

PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 72177

Title: The Challenge of Managing HBV and HCV infections in Resource-Limited Settings

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04025443

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Senior Researcher

Reviewer's Country/Territory: Russia

Author's Country/Territory: Egypt

Manuscript submission date: 2021-10-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-14 07:43

Reviewer performed review: 2021-10-19 16:02

Review time: 5 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear authors! I read with pleasure and interest your mini-review entitled "The Challenge of Managing HBV and HCV infections in Resource-Limited Settings". The subject of the manuscript is actual and may be interesting for wide range of readers. It seems, that problems with management of HBV and HCV infections are similar in resource-limited and high-income countries. This also supports the actuality of the presented data. In general, the paper is well-written. I have only a few minor comments. The aim of the paper is not appropriately described. Could you please add the aim of the review both, in the abstract and in the body of the manuscript? It seems that the information provided in the Introduction does not support the relevance of what is discussed further. Please, revise. It seems that not only "active" form of HBV infection is important. Some data suggest that even occult / previous forms may contribute to the development and progression of, for example, autoimmune liver disease. Wider testing programs are necessary for previous HBV infection as well, probably.

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Reviewer's code: 05270042

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: Egypt

Manuscript submission date: 2021-10-07

Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This was a minireview but it was too long. It should be more concise and should be emphasize the main points. 2. Some paragraphs are difficult to understand the authors' intension. 3. Page 3: 'chronic care' should be 'long-term care' 4. There are many different characteristics between HBV and HCV such as prevalence, transmission, vaccine, or treatment. For example, HBV is transmitted mainly through mother-child, there is vaccine for HBV, there is no vaccine for HCV, treatment to cure HCV is available, treatment for HBV is to use depressive drugs to prevent the development of virus. Therefore, separate analysis of HBV and HCV is recommended. 5. The Introduction is too long. The main focus should be the difficulty of HBV, the difficulty of HCV, the difficulty of HBV and HCV co-infection. 6. The section 'High prevalence areas for HBV and HCV in resource-limited settings' should be more concise, clearer. The prevalence in the 'resource-limited settings' should include a few countries for each continent. 7. The 'Diagnostic challenges....' and 'Impact antiviral....' sections" the authors should mention the main ideas and distinguish clearly HBV, HCV and coinfection 8. The section 'Access to medicine...' should discuss the disadvantages of treating and eliminating HBV and HCV. 9. In the 'Recommendations' section, the author should write what should be done at the present time and what tests should be performed. The authors should not write much about the past.

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Professional title: Chief Doctor, Doctor, Occupational Physician, Research Scientist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Egypt

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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**Peer-reviewer
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

It is an interesting manuscript about “The Challenge of Managing HBV and HCV infections in Resource-Limited Settings”. My concern is determined in the following points. Hepatitis C virus (HCV) and hepatitis B virus (HBV) are the leading causes of liver cancer and overall mortality globally, surpassing malaria and tuberculosis. Testing and diagnosis of HBV and HCV infection is the gateway for access to both prevention and treatment services, and is a crucial component of an effective response to the hepatitis epidemic. Early identification of persons with chronic HBV or HCV infection enables them to receive the necessary care and treatment to prevent or delay progression of liver disease. Testing also provides an opportunity to link people to interventions to reduce transmission, through counselling on risk behaviors and provision of prevention commodities and hepatitis B vaccination. In 2016, of the estimated 257 million people living with chronic HBV infection worldwide, only a small proportion was diagnosed and treated. The insufficiency of information on the proportion of people infected with HBV who are eligible for treatment limits the interpretation of global treatment coverage. Due to virological, host and socio-economic factors, the clinical presentation and treatment of chronic hepatitis B (CHB) differs between developing and developed countries and may differ between one low-income country and another. National healthcare prevention and treatment policies, environmental factors, social habits and personal life-styles all influence HBV transmission and the clinical management and therapy of CHB. These factors can have a strong impact on the natural history of the disease and on access to treatment and may eventually determine substantial changes in disease progression and the development of serious complications and hepatocellular



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carcinoma. HBV testing and diagnosis of HBV-related liver disease in low-income and middle-income countries differs substantially from that in developed countries in terms of access to resources and expensive technologies requiring highly specialized staff. Utilization of antiviral therapy is limited by cost and availability, particularly when patients are not covered by health insurance. The natural history of HBV infection is influenced by genotypes B and C in East Asia, Implementation of the HBV vaccine since the 1990s in Asia and 2000s in Africa has decreased the incidence of HBV, but vaccine failure and insufficiently effective prevention remain concerning issues. HBV infection has shown an intermediate or high endemicity level in low-income countries over the last five decades. In recent years, however, the incidence of acute hepatitis B and the prevalence of hepatitis B surface antigen chronic carriers have decreased in several countries because of the HBV universal vaccination programs started in the nineties. Some countries, however, are still unable to implement these programs, particularly in their hyperendemic rural areas. The diffusion of HBV infection is still wide in several low-income countries where the prevention, management and treatment of HBV infection are a heavy burden for the governments and healthcare authorities. HCV infection represents a major public health burden with diverse epidemics worldwide, but at present, only a minority of infected persons have been tested and are aware of their diagnosis. The advent of highly effective direct acting antiviral (DAA) therapy, which is becoming available at increasingly lower costs in low and middle income countries (LMICs), represents a major opportunity to expand access to testing and treatment. However, there is uncertainty as to the optimal testing approaches and who to prioritize for testing. Above mentioned should be referred to.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 05270042

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: Egypt

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Reviewer chosen by: Ji-Hong Liu

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Review time: 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have written the manuscript to be shorter and easier to understand.
Questions have been fully answered.