



**SDI Review Form 1.6**

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| Journal Name:            | <a href="#">Asian Journal of Medicine and Health</a>  |
| Manuscript Number:       | Ms_AJMAH_46339  |
| Title of the Manuscript: | KNOWLEDGE, ATTITUDE AND UTILIZATION OF HIV POST-EXPOSURE PROPHYLAXIS AMONG HEALTH CARE WORKERS AT HIV TREATMENT CENTERS IN PORT-HARCOURT METROPOLIS |
| 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>)



**SDI Review Form 1.6**

**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)   |
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| <b>Compulsory</b> REVISION comments | <p><b>WHILE THE AUTHORS PROVIDE GOOD BACKGROUND INFORMATION ON THE ISSUE AT HAND,</b></p> <p><b>THEY HAVE FAILED TO MENTION AND DISCUSS THEIR HYPOTHESES. THE AUTHORS SHOULD CONSIDER FORMULATING AND EXPLAINING AT LEAST 3 HYPOTHESES. THIS IS VERY IMPORTANT TO IDENTIFY THE KEY ISSUE AND TO SHOW HOW THIS STUDY IS HELPING TO ADVANCE THE FIELD OF KNOWLEDGE, ATTITUDE AND UTILIZATION OF HIV POST-EXPOSURE PROPHYLAXIS.</b></p> <p><b>PLEASE ACCESS AND MINE ON THE WEALTH OF STUDIES ALREADY PUBLISHED IN VARIOUS OUTLETS; PART OF THESE STUDIES IS AVAILABLE IN THE ISSUES OF THE AMERICAN JOURNAL OF INFECTION CONTROL AND EPIDEMIOLOGY.</b></p> <ul style="list-style-type: none"> <li>• <b>ONE SUCH HYPOTHESIS COULD PREDICT THE RELATIONSHIP BETWEEN OCCUPATIONAL CATEGORY AND KNOWLEDGE</b> <ul style="list-style-type: none"> <li>◦ THIS WILL CONNECT WELL WITH THE FINDING OF "a statistically significant relationship between the respondents' designation and knowledge of PEP"</li> </ul> </li> <li>• <b>ANOTHER SUCH HYPOTHESIS COULD PREDICT THE RELATIONSHIP BETWEEN OCCUPATIONAL CATEGORY AND ATTITUDE</b></li> <li>• <b>AND STILL A THIRD HYPOTHESIS COULD FOCUS ON THE LINK BETWEEN OCCUPATIONAL CATEGORY AND UTILIZATION.</b></li> </ul> | <p>THANK YOU FOR YOUR HIGHLY APPRECIATED COMMENT.</p> <p>IF I UNDERSTAND YOU CORRECTLY, YOU ARE POINTING OUT THAT HYPOTHESES WERENT STATED NOR DISCUSSED. IF THIS IS THE CASE, I THINK I SHOULD CLARIFY THAT THIS STUDY WASN'T A COMPARATIVE STUDY, BUT WAS OF A DESCRIPTIVE CROSS-SECTIONAL DESIGN WHICH ALLOWS FOR DATA TO BE COLLECTED AT A SET POINT IN TIME, HENCE BY DEFINITION, HAS NO DIMENSION OF TIME AND AS A RESULT CANNOT BE USED TO TEST HYPOTHESES.</p> <p>THE CLOSEST THIS KIND OF STUDY CAN SCIENTIFICALLY COME CLOSE TO A HYPOTHESIS WOULD BE AIM AND OBJECTIVES, WHICH WILL BE CLEARLY STATED, IF ALREADY IT HASN'T.</p> <p>THANK YOU VERY MUCH.</p> |
| <b>Minor</b> REVISION comments      | <p><b>1) DEFECTIVE USE OF ACRONYMS SUCH AS PPE AND HCWs:</b><br/> <del>Post-Exposure Prophylaxis (PEP)</del>. PEP is a short-term medical response or treatment that reduces the probability of a virus establishing an infection after potential exposure<sup>3</sup>. In the case of HIV, it involves the administration of a 28-day course of ARV drugs within 72 hours of possible exposure to HIV to prevent infection. It is administered alongside HIV testing and counseling, and is recommended for both occupational and non-occupational exposures<sup>2,3,4</sup>.<br/> <del>Health care workers (HCWs)</del> [ONCE YOU HAVE SPELLED OUT THE TERMINOLOGY OF "Health care worker"s AND ONCE YOU HAVE FOLLOWED IT IMMEDIATELY WITH THE CORRESPONDING, RELEVANT ACRONYM -- HCWs --, PLEASE CONTINUE USING THIS DEFINED ACRONYM IN A CONSISTANT FASHION THROUGHOUT YOUR REMAINING TEXT WITHOUT REVERTING AGAIN TO THE FULL TERMINOLOGY!]</p> <p><b>2) OPERATIONALIZATION:</b><br/> For the assessment of knowledge, a score of 1 was assigned to each correctly answered question and a total score of ≤ 3, 4-5, and 6-8 was considered</p>   | <p>1) DEFECTIVE USE OF ACRONYMS- CORRECTED</p> <p>2) I understand how this can be confusing due to the arrangement of words. The scores <b>WERENT</b> multiplied by 8 per say. What was multiplied by 8 (the number of questions in that section) was the least</p>   |



