

## Format for ANSWERING REVIEWERS



October 21, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13716-review.doc).

**Title: Occult Hepatitis B virus co-infection in HIV-positive patients: a review of prevalence, diagnosis and clinical significance**

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

**ESPS Manuscript NO:** 13716

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

1 Format has been updated and edited; comments have been included in the file.

2 Revision has been made according to the suggestions of the reviewers.

**Reviewer (1) COMMENT:** In this manuscript entitled "Occult Hepatitis B virus co-infection in HIV-positive patients: a review of prevalence, diagnosis and clinical significance", the authors review literature regarding the prevalence, diagnosis, and significance of HIV-HBV co-infection. My comment is attached.

**Response.** We appreciate your valuable revision and comments. The corrections and comments you have made to our revision have been very helpful for improvement of the manuscript. The corrections have been made for every point you have made in the attached document. The English has been edited by American Journal Experts (certificate number: 4424-393E-C512-EA93-599F)

**Comment u15:** "I am not sure if this statement is correct. Clinically, the presence of anti-HBs antibody and absence of HBsAg usually suggest resolved infection".

**Response.** This statement has been modified in the text because the meaning of the presence of HB antibodies suggests resolved infection; however, the persistence of anti-HBc has been associated to OBI.

**Comment u16:** "Do you mean full length cccDNA? Please be specific. Partial DNA sequences in liver do not confer infection"

**Response.** Your observation is correct, we did not want to mean that the diagnosis is indicative of viral replication. For that, we have explained in the text that the amplification of different regions of the HBV genome could be indicative of full length cccDNA in the liver; however your right the amplification by PCR is not demonstrative of the presence of cccDNA.

**Comment u34.** "Do you mean infectivity is not important for the majority of HIV patients? They can still transmit the disease through sharing needles among other risky behaviors".

**Response.** No, we did not want to mean that infectivity is not important, on the contrary, they are as you mentioned in your comment, they are potential transmitters of the disease because of the risky behaviors. We added the comment in the text. Thank you for your observations and comments.

**Reviewer (2).** The new definition of OBI by Taormina group should be emphasized at introduction. It also must be pointed out that the widely accepted definition of OBI is based on AntiHbc positivity and patients with OBI are grouped as HBV DNA positive and negative ones. This is very important, since most of references cited here used these conventional definitions. ?

**Response.** We appreciate your comments. The OBI definition by Taormina group has been emphasized at introduction, as well as the conventional OBI definition based on the anti-HBc (highlighted in yellow).

Table 1: the column of "N" should be omitted. Since OBI was not studied in all HIV positive patients. ? Table 1: the meaning of "yes / no" for HBV serological markers column should be explained. If yes means antiHbc / antiHbs was tested than the ratio of positivity among OBI should be given. ? Table 1: overall ratios form all these studies can be calculated and may be added to table as overall ratios.

**Response.** The N in the table 1 has been omitted, and the OBI prevalence in each group of patients studied has been include in the table, as well as the overall prevalence in each study. In some cases, the prevalence's were calculated by us. The number of positive cases and the percentage of prevalence have been included in each column. We appreciate your suggestions because the table is now in a better format and include more information.

**Reviewer (3)** Occult Hepatitis B virus co-infection in HIV-positive patients is a very useful subject for medical practice. The authors studied the literature in the past ten years and have summarized data on the epidemiology of this disease association, how to diagnose occult hepatitis B infection, and stressed its clinical significance. The bibliography is vast and includes many recent titles. The most important deficiency of this article is the expression in English. There are errors of expression and spelling from the summary until the end of the article, which should be corrected. In my opinion the article can be published after making corrections.

**Response.** We appreciate your valuable revision and comments. We have reviewed and corrected carefully the errors in spelling and expression in English. The manuscript was edited for grammar, spelling, vocabulary, and phrasing by American Journal Experts (certificate number: 4424-393E-C512-EA93-599F). The certificate is enclosed.