

## Point-by-point responses to reviewer comments

### Reviewer 0239199

- **Comment 1:** Page 8-9, the section of Statistical analysis, the red marked context should be present in the section of Methods (see the edit manuscript).
  - Response: Thank you for this comment. The majority of the red-marked content is already included under methods. We have made some minor edits to improve clarity in the methods (see track-changes version of the revised manuscript).
- **Comment 2:** Abstract: page 4, line 12-13, "Elevated ALT was defined as  $\geq 19$  in women", but page 8, line 18-19 "... and  $>20$  U/L for women per WHO recommendations", there is different, please re-check.
  - Response: WHO guidelines have adopted  $>19$  and  $>30$  U/L as the upper limits of normal for ALT among women and men respectively. We have adjusted this in the revised paper (Abstract, page 4, lines 12-13).
- **Comment 3:** In the section of result: page 10, line 1, "and half of patients (n=80, 52.6%)", maybe (n=84 ?, 52.6%), please re-check.
  - Response: Thank you for noting this minor error, which we have adjusted (n=84 is correct) in the revised paper (page 9, line 25).
- **Comment 4:** In general, high BMI as a risk factor of NAFLD and unhealthy alcohol use as a risk factor of ALD, both of them is one of the important reasons of ALT evaluated in inactive HBV infection. However, in the section of result in this study, "patients with indeterminate stage due to elevated ALT and low HBV DNA had similar/lower percentage with overweight/obesity (10.3% versus 20.4%) and unhealthy alcohol use (14.3% versus 10.4%)", Whether or not the malnourished fatty liver induce the condition? Please add the related discussion in the section of Discussion.
  - Response: We agree with the reviewer and in the revised paper (page 13, lines 28-29) have written, "Although we not find that they were correlated with having indeterminate stage, fatty liver and hazardous alcohol use are potential causes of elevated ALT in HBV patients."
- **Comment 5:** Overall, grammar and language needs working before resubmitting to the journal. Such as page 13 line 3, "the" will be deleted, etc.

- Response: In response to this comment we proofread the paper and made grammatical and language edits to strengthen the revised paper (see track-changes version of the revised manuscript).

#### **Reviewer 02528812**

- **Comment:** The authors reported chronic hepatitis B virus monoinfection at a university hospital in Zambia. The manuscript is well-written, but the single-center design limits its novelty.
  - Response: We agree with the reviewer and have stated in the paper (page 14, lines 17-18) that our data may not have external validity to other populations. However, we still feel that given the lack of African data in this area, these data are informative.

#### **Reviewer 02861124**

- **Comment:** Overall a good and important clinical study. Minor language control and reorganization are required (please see the attached manuscript file).
  - Response: We have made the minor edits to the manuscript as suggested in the attached file.