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8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Virology
ESPS manuscript NO: 14767
Title: Debunking the myths perpetuating low implementation of IPT amongst HIV-infected persons
Reviewer's code: 02980487
Reviewer's country: 0
Science editor: Xiu-Xia Song
Date sent for review: 2014-10-23 18:00
Date reviewed: 2014-11-04 00:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	PubMed Search:	[Y] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Author's favorable position toward IPT shows trough the manuscript, somewhat lessening its scientific objectivity. I suggest removing or rephrasing some sentences that are more on the verge of personal comments than scientific writing. Examples: ? is logical to emphasize that majority of these deaths are preventable with the use of available evidence-based measures and strategies. ? The low level of implementation can be attributed to several reasons and excuses given by healthcare providers and policy makers. Most of these excuses or challenges are myths as there is enough evidence in support of full scale implementation of IPT globally. These myths include the following: ? We hereby discuss the range of evidence available in support of IPT implementation even in the face of the above excuses or challenges. ? Given how widespread this belief is, one would expect to find a great amount of evidence to buttress this point but that has not been the case. The manuscript will also benefit of a language revision as some sentences are hard to follow and unnecessarily complicated: Examples: ? TB infection among HIV-infected individuals can be prevented by protecting them from being exposed to Mycobacterium tuberculosis (M. tuberculosis), the organism

responsible for the disease, and by preventing those already infected from progressing from latent stage to active disease. HIV-infected persons who are co-infected with M. tuberculosis but do not develop active TB will likely not transmit TB to others nor develop drug resistant TB. Therefore, treatment of latent TB infection (LTBI) can be considered as an indirect way of reducing the incidence of resistant TB and thus contributing to the control of multi-drug resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB). ? One of the operational hurdles that must be surmounted before IPT can be widely implemented is the process of excluding active TB disease. ? In another study that evaluated the impact of HIV co-infection on the chest radiographic pattern and extent of disease and its relation to the load of M. tuberculosis in Ethiopian out-patients with pulmonary TB, HIV-infected patients had chest X-rays classified as normal or with minimal involvement compared with HIV-negative individuals[14]. ? Van Halsema et al. described a case series of miners who were dispensed IPT, attended at least 1 follow-up visit and subsequently started TB treatment derived from a cluster randomized trial in which clusters were either randomized to receive the intervention (i.e. TB screening and IPT) or control (routine TB control including annual case finding by chest radiograph and targeted IPT offered to individuals with HIV or silicosis) with results that do not suggest an increase in the proportion of INH resistance cases among those exposed to TB screening and IPT[19]. Furthermore I would avoid term like "clients" to refer to HIV infected people receiving IPT. Finally the discussion of the 9 controversial points of IPT should follow the same order given into the Introduction (TST is not required etc is point 7, not 9).

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Virology
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	PubMed Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
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[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The benefits of IPT are far more than the perceived risks. The contents of the review are up-to-date and cover material on almost all the aspects of AIDS and HIV. There is coherence and integration in the manuscript. The manuscript has sufficient medical orientation to appeal to health science. Since the fear of INH mono-resistance is one of the barriers to full scale IPT implementation, reports on the risks and benefits associated with the administration of INH in error to undiagnosed people with active TB are also needed. Conclusively, more needs to be done by the policy makers and the experts to ensure effective and strategic implementation of IPT especially in high HIV burden resource-constraint settings. I strongly recommend early publication of this manuscript and the new knowledge in the area needs to be revitalized and updated to gear the general public need.