

We thank the Reviewers for their time and constructive critiques. In addition, we greatly appreciate the opportunity to resubmit our manuscript ID# World Journal of Gastroenterology Manuscript NO: 74461. We have addressed all the comments raised by the Reviewers and the relevant changes are bolded to highlight the modifications applied to the manuscript. Our point-by-point replies to the Reviewers' comments are provided below.

Reviewer #1: Scoring, Scientific Quality (Grade B – Very good), Language (Grade B – Minor Language Polishing), Conclusion (Accept – General Priority)

Overview: A concise, comprehensive, easy to read and well-structured manuscript. There are no grammatical/spelling errors throughout the manuscript and the topic debated is of a great interest due to the fact that data regarding the prevalence of chronic hepatitis in Somali immigrants are scare.

ANSWER: *We thank the Reviewer for the kind comments and positive review of our manuscript.*

Reviewer #2: Scoring, Scientific Quality (Grade C – Good), Language Quality (Grade B – Minor Language Polishing), Conclusion (Minor Revision)

Overview: This is a research with good ideas to help screen HBV and HCV in the immigrant community and help detect HCC early. However, if the sample was larger and the follow-up time was longer, it would be more convincing. 1. The authors should discuss the risk factors in the family such as the number of family members infected with HBV 2. The authors should consider the prevalence of HBV and HCV co-infection. 3. How many years had patients with HCC been followed-up? What stages were their liver fibrosis? 4. The authors should consider such as history of operation or receiving blood in patients with HCV.

ANSWER: *We agree with the Reviewer's suggestion and have addressed the concerns in the following bullets.*

1. The authors should discuss the risk factors in the family such as the number of family members infected with HBV.
 - a. **Answer: Unfortunately, this question was not solicited from study subjects, however, we will make sure in the future to include survey questionnaires pertaining to family medical history. This critique has been included in the limitation section of the manuscript (page 14).**
2. The authors should consider the prevalence of HBV and HCV co-infections.
 - a. **Answer: We thank the Reviewer for the suggestion. The total number of Somali patients who had co-infection of HBV and HCV was small (n=5). We did include this number in the current version of the manuscript (page 8).**

3. How many years had patients with HCC been followed-up? What stages were their liver fibrosis?
 - a. **Answer: The reviewer brings forth a valid question pertaining to years of follow-up. Unfortunately, follow-up for this study was a limitation due to patients relocating addresses, changing contact information, or not wanting to provide additional clinical data. However, of the 779 subjects who participated in the study, 7 subjects were diagnosed with HCC from the time of study accrual.**
 - b. **Answer: In reference to staging of fibrosis, the breakdown of fibrosis was reported on 3 (42.9%) of subjects who developed HCC. The staging was added on to the current version of the manuscript (*Table 4*).**
4. The authors should consider the factors such as history of operation or receiving blood in patients with HCV.
 - a. **Answer: The reviewer brings forth a valid critique. Unfortunately, the study did not solicit questions pertaining to medical history, however, we will make sure include survey questionnaires pertaining to medical history.**

Reviewer #3: Scoring, Scientific Quality (Grade B – Very Good), Language Quality (Grade B – Minor Language Polishing), Conclusion (Minor Revision)

Overview: This is a prospective community-based study to estimate the prevalence of chronic hepatitis B and C in Somali immigrants residing in Minnesota, US. I would like to congratulate authors on their study, as it very accurately describes mentioned problems. However, I have some minor comments to the study. 1. “Africa has the youngest mean age at HCC diagnosis worldwide increasing the burden of years of life lost from chronic viral hepatitis” – what is that age? Please specify. 2. What was the mean time of follow-up for your patients? What was the lost to follow-up rate? 3. First caption, page 11 – this is a section for results from your study. The citations about the rates of HCC in Minnesota are unnecessary here. You may mention in the limitation of the study section. 4. Are there any health promotional campaigns ongoing in the US promoting HBV vaccination among immigrants? 5. Do you have any screening programs for HCC?

ANSWER: We agree with the Reviewer’s suggestion and have addressed the concerns in the following bullets.

1. “Africa has the youngest mean age at HCC diagnosis worldwide, increasing they burden of years of life lost from chronic viral hepatitis” – what is this age? Please specify.
 - a. **ANSWER: We thank the Reviewer for this suggestion. We have specified the age of HCC onset of African populations (*page 5*).**
2. What was the mean time of follow-up for your patients? What was the lost to follow-up rate?

- a. **ANSWER: We thank the Reviewer for the question pertaining to follow-up and lost to follow-up. Unfortunately, follow-up for this study was a limitation due to patients relocating addresses, changing contact information, or not wanting to provide additional clinical data. In addition, considering the framework was aimed to be a cross-sectional study, many subjects were lost to follow-up. However, our next study will include a robust methodology to follow-up with the subjects.**
3. First caption, page 11 – this is a section for results from your study. The citations about the rates of HCC in Minnesota are unnecessary here. You may mention in the limitation of the study section.
 - a. **ANSWER: We thank the Reviewer for the suggestion. We made the suggested alterations and removed the data pertaining to HCC rates in Minnesota from the results section.**
4. Are there any health promotional campaigns ongoing in the US promoting HBV vaccination among immigrants?
 - a. **ANSWER: We thank the Reviewer for inquiring about health promotion programs in the US pertaining to immigrant populations. Currently, the vast majority of health promotion programming on viral hepatitis prevention, management, and treatment focus primarily on Asian American populations and not on African immigrant communities specifically. We plan to use this data to continue influencing policies that will build sustainable health promotion and screening programs.**
5. Do you have any screening programs for HCC?
 - a. **ANSWER: Our research program does not have a screening program for HCC. However, we are planning for robust clinical studies for HCC among patients from Africa and Asia.**

Science Editor: Scoring, Scientific Quality (Grade B – Very Good), Language Quality (Grade A – Priority Publishing)

Overview: This manuscript is a prospective community-based study to estimate the prevalence of chronic hepatitis B and C in Somali immigrant residing in Minnesota, US. It is well written and innovative. The authors should respond the issues raised by peer-reviewers positively. And, the number of self-cited references is 3 (NO. 19, 39, 42) which means the rate is 5.55%. The self-referencing rate should be less than 3%. The authors should keep reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. The format of the references should be modified according to the requirement of the journal.

ANSWER: We agree with the Science Editor's suggestion and have addressed the concerns in the following bullets.

1. And, the number of self-cited references is 3 (NO. 19, 39, 42) which means the rate of 5.55%. The self-referencing rate should be less than 3%. The authors should keep

reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations).

a. **ANSWER: We thank the Science Editor's suggestion. We have addressed the self-referencing rate.**

2. The format of the references should be modified according to the requirement of the journal.

a. **ANSWER: We have updated the format of the references to reflect the requirements of the journal.**

Company Editor-in-chief:

Overview: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figure without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the authors has used a figure published elsewhere or that is copyrighted, the authors needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e., generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PTT): Copyright cThe Author(s) 2022.

ANSWER: We thank the Editor-in-Chief for the valuable suggestions. First, we have placed all of the tables and figures in a PowerPoint presentation. These images can be modifiable per request. In addition, all tables and figures are original and have not been presented previously elsewhere; and are only submitted to the World Journal of Gastroenterology for publication. Also, we left the tables and figures in the revised version of the manuscript.