

April 21, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: HCV genotypes Algeria Rouabhia revised.docx).

**Title:** **Hepatitis C virus genotypes in north eastern Algeria: a retrospective study.**

**Author:** Samir Rouabhia , Mourad Sadelaoud, Karima Chaabna-Mokrane, Wided Toumi, Ludovico Abenavoli.

**Name of Journal:** *World Journal of Hepatology.*

**ESPS Manuscript NO:** 2415

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**Reviewer: 1**

Comment 1:We have changed the Title as recommended by the Reviewer.

Comment 2: The results have been further elaborated with specially the percentages of all genotypes.

Comment 3: We mentioned that HCV has "at least six genotypes".

Comment 4: We reported the current prevalence (180 million are infected by HCV) cited by [Mohd Hanafiah K](http://www.ncbi.nlm.nih.gov/pubmed?term=Mohd%20Hanafiah%20K%5BAuthor%5D&cauthor=true&cauthor_uid=23172780) and colleagues in [Hepatology.](http://www.ncbi.nlm.nih.gov/pubmed/?term=MOHD+HANAFIAH+hepatology+2012) 2013; 57(4):1333-42.

Comment 5: There is no published report about the prevalence of HCV infection in general population Algeria.

Comment 6: We changed The reference # 2 (Robertson et al.,) by a recent publication ([Kuiken C](http://www.ncbi.nlm.nih.gov/pubmed?term=Kuiken%20C%5BAuthor%5D&cauthor=true&cauthor_uid=19009252). 2009).

Comment 7: We corrected the number of references cited in introduction section.

Comment 8: We changed "material and methods" by "materials and methods".

Comment 9: We reported in the article the detection limit of PCR used in the study (15 IU/ml).

Comment10: We added in the article the country of origin for real-time PCR and manufacturer/country of origin for INNOLiPA assay.

Comment 11: We noted in our article that the data about the possible risk factors for the HCV transmission were not available in the database of the laboratory where the study was done.

Comment12: We clarified by the nominator/denominator the source of the mentioned percentages.

Comment 13: We corrected the mean and the range of age as "years".

Comment 14: We reported in the article that the threshold of 600 000 IU/ml was chosen because this threshold predicts sustained virologic response in the treated patients with the genotype 1 HCV infection and we cited some references supporting this classification.

Comment 15: We corrected UI to IU (international unit) .

Comment 16: We corrected the number separator according to the WJH policies.

Comment 17: We reformulated the paragraph in more simple and clair style.

Comment 18: Our results are different from those reported by Benabdellah in western Algeria. Unfortunately this study was not published, but just presented as a poster in the annual meeting of the European Socity of clinical virology. Madrid, Spain 4-7 September; 2012. We have acces only to the abstract, no idea about the materieals and methods used in this study. Comparison is difficult without those informations. Our study is the first one to be published. However, further studies are needed in different regions of the country, to estimate the different epidemiology of the HCV genotypes.

Comment 19: We added in the article this explanation: “This can be explained by changing the patterns of the transmission of the infection related to the change of the health system in the country after its independence 50 years ago. Indeed, during the colonization the majority of the population lived in rural areas without hospitals; the traditional medicine was widely used then. After the independence, the use of modern medicine and hospitalization was more frequent“.

Comment 20: We mentioned that “published study on the HCV genotypes prevalence in Algeria does not exist “. The study in Western Algeria was not published but just presented as poster in European meeting.

Comment 21: We corrected the citation of references according to the journal style.

Comment 23: We mentioned the meaning of the (\*) mark on p-value: \*p<0.001

Comment 24: We corrected the first reported percentage in Table 2.

Comment 26: We have not a clear explanation to the 2 reported samples with unclassified genotype. It can be due to the limit of our method of determination of the genotype in those 2 patients with very low HCV viral load.

Comment 27: We corrected the title of table 3.

Comment 28: We puted percentages next to crude numbers in the same table 3.

Comment 29: We corrected the item "interaction Age x region" in table 4.

Comment 30: We mentioned the number before the percentage in the table 4.

Comment 31: The tables are edited according to the journal style. We can improve them if needed.

Comment 32: We presented figures 1 and 2 according to the suggestion of the reviewer.

**Reviewer: 2**

Comment 1: The results have been further elaborated with specially the percentages of all genotypes.

Comment 2: We changed "material and methods" by "materials and methods".

Comment 3: We have chosen arbitrary the value of 60 years to divide the study population.

Comment 4: We corrected the presentation of age as "years".

Comment 5: We reported in the article that the threshold of 600 000 IU/ml was chosen because this threshold predicts sustained virologic response in the treated patients with the genotype 1 HCV infection and we cited some references supporting this classification.

Comment 6: We corrected UI to IU (international unit) .

Comment 7: We added in the article in more detail explanation of the relation between genotype distribution and demographic profile.

Comment 8: We added in the article this explanation: “This can be explained by changing the patterns of the transmission of the infection related to the change of the health system in the country after its independence 50 years ago. Indeed, during the colonization the majority of the population lived in rural areas without hospitals; the traditional medicine was widely used then. After the independence, the use of modern medicine and hospitalization was more frequent“.

Comment 9 and 10: We corrected the citation of references according to the journal style.

Comment 11: We corrected the percentage of genotype 1a in Table 2 (1.55 %).

Comment 12: After little correction, The sum of all percentages is 100 % in Table 2.

Comment 13: We reported the percentages near the crude numbers in Table 3.

Comment 14: We corrected the item "interaction Age x region" in table 4.

**Reviewer: 3**

Comment 1: In our study, population study was divided in two groups: < 60 years and ≥ 60 years. We have not found more interest to divide the population into three categories, as recommended by the reviewer.

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Comment 2: Data about patients disease severity were not available in the database of the laboratory where the study was done.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Hepatology.*

Sincerely yours,

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