

## ANSWERING REVIEWERS

August 28, 2017



Dear Editor,

Please find enclosed the edited manuscript in Word format.

**Title:** Global elimination of hepatitis C virus infection: progresses and the remaining challenges

**Author:** Reza Taherkhani and Fatemeh Farshadpour

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

**ESPS Manuscript NO:** 35446

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

**1 Format has been updated**

**2 Revision has been made according to the suggestions of the reviewer.**

We greatly appreciated the reviewers' comments. The point-to-point responses to comments were shown as follows:

### **Reviewer 02447091**

Taherkhani R, et al. review global elimination of hepatitis C virus infection and discuss progresses and the remaining challenges in this manuscript. English writing is excellent and this review is worthy enough for publication in WJG in this present form. Major and minor comments There are no major and minor comments.

**Response: Thank you very much for your review and the positive comments.**

### **Reviewer 03656599**

This review summarizes the patterns of HCV infection, particularly the impact of increased intravenous drug users on the incidence of HCV. This paper describes the challenges and opportunities of hot issues of hepatitis C and new drugs for hepatitis C treatment.

**Response: Thank you very much for your review.**

### **Reviewer 02441021**

Lot of language and grammar mistakes• Abstract: = most of these infections remains undiagnosed..... most of these infections remain undiagnosed• Hepatitis C virus:- This might happen through transfusion of blood and blood products, surgery, organ transplantation, intravenous drug use, tattooing, hemodialysis, unsafe injection practices and sexual intercourse.....No mention at all of the peri-natal transmission!!!- HCV is the causative agents of hepatitis C

infection.....this goes without saying!!!- grey-colored stool,.....strange description- yellow skin and eyes..... yellow skin and sclera of the eyes• Progresses in the management of hepatitis C virus infection:-These novel antiviral drugs, despite having considerable advantages over conventional IFN-based therapy, suffer from the resistance-associated mutations, which occur naturally during the replication of the virus and select under the pressure of DAAs. The emergence of HCV resistance-associated variants (RAVs) decreases the susceptibility to DAAs and finally results in treatment failure [38,44-46]. .....I believe this paragraph is highlighting the rare failure of DAAs rather than emphasizing their well reported high cure rates- An additional test called HCV RNA test or reverse transcriptase polymerase chain reaction assay (RT-PCR) is needed to determine if a person is currently infected with HCV [17,79-81].....This “additional test called.....” is now in the ABCs of hepatology laboratory• Remaining challenges to eliminating hepatitis C virus infection:- Considering the fact that most of these infections remains undiagnosed..... Considering the fact that most of these infections remain undiagnosed- paving the way for a gradual increase in the prevalence of genotype 3, which is mostly transmitted by injection drug use (IDU) [145-147].....This IDU abbreviation has been mentioned before, why to repeat it?

**Response: Thank you very much for your review. The changes were done and highlighted with yellow color.**

#### **Reviewer 00069130**

Sir/Madam, Authors should include the following: 1) Social and economic side of HCV elimination : drug subsidy, IPR aspects, initiatives by various government agencies globally. 2) Mechanisms of vaccines failures: what we learned from failures 3) Emerging drug resistance and strategic planning to avoid the same. 4) Table gives a list of vaccine trials but no follow up data: why they failed or what is the current status 5) Minor degree of language polishing.

**Response: Thank you very much for your review. The mentioned issues were included and highlighted with blue color.**

Sincerely yours,



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