

March 1, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7916-edited.doc).

**Title:** Vertical transmission of hepatitis C virus: current knowledge and perspectives

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

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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

Q1. Page 2, line 18, “*Delivery by caesarean section is not recommended in pregnant women infected with HCV*”. The description is not written clearly and clarification should be provided for this phrase. This phrase raises doubts because the concept is so general, it should be more concise, e.g. page 6, line 21. Caesarean delivery is recommended for HCV and HIV co-infected mothers.

A1. Thanks for the great comments. The description has been rewritten, as follows:

Page 3, lines 19-20, “Cesarean section should not be recommended as a method to prevent vertical transmission of HCV.” Highlighted in yellow.

Q2. Page 3, line 14 – The word “important” should be reviewed due to grammatical error.

A2. Page 5, line 4. The word “important” is reviewed. Highlighted in yellow.

Q3. Page 6, line 7 – The sentence should be reviewed due to poor grammatical construction.

A3. The sentence has been rewritten, as follows: Page 7, lines 16-18. “Although vertical transmission leading to chronic infection is reported in 4-8%, transient HCV perinatal infection also occurs, with an incidence of about 14–17%”. Highlighted in yellow.

Q4. Page 7, line 21 – The word “recommend” should be reviewed due to grammatical error.

A4. Page 9. line 8. The word “recommend” is reviewed. Highlighted in yellow.

Q5. Page 10, line 5 – The sentence should be reviewed due to poor grammatical construction.

A5. The sentence has been rewritten, as follows:

Page 11, lines 11-12. “however, the higher infection rate in girls was not statistically significant in other study.” Highlighted in yellow.

Q6. Page 16, line 11 – As mentioned above clarification should be provided for this phrase.

A6. The sentence has been rewritten, as follows:

Page 18. lines 4-5. “Cesarean section should not be recommended as a method to prevent vertical transmission of HCV” Highlighted in yellow.

Q7. Page 6 line 15: "persistent transmission of HCV from infected mothers to their infants is reported in 4-8% of cases", this is a little bit confusing, perhaps you mean "vertical transmission leading to chronic infection is reported in 4-8%?"

A7. The sentence has been rewritten, as follows:

Page 7, lines 16-18. “Although vertical transmission leading to chronic infection is reported in 4-8%, transient HCV perinatal infection also occurs, with an incidence of about 14–17%.” Highlighted in yellow.

Q8. In the abstract and in the conclusion the phrase "cesarean section is not recommended in pregnant women infected with HCV" may give the false impression that it CSesction is contraindicated. Perhaps it would be better expressed: "Cesarean section should not be recommended as a method to prevent vertical transmission of HCV".

A8. Thanks for the great comments. The descriptions have been rewritten, as follows:

Page 3, lines 19-20, “Cesarean section should not be recommended as a method to prevent vertical transmission of HCV.” Highlighted in yellow.

Page 18. lines 4-5. Cesarean section should not be recommended as a method to prevent vertical transmission of HCV.” Highlighted in yellow.

Q9. In the follow-up guidelines, you have described what should be done for a newborn who has a mother who is HCV-Ab positive yet hCV-RNA negative, how about those with mothers that are also HCV-RNA positive? Will the schedule for testing differ according to Shiraki *et al*?

A9. Further guidelines were added, as follows:

Page 16, lines 21-22 and Page 17, lines 1-7. “For those infants born to HCV-RNA-positive mother, tests for AST and ALT levels and HCV-RNA load should be performed 3 or 4 months after birth. When HCV-RNA is positive, tests for AST, ALT, HCV-RNA and anti-HCV should be performed every 6 months starting from the sixth month of birth to determine the persistence of infection. If the infant is negative for HCV-RNA 3 or 4 months after birth, an HCV-RNA test should be performed at the ages of 6 months and 12 months to confirm the infant’s negativity. To further confirm HCV-RNA negativity, anti-HCV is tested at 18 months of age if possible, and follow-up tests are no longer required when anti-HCV is also negative.” Highlighted in yellow.

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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