

## Rebuttal letter

Comment: It was not possible to evaluate the Figures and Tables as they were not included in the manuscript.

Response: The figures and tables have been included in the final manuscript. There are total 4 tables, 2 figures.

Comment: The epidemiological data you analyzed are based on patients in India, but the main types of hepatitis in India are HAV and HEV. However, the main type is HBV in China. It is recommended to increase the discussion of these patients.

Response: The scope of the article is focus on non-hepatotropic viruses and while HAV/HEV/HBV are more common in India and China, these viruses are hepatotropic and thus excluded.

Comment: What does “xxx” mean in Management part of EBV?

Response: This was a typing error, and has been rectified.

Comment: “Risk factors associated with increased mortality are age >40 years, immunocompromised status, coagulopathy, encephalopathy, degree of AST elevation and male gender”. The content of the article is not quoted from Reference 107, and there is reasonable doubt about the accuracy of the reference.

Response: The reference was replaced with reference number 104 i.e. *Norvell JP, Blei AT, Jovanovic BD, Levitsky J. Herpes simplex virus hepatitis: an analysis of the published literature and institutional cases. Liver Transpl 2007; 13: 1428–1434. [PMID: 17902129 DOI: 10.1002/lt.21250]*

Comment: Some errors like “1.1x10<sup>9</sup>/L”.

Response: This was rectified to “1.1x10<sup>9</sup> per liter”

Comment: “Case studies from China, where the pandemic originated”. The origin of the pandemic has not yet been determined and “emerging in China” does not mean “originated from China”.

Response: This was rectified from “originated” to “emerging”.