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|  | <p>as poor knowledge, Fair knowledge and Good knowledge respectively. For the assessment of attitude, the 5-point Likert scale was scaled down to a 3-point scale; i.e. “strongly agree” and “agree” were regarded as the same and given a score of 3, “Not sure” was given a score of 2, while “strongly disagree” and “disagree” were regarded as the same and given a score of 1. The scores were multiplied by 8, and a total score of &lt;18 was considered as Poor attitude; and a total score of ≥18 was considered Good attitude. [PLEASE BRIEFLY EXPLAIN WHY YOU HAVE DECIDED TO MULTIPLY THESE SCORES BY 8. PLEASE TAKE NOTICE THAT I HAVE REFORMULATED YOUR EXPLANATION ABOVE TO CLARIFY YOUR OPERATIONALIZATION] For the assessment of utilization, a score of 1 was assigned to each correctly answered question; and a total score of ≤ 3 was considered as Poor utilization and a total score of 4-6 was considered as Good utilization respectively. [SAME CLARIFICATION OF OPERATIONALIZATION PROCEDURES]</p> <p>3) CLARIFY DISCUSSION SECTION:<br/>This study found that 39.7% had good knowledge regarding HIV post exposure prophylaxis, though 98.5% had heard of PEP. Additionally, a larger proportion of the respondents (PLEASE REPEAT THE PERCENTAGE HERE) had fair knowledge of HIV PEP. This study's finding is also similar to findings from studies carried out in Benin City, Nigeria<sup>14</sup>. The proportion of respondents that knew the recommended PEP drug regimen in this study (PLEASE REPEAT THE PERCENTAGE HERE) corroborates with the study done in Cameroun<sup>8</sup>. The high proportion of respondents that knew the correct duration of treatment is similar to that reported in the study conducted in Lagos<sup>17</sup> and Abuja<sup>18</sup>. However, the level of good knowledge reported in this study (PLEASE REPEAT THE SCORE HERE) is less than that reported in a study conducted in North West Ethiopia<sup>15</sup>. The proportion of the respondents that had good knowledge of PEP, as reported by this study, is also much lower than that reported in a study at Enugu state<sup>13</sup> (PLEASE REPEAT THE PERCENTAGE HERE) and Benin<sup>19</sup> (PLEASE REPEAT THE PERCENTAGE HERE).</p> <p>4) BROADEN AND BALANCE DISCUSSIONS:<br/>Unfortunately, HCWs have been found to be negligent as far as their own health is concerned despite being exposed to high risk of contracting various infections and the risk of also becoming victims of lifestyle diseases. Studies have revealed that there is a low uptake of HIV screening, poor access to HIV care and poor knowledge regarding HIV PEP among HCWs<sup>6,7,8,9,10</sup>. In light of the occupational risk of exposure to HIV, it is important for HCWs to have adequate knowledge on PEP for HIV to protect themselves during the course of their career, as unsafe injection practices carry both socio-economic and psychological blowbacks on the health care worker and the health system at large<sup>11</sup>. [WHY ARE YOU LIMITING YOUR DISCUSSION TO THE UNSAFE INJECTION PRACTICES AND WHY ARE YOU COMPLETELY OVERLOOKING THE OTHER OCCUPATIONAL INVASIVE PROCEDURES SUCH CHIRURGICAL PROCEDURES AND BABY-DELIVERIES IN MATERNITY WARDS WHERE THE RISK OF INFECTION EXISTS?].</p> <p>5) REVISE ABSTRACT TEXT AS PER SUGGESTION IN THE TEXT OF THE MANUSCRIPT;<br/><b>Background:</b> Human Immunodeficiency Virus (HIV) is one of the world's top causes of death. <del>and notwithstanding the mediation of science.</del> [REMOVE THE PREVIOUS SECTION FOR IMPROVED CONCISION]-New HIV infections emerge every day, leading</p> | <p>possible score for each question in that section (1) and the highest possible score for each question in that section (3), in other to get the range in which total scores can fall in (8 - 24).</p> <p>For the assessment of utilization, each correctly answered question that indicated the respondents corrected use of PEP was given a score of 1. A total score of ≤ 3 and 4-6 were considered as Poor utilization and Good utilization respectively.</p> <p>3) CORRECTED</p> <p>4) THE DISCUSSION WASN'T LIMITED IN THE REAL SENSE. I JUST PICKED ONE OF THE MOST COMMON UNSAFE PRACTICES FOR WHICH I COULD FIND STATISTICAL DATA ON. THIS DOES IN ANY WAY INGNORES OR MAKES LIGHT OF ISSUES SUCH AS CHIRURGICAL PROCEDURES.</p> |
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|                           | <p>HIV patients to seek care at health facilities and prompting health care professionals to undertake risky invasive procedures. [ADD THE PREVIOUS SUGGESTED SECTION FOR CLARITY] This poses a risk of occupational exposure among health care workers (HCWs), hence the need for the effective use of HIV post-exposure prophylaxis (PEP). The aim of this study was to assess the knowledge, attitude and utilization of PEP among HCWs in Port-Harcourt city.</p> <p><b>Methodology:</b> This descriptive cross-sectional study utilized a pre-tested, structured, self-administered questionnaire on a sample of 204 HCWs chosen by multi-stage sampling method. Data were analyzed and presented using descriptive and analytical statistics.</p> <p><b>Result:</b> The study revealed that 39.7% of the respondents had good knowledge of HIV PEP and 96.5% had good attitude towards HIV PEP. Additionally, 22.1% had previously encountered possible occupational exposure to HIV, and only 45.5% of them took PEP. This translates to an overall PEP use of 10.1%. Significant associations were observed between knowledge and attitude towards PEP (<math>p &lt; 0.001</math>), source of information and knowledge (<math>p &lt; 0.001</math>), and source of information and attitude (<math>p = 0.02</math>). The study also showed that sex, marital status and designation was associated with utilization of PEP (<math>p = 0.01</math>; <math>p = 0.04</math>; <math>p = 0.02</math>).</p> <p><b>Conclusion:</b> The study revealed <del>peer</del> low utilization of PEP despite the level of good and fair knowledge and a generally positive attitude towards PEP. There exists a gap between knowledge and utilization of PEP, hence the need for periodical retraining of HCWs. This should be supplemented by ensuring the consistent availability and accessibility of PEP at treatment centers.</p> | <p>5) REVISE ABSTRACT TEXT AS PER SUGGESTION IN THE TEXT OF THE MANUSCRIPT: CORECTED</p>   |
| Optional/General comments | <p><b>Study Area</b></p> <p>The study was conducted in Port Harcourt metropolis which consists of Obio/Akpor Local Government Area and Port Harcourt City Local Government Area. It was carried out at private, primary, secondary and tertiary health institutions. HOW MANY INSTITUTIONS? HOW MANY HEALTH CARE WORKERS POSTED IN THESE FACILITIES? WHAT IS THE SIZE OF THE POPULATION SERVED IN THIS METROPOLIS?</p>  | <p>THESE DETAILS WERE MENTIONED IN THE SAMPLING METHOD. THERE WAS A TABLE THAT SHOWS THE NUMBER OF HEALTH CARE WORKERS AT THESE FACILITIES, BUT IT DIDN'T MAKE THE FINAL CUT AS IT MADE THE PAPER LOOK BULKY.</p> <p>I WILL ALSO LIKE MORE CLARIFICATION ON HOW THE SIZE OF THE POPULATION SERVED IS RELEVANT IN THIS CONTEXT.</p> |

**PART 2:**

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|  | <b>Reviewer's comment</b>   | <b>Author's comment</b> (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? | (If yes, Kindly please write down the ethical issues here in details) |  |