test kits used for screening AntiHCV Antibodies in the study. Considering the magnitude and severity of viral hepatitis, findings from the present indicate prevention and control of viral hepatitis needs a high degree of attention by all stakeholders, government, and funding agencies" don't have any reference.
5. In the line "Pregnant women with a history of hospital admission were seven times more likely than those without a history of hospital admission to contract HBV infection (AOR= 6.96, 95% CI 1.73, 27.99, P= 0.006)." It is importante more discussion about the high levels of these founds. Why the hospitalization is a possible way to ifection? How is the level of contact with other viral agents in hospitals in this country? They have a high level os ifection hospitalization dissemination?
6. The paragraph "Furthermore, the possible explanation might be having contact with someone who is chronically ill or a carrier of hepatitis B virus may increase the probability of exposure to the source of infection, suggesting household/close contact to be a potential risk factor for viral hepatitis transmission in the present study which demands great attention in providing health education for the community regarding mode of viral hepatitis transmission and implementation of preventive measure to be taken while providing care for a family member having liver disease." There's no reference.
7. The discussion deals with 2, 3 and 5 times higher levels of contamination risk according to the variables used in the

study. At what point does multinomial analysis allow me to make this interpretation? This needs to be more clear, what it tells me there is a risk or protection factor.

8. The paragraph “These might be due to the low level of community awareness of infection prevention and transmission mode of viral hepatitis. Observed differences might be due to variations in the sample size of study participants, awareness of the transmission mode of hepatitis viruses, safety precautions, traditional practices, and the culture of the society. The implication of the present study suggests the need for great attention to be given to community awareness creation to avoid risky socio-cultural behavior that may contribute to the transmission of viral hepatitis.”
There's no reference.
9. It is important to discuss a little about the co-infection found in this study.
10. It's always important to bring up the discussion: What's different about my work? How will my findings contribute to literature?