OPEN PEER REVIEW

## Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

## What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

## Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Hepatitis Monthly
Article DOI: 10.5812/hepatmon.101012
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# Peer Review Report for "The Prevalence of Hepatitis B, Hepatitis C and Human Immunodeficiency Viral Infections Among a Large Population of Afghans"

**Author(s):** Sayed Muh Reza Mousawee, Maryam Moossavi, Afsane Bahrami, Hamidullah Rasekh, Mohammad Sadegh Naghizadeh, Hassn Abd, Mohammad Fereidouni

## Review Timeline:

Submit Date: 14 Jan 2020
Revised Date: 7 Jun 2020
Accepted Date: 14 Jun 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Reviewer | Revision (0) — 18 Jan 2020

Dear AE,
There are some comments which should be addressed by the author::
1- Conclusion need to be revised. Based on sensitivity and specificity of test reported, false positivity is not high. Although PPV (Positive Predictive Validity ) may be low based on low prevalence of HBV, HCV and HIV in population.
2- Please insert keywords based on MeSH.
3- Age groups have overlap i.e. 1-10, 10-20 and so on. Also why stated categories from 1-10?
4- Please insert limitations of your study.
Thanks.

**Reza Jafari-Shakib**: Associate Editor | Revision (0) — 3 Feb 2020

Dear EIC,
The manuscript “The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans” was reviewed. It was a large study about most important blood-born viral pathogens as important health problems in

Afghanistan but I have some suggestions to improve the manuscript. These are my comments in addition to another reviewer.

Major comments:

1. References is not appropriate. " Furthermore, HCV infection is mostly chronic and it is estimated that about 180 million people infected with HCV9,10" "In several recent studies, the global prevalence of HBs-Ag was reported 3.9% 25-27" Several recent studies reported the global prevalence of 1% for HCV that was higher than our result data with the overall frequency of 0.13% in both genders 25-27"

2. Which demographic data was collected? "after collecting demographic data". It is better to define ethnicity of the participants or where did they live in Afghanistan.

3. There are some important mistakes in the result section: 0.008% instead of "0.018% by ELISA" or 4.6% in "The positive predictive value of HIV rapid test comparing to confirmatory ELISA test was 46.0%"

4. Discussion must be revised

- How was 0.06% calculated? "In one study which was conducted among a sample of Afghan National Army, the distribution of HCV was 0.82% which was higher than our finding (0.06%) 34"
- These comparisons are clear. "0.31% which was similar to our result" but "seroprevalence of 0.3% for HCV was higher than our finding " Another study among intrapartum patients in Kabul, Afghanistan, declared that anti-HCV positivity was 0.31% which was similar to our result 18" and "Another neighborhood country showed a seroprevalence of 0.3% for HCV among large number of individuals that were higher than our finding with an estimate of 0.13% 31"
- As the kit manufacturer claimed the relative sensitivity, specificity and accuracy was >99.0 %, >96.7% and >98.3%, respectively and the authors found out less specificity, I think the authors must focus on it and compare it with some other studies.
- As a comment, is it possible to explain low seropositivity of HBV, HCV and HIV by low sensitivity as some studies show about rapid tests?

It must be rechecked by authors: "Regarding HIV infection, the burden of HIV contamination in Asian counties is as high as viral hepatitis due to lack of proper prevention and treatment as well as public awareness12"

- HBsAg positivity is different between Ref 29 with this study : "In line with the present study, serology testing among 350 pediatric with mean age of 6.5 ± 4.2 at Kabul showed that the rate of positivity for HBs-Ag was 3.6% (n=12)29"
- As the age group is divided by 10 years how the authors calculated age group of 50-70 years is the most prevalent group in X2.

Minor comments:

1. It is better to write "human immune deficiency virus infection" or "human immunodeficiency virus" instead of 'human immune deficiency infection"
2. Accuracy is a specific term that was not measured in this study. "the accuracy of detection methods"
3. p value ≤ 0.05 or p value <0.05

I4. t is better to write anti-HIV instead of HIV infection "distribution of HIV infections based on different age groups was not statistically significant"

5. "In case of HBV infection, our target population showed the prevalence rate of 1.23% that was identified higher in males than females (1.24% vs. 1.19%) and belonged to the group of

50-70 years of age" It is better to separate significant data(age group) from nonsignificant (sex).
6. What does it mean to "living with a chronic form of HBV"
7. "Blood-borne disorders" or "Blood-borne infections"
8. This ref format must be corrected" Organization WH. Prevention and control of viral hepatitis infection: framework for global action. 2012."
9. Journal names must be abbreviated
10. Some spelling errors: Meta analyze, counties
Thanks.

**Seyed Moayed Alavian**: EIC | **Revision** (0) 4 Feb 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear, Prof. Seyed Moayed Alavian

Thank you very much for your letter of 19-Feb-2020 and for the constructive comments made by yourself and the reviewers about our manuscript, entitled " *The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans* " (ID: 101012 R1) submitted in Hepatitis Monthly journal.

I am pleased to send you the new version of the manuscript which carefully revised according to the reviewers' comments (all changes were marked in yellow color) within the deadline that you proposed.

I also declare that neither the submitted paper, nor any similar article, either in whole or in part, have been or will be submitted or published in any other scientific journal. All authors are aware of and agree to the content of the manuscript.

I hope that the present version of the manuscript satisfactorily addresses all the comments made by you and the reviewers and meets the quality standard for publication in Hepatitis Monthly journal.

Thank you very much for your kind attention to our manuscript.

Dr Mohammad Fereidouni

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**REPLIES TO REVIEWERS' COMMENTS**
**(ID: 101012 R1)**

Reviewers' Comments:

**Reviewer 1:**

*1. Conclusion need to be revised. Based on sensitivity and specificity of test reported, false positivity is not high. Although PPV (Positive Predictive Validity) may be low based on low prevalence of HBV, HCV and HIV in population.*

*2. Please insert keywords based on MeSH.*

*3- Age groups have overlap i.e. 1-10, 10-20 and so on. Also why stated categories from 1-10?*

*4- Please insert limitations of your study.*

**Reply.** Dear reviewer, thank you very much for your kind attention. We revised our manuscript particularly keywords and conclusion according your comments. Limitations of the study were added and all changes were marked in yellow color.

***Associate Editor's Comments:***

***Associate Editor 1:***

*The manuscript "The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans" was reviewed. It was a large study about most*

*important blood-born viral pathogens as important health problems in Afghanistan but I have some suggestions to improve the manuscript. These are my comments in additional of another reviewer.*

Major comments:

*1. References is not appropriate. " Furthermore, HCV infection is mostly chronic and it is estimated that about 180 million people infected with HCV9,10" "In several recent studies, the global prevalence of HBs-Ag was reported 3.9% 25-27" Several recent studies reported the global prevalence of 1% for HCV that was higher than our result data with the overall frequency of 0.13% in both genders 25-27"*

*2. Which demographic data was collected? "after collecting demographic data". It is better to define ethnicity of the participants or where did they live in Afghanistan.*

*-There are some important mistakes in the result section: 0.008% instead of "0.018% by ELISA" or 4.6% in "The positive predictive value of HIV rapid test comparing to confirmatory ELISA test was 46.0%"*

*. Discussion must be revised*

*- How was 0.06% calculated? "In one study which was conducted among a sample of Afghan National Army, the distribution of HCV was 0.82% which was higher than our finding (0.06%) 34"*

*- These comparisons are clear. "0.31% which was similar to our result" but "seroprevalence of 0.3% for HCV was higher than our finding " Another study among intrapartum patients in Kabul, Afghanistan, declared that anti-HCV positivity was 0.31% which was similar to our result 18" and "Another neighborhood country showed seroprevalence of 0.3% for HCV among large number of individuals that was higher than our finding with an estimate of 0.13% 31"*

*- As the kit manufacturer claimed the relative sensitivity, specificity and accuracy was >99.0 %, >96.7% and >98.3%, respectively and the authors found out less specificity, I think the authors must focus on it and compare it with some other studies.*

*- As a comment, is it possible to explain low seropositivity of HBV, HCV and HIV by low sensitivity as some studies show about rapid tests?*

*It must be rechecked by authors: "Regarding HIV infection, the burden of HIV contamination in Asian counties is as high as viral hepatitis due to lack of proper prevention and treatment as well as public awareness12"*

*- HBsAg positivity is different between Ref 29 with this study : "In line with the present study, serology testing among 350 pediatric with mean age of 6.5 ± 4.2 at Kabul showed that the rate of positivity for HBs-Ag was 3.6% (n=12)29"*

*- As the age group is divided by 10 years how the authors calculated age group of 50-70 years is the most prevalent group in X2.*

**Reply.** We truly thankful for constructive comments of this reviewer on our manuscript. All of comments was corrected and done. The references were revised. In case of ethnicity, the problem is that because of ethnical conflicts as well as discrimination, most of people do not like to reveal their true ethnicity. Discussion part also was improved according to your comments. The age group of table improved.

*Minor comments:*

1. *It is better to write "human immune deficiency virus infection" or "" instead of 'human immune deficiency infection".* **Reply***:* It was changed to human immunodeficiency virus

*2.Accuracy is a specific term which was not measured in this study. "the accuracy of detection method"* **Reply***:* It was corrected

*3. p value ≤ 0.05 or p value <0.05.* **Reply** *:* It was corrected

*I4. t is better to write anti-HIV instead of HIV infection "distribution of HIV infections based on different age groups was not statistically significant"* ***Reply****: it was changed*

*5. "In case of HBV infection, our target population showed the prevalence rate of 1.23% that was identified higher in males than females (1.24% vs. 1.19%) and belonged to the group of 50-70 years of age" It is better to separate significant data(age group) from nonsignificant (sex).* ***Reply****:*

*6. What does it mean "living with chronic form of HBV".* **Reply***:* It was corrected in the text

*7. "Blood-borne disorders" or "Blood-borne infections" .* **Reply***:* It was changed to Blood-borne infections

*8. This ref format must be corrected" Organization WH. Prevention and control of viral hepatitis infection: framework for global action. 2012."* **Reply***:* It was done

*9. Journal names must be abbreviated.* **Reply:** It was done

*10. Some spelling errors: Meta analyze, counties.* **Reply***:* The errors were corrected

**Reply:** Regarding to your valuable comments, we revised our manuscript and corrected minor mistakes. Also the tem "Living with chronic form of HBV" means "having chronic form of HBV". Moreover, journal names were abbreviated.

**OPEN PEER REVIEW**

**Revision (1)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Associate Editor | **Revision** (1) 22 Apr 2020

Dear EIC,
I reviewed the revised manuscript entitled "The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans". Most of the concerns were addressed however few concerns were not considered accordingly. Authors should follow the comments carefully and respond to the comments one by one to accept the manuscript for publication. Please find my comments:
1. As the kit manufacturer claimed the relative sensitivity, specificity and accuracy was >99.0 %, >96.7%, and >98.3%, respectively and the authors found out less specificity, I think the authors must focus on it and compare it with some other studies. As an opinion, is it possible to explain low seropositivity of HBV, HCV and HIV by low sensitivity as some studies show about rapid tests?
2. It must be rechecked by authors: "Regarding HIV infection, the burden of HIV contamination in Asian counties is as high as viral hepatitis due to lack of proper prevention and treatment as well as public awareness12"
3. It is better to add again Afghanistan to the keywords.
4. It is strange the percent of 11-20 age group is 19137(5.6) but 1-10 age group is 13111(10) "Low number with higher percent"
5. References is not appropriate. "Furthermore, HCV infection is mostly chronic and it is estimated that about 180 million people infected with HCV9, 10" "In several recent studies, the global prevalence of HBs-Ag was reported 3.9% 25-27".
Ref 9-10 is not about global epidemiology, Ref 25 is about HIV and Ref 27 is about HBV
6. What does it mean "living with or having chronic form of HBV"?
In Ref 28: "By multivariate logistic regression analysis, independent predictors for HBsAg infection were sex, history of jaundice, blood transfusion and living with hepatitis patients"
7. This ref" Organization WH. Prevention and control of viral hepