

Peer Review Responses:

Peer Review Report 1 Comment to Authors: It is a good topic and the paper is well written. I recommend to accept it for publication.

Answer to Peer Review Report 1: We agree with this note.

Peer Review Report 2 Comment to Authors: This review reported current status of hepatitis C virus testing recommendations in top quartile of Human Development Index countries. It is meaningful to improve the HCV panel guidance and is suitable for publication in World Journal of Hepatology.

Answer to Peer Review Report 2: We agree with this note.

Peer Review Report 3 Comment to Authors: The manuscript is well written and very informative.

Answer to Peer Review Report 3: We agree with this note.

Peer Review Report 4 Comment to Authors:

Dear authors, Your work could have been on a review (guideline) focused on comprehensive search for current HCV testing recommendations from the top quartile of United Nations Human Development Index (HDI) countries (very high HDI). Your manuscript looks like PRISMA 2009 Checklist. Accordingly, please receive reviewing comments in 6 main points: - Title is catchy informative and complete, draws attention and persuades reader to read more, contents three keywords (Hepatitis C, Testing, and Recommendations) - The Abstract gives an enough good overview of the entire study. Findings are enough significant: Likewise “HCV Guidance Panel (United States)” some very high HDI countries either have age-based testing or one-time testing recommendation for all adults. - In the “introduction section” of the manuscript, sufficient background informations to provide the rational for the study are included. Relevant and recent references are also included, for instance: [Paragraph 1 Line 5 to 9: “a large fraction of HCV infected individuals remain undiagnosed in United States”, “need to identify the appropriate groups of individuals to test for HCV infection”; Paragraph 2 Line 1 to 4: “expert-developed recommendations for hepatitis C testing through HCV guidance panel” and Paragraph 3 Line 1 to 3: “periodically updating of HCV panel guidance”]. However we noticed the statement of study objective [Paragraph 3 Line 4 to 6]: “HCV testing recommendations from the top quartile of United Nations Human Development Index (HDI) countries were evaluated for similarities and differences” is referenced with the reference number “9”. It should not be. I would have wished you delete it and reformulate the sentence that follows for taking into account it. For instance: The United Nations Human Development Index (HDI) countries9 data have been used periodically by the HCV Guidance Panel to explore HCV testing recommendations globally for comparison to the United States and for consideration in updating the HCV Panel guidance when additional peer-review data is available to support the inclusion of the category in the United States. In Paragraph 3 L 4: we noticed the coma is moved “... Panel guidance , HCV...”. I would have you place the coma “,” in right place. - Method section: Methods adequately explained: A comprehensive search for current HCV testing recommendations from the top quartile of

批注 [RI1]: This manuscript does not conform to the PRISMA 2009 checklist as it is not a systematic review nor a meta analysis. This has already been detailed in letters to the editor and is classified now as evidence based medicine which was requested in the original letter to the editor.

批注 [RI2]: Agree

批注 [RI3]: Agree

批注 [RI4]: Agree

批注 [RI5]: We have already edited format of citations. This citation is included as it is the citation for the United Nations Human Development Index and this is the first time it is mentioned so referenced appropriately. The manner in which the sentence is suggested to be re-written is not accurate for the process used in guidelines development.

批注 [RI6]: This was updated in prior revision submission.

HDI countries (Google search and search terms, experts' advice, source of testing recommendations, inclusion criteria, and categorization of testing recommendations). - Results section: In this section (Line 2, 7, 13) we noticed some a number of Reference citation. It should not be. I would have wished you delete it. I think also the sentence "In the United States, individuals born from 1945-1965 are included in both CDC and USPSTF HCV testing recommendations as they account for 75% of all HCV infections and evidence confirmed that a risk-based strategy alone failed to identify more than 50% of HCV infections due to provider and patient barriers in correctly ascertaining risk" looks like study rational. It should be stated in the "Introduction section". The work would be significantly improved with the suppression of references in "results section" and their insertion in "discussion section" via for example interpretation formulations. The work would be equally significantly improved with the transfer of sentence "In the United States, individuals born from 1945-1965 are.....as they account for 75% of all HCV infections and evidence confirmed that a risk-based strategy alone failed to identify more than 50% of HCV infections...." in the "introduction section". - Discussion section: we noticed Paragraph 2 Line 13: "countries" instead "counties"; Paragraph 2 Line 17: "from countries where HCV is endemic" instead "from countries were HCV is endemic". Finding enough well interpreted and discussed with relevant literature: "acute hepatitis/hepatitis symptoms, hepatitis A or B history, and liver cancer might be captured by the HCV Guidance Panel category of unexplained chronic liver disease and/or chronic hepatitis....", etc. "The remaining recommendation categories not included in the HCV Panel guidance are notified and discussed". Study limitation: search term, internet accessibility time, etc. Future direction and practicalities: "HCV Guidance Panel continues to review evidence on immigrants/visitors from countries where HCV is endemic, any future guidance for HCV testing among foreign-born individuals would need to account for geographic disparities in HCV prevalence and practicalities in implementing this in clinical practice settings". No significant gaps were identified in the study. In addition I would like to make important Specific Comments related your work: 1. First: We noticed in your study: Similarities of the HCV Guidance Panel's guidance with those of recommendations from very high HDI countries. 2. Second: - HCV Guidance Panel continues to review evidence on immigrants/visitors from countries where HCV is endemic. - Conclusions appropriately summarize the data that this study provided. 3. Third: - Limitations: search term, internet accessibility time, misinterpretation of the role of the government's involvement, etc. - Any future guidance for HCV testing among foreign-born individuals would need to account for geographic disparities in HCV prevalence and practicalities in implementing this in clinical practice settings.

批注 [RI7]: Agree

批注 [RI8]: References are cited in this section as this report pulls information from multiple sources and contained in this section and not on chart to allow the reader to have all sources.

批注 [RI9]: No, this sentence is providing information contained in the chart and the background for it as compared to others. The CDC in the US edited the paper to contain this here so it must stay.

批注 [RI10]: References are in the discussion section but since this report is detailing guidelines around the world and this is reported in the results section, the sources are given here and this is the wish of the CDC.

批注 [RI11]: This has been updated in the revision. All should refer to countries

批注 [RI12]: Agree with these comments; These areas already included in manuscript

Answer to Peer Review Report 4: Answers denoted in red above through comments.

Peer Review Report 5 Comment to Authors: this is a very interesting and important report, but I have these observations: if this items were not included in the HCV Panel guidance from my point of view they must be included 1. Acute hepatitis or hepatitis symptoms 2. Receiving an immunization or a medical procedure in a specified country or in a country where hepatitis C is common or where universal precautions are not in place 3. Body piercing or tattoo history 4. Hemophilia history 5. Hepatitis A or B infection history 6. Homeless persons 7. Immigrants or visitors from countries where HCV is endemic 8. Liver Cancer 9. Living with, or sexual partner of, HCV-positive person 10. Multiple sex partners, history of sexually transmitted infections (STIs), or high risk sexual behaviors 11. Attending STI clinic (+/- any risk factors) you should take care from what is called occult HCV infection you didn't mention the type of tests done for detection of HCV also the table need to be clear dose the (x) sign means that this category is not tested

Answer to Peer Review Report 5: This review is a summary of the work. I do not control HCV Panel guidance guidelines so I review what is included but cannot add these. Relevant data has to be analyzed. This report is not providing information on how to test for HCV infection but reviewing guidelines from high income countries. The X in the table denotes advice to test the category and added to bottom of table.

