

Date: 25/08/2018

The Editor

World Journal of Clinical Cases

RE: Manuscript NO: 40056

Title: Update on global epidemiology of viral hepatitis and preventive strategies

Authors: Meryem Jefferies, Bisma Rauff, Harunor Rashid, Thao Lam and Shafquat Rafiq

Dear Editor,

Thank you for your promising decision on our manuscript titled, "Update on global epidemiology of viral hepatitis and preventive strategies". We have now revised the manuscript according to the reviewers' suggestions. Point-by-point responses to the reviewers are given below. All changes are shown in track changes.

Reviewer #1:

Comment 1: Update on global epidemiology of viral hepatitis and preventive strategies -review This is an interesting review on global epidemiology of viral hepatitis and preventive strategies. Unfortunately, there are major drawbacks that need to be solved in order to be published.

First of all, there are many language mistakes that include grammar, style and spelling and sometimes it is difficult to understand what it means. The article needs major language polishing.

Our response: The manuscript is freshly revised by the authors most of whom are native speakers, grammatical issues are addressed.

Comment 2: Another drawback is the lack of source information in some paragraphs. For example, in the Introduction part, the last sentence has no reference and it is obvious that it is not a personal opinion.

Our response: This is now addressed.

Comment 3: In the Hepatitis A and B paragraphs from Epidemiology it is the same problem, in The African Continent paragraph from Geographic Distribution as well and so on.

Our response: Hepatitis A and B paragraphs from Epidemiology have been reviewed and references provided.

Comment 4: Thirdly, I did not quite understand how did you obtain the Figures data. Figures are very interesting, but: If those are the authors figures, I would like to know where did you get the data from and if they are not, you should have mentioned the source.

Our response: The source data for the figures have been provided, hope it is clearer now.

Comment 5: Another problem is that References 24, 40 and 43 to 51 are missing from the text. You should solve that. The references should also be in chronological order in the text, but in the European Continent paragraph it is cited 37 and then 35 and 36.

Our response: The references have now been updated and in chronological order.

Comment 6: There are some sentences that do not have the right citation. For example, in the South-East Asia paragraph you are talking about hepatitis C, but in the References there are only hepatitis B related articles cited.

Our response: The citation issues and reference order have been fixed.

Comment 7: I also think that you should have mentioned in your References "EASL 2017 Clinical Practice Guidelines on the management of hepatitis B virus infection" and "EASL Recommendations on treatment of Hepatitis C 2018" or, at least the guide from 2016.

Our response: These references have now been added.

Comment 8: References are not correctly in general: most of them do not have the volume number and the pages, names of the authors are not correctly written. The overall quality of the manuscript is fair, and it needs major polishing in order to be published.

Our response: References have been reviewed and corrected. Overall major polishing of the manuscript is done.

Reviewer #2:

Comment: The mini reviews “Update on global epidemiology of viral hepatitis and preventive strategies” presented by Meryem Jefferies et al., is an useful reference for the clinical staffs. Thanks!

Our response: We thank the reviewer for the comment.

Reviewer #3:

Comment 1: The manuscript represents current viral hepatitis world status and strategies in elimination. It is advised to emphasize great efficiency of new antiviral therapy of chronic hepatitis C with cure rate of nearly 100% and efforts of some pharmaceutical companies to make medications available in developing countries with the greatest disease burden. Some medications (e.g sofosbuvir-velpatasvir) are pangenotypic and genotyping is not necessary for treatment. So, integration between diagnosis and low-cost access to medication is one of the most important WHO strategies in HCV elimination by 2030.A

Our response: The efficiency of new antiviral therapy of chronic hepatitis C with cure rate of around 100 % and efforts of some pharmaceutical companies to make medications available in developing countries with greatest burden were emphasized in the manuscript as advised. Integration between diagnosis and low- cost access to medication as one of the most important WHO strategies in HCV elimination by 2030 is also presented.

We now hope you will be able to accept the manuscript for publication in your esteemed journal.

Yours Sincerely,

Dr Meryem Jefferies, on behalf of the authors

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