

Reviewer #1.

Major points:

Major sections of the review have been rewritten and reorganized and more groups of chronic hepatitis C infection are now covered. Eg. PWIDs, MSM, children, etc. Regarding English proof reading, it has been done by a senior colleague whose whole education has been in English.

Minor points:

First sentence in Introduction has been modified. HBV has been removed.

Reviewer #2.

Thank you for your valuable suggestions. The review has been made more focused and concise. Historical parts have been trimmed. In every subtitle, final conclusion has been mentioned. Classification and mechanism of action of DAAs have been added. A figure has been added.

Proper timing of post-transplant HCV treatment has been mentioned.

Special groups of people have been added. Children have been included. Oncology patients, chronically transfused patients and HCV relapsers and re-infected patients have been added.

In patients on hemodialysis, it is safe to use DAAs. No untoward cardiac effects are described. SEs of DAAs have been added.

High cost in LMICs and uninsured patients

The Egyptian experience has been added in the manuscript.

References from Egypt have been added. Biggest pool for genotype 4.

Reviewer #3.

Tables have been added.

A table of abbreviations is also added.

Reviewer #4.

Major points.

A paragraph about PWID and MSM has been added.

Minor points:

More than 6 months causes liver cirrhosis and/or HCC has been modified.

Renal involvement in chronic HCV infection--- with NAT test is recommended has been changed. Two references have been added.

Reviewer #5.

The diagnosis aspect has been covered in detail.

Reviewer #6.

Safety therapies have been added.

2. Figure 3 has been redrawn.

Science Editor.

1. The diagnosis part has been elaborated in detail now.
2. Number of references from any journal has been reduced per journal, except for three journal, which are indispensable as they refer to guidelines or crucial trials.

Company editor: