

Format for ANSWERING REVIEWERS

June 5, 2016

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 25988-review.doc).

Title: Towards safe injection practices for prevention of hepatitis C transmission in South Asia: challenges and progress

Author: Naveed Z Janjua, Zahid A Butt, Bushra Mahmood, Arshad Altaf

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 25988

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

(1) **Authors response:** *We have added a paragraph in the introduction section to summarize hepatitis B and C burden as well as association between injections and HBV/HCV. We have provided attributable fractions for injection associated infections where available.*

They suggested that injection use is common with variation across countries that ranges between (2.4-13.6 injections/person/year) with a varying proportion of injections being unsafe in recent studies (5%-50%). Practitioners are major drivers behind injection use, though patients also prefer injections. There is much redundancy in editing the manuscript as major similarities in injection use patterns between the studied countries were recorded. It is better to study the magnitude of the problem as a whole with no need to be related to each country individually.

Authors response: *Presentation of data by country highlights injection use within each country and variation across countries including lack of data.*

In my opinion, the article scientific content does not correspond to the journal's aims and scope. Its scientific and practical values demand its publication in more relevant journal.

(2) **Authors response:**

Thank you for highlighting need for data on hepatitis B and C in the introduction. We have added a paragraph in introduction to summarize hepatitis B and C burden as well as association between injections and HBV/HCV. We have provided attributable fractions for injection associated infections where available. Data on genotypes and other aspects have been summarized in many recent reviews.

(3) **Authors response:**

Thank you for highlighting burden of disease associated with hepatitis. We have added a paragraph in introduction to summarize hepatitis B and C burden as well as association between injections and HBV/HCV. We have provided a figure (figure 1) to show burden of disease associated with HCV in India and Pakistan to show it is increasing. Data on genotypes and other aspects have been summarized in many recent reviews.

(4) **Authors response:**

We have added a paragraph in introduction to summarize hepatitis B and C burden as well as association between injections and HBV/HCV. We have provided attributable fractions for injection associated infections where available. These data shows that injections are major contributor to HCV and HBV transmission in these countries and reduction in re-use of syringes could reduce the transmission of HBV and HCV.

Seven papers cited in this article are not published but only available on google scholar, which compromises the reliability of this article. It should have been noted in the discussion section at least.

Authors response:

Inclusion of papers that were not index in pubmed but were available through Google Scholar is to enhance the completeness of data.

(Specific comments) Results; Disparities in injection use The article insisted that the education level and wealth of a country affect the injection practice. To support this argument, the article investigated the situation in Pakistan which was presented as Figure 2 and 3. But an example of a county looks rather insufficient. It would be better to show the data in Figure 2 and 3 in other regions when the data are available.

Authors response:

Data on wealth and education, and injection use was only available for Pakistan. There was some data on education and injection in India that was cited in that section.

Discussion Like other review studies, this article carries some limits as a review study. However, no consideration on its limitation was given throughout the paper. A clear appreciation of its possible fallacy or limits would improve this article.

Authors response:

We have highlighted data limitations as we summarize studies in the review. This is a narrative review and we included all studies and did not rate quality of studies. We have highlighted these methodological issues in the paper.

Figures Figure 4 carries one of the most important suggestions of this article. Compare to its significance, the visualization was poorly done and the figure does not communicate well. Revising the diagram is recommended.

Authors response:

*Thank you for highlighting that. We have solicited the input of experts to revise the figure to make **more easy to read**.*

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3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Naveed Zafar Janjua, MBBS, MSc, DrPH, Senior Scientist

Clinical Prevention Services, BC Centre for Disease Control,

Clinical Associate Professor, School of Population and Public Health,

University of British Columbia, 655 West 12th Avenue, Vancouver, BC V5Z 4R4, Canada.

Email: naveed.janjua@bccdc.ca

Telephone: +1-604-7072514

Fax: +1-604-7072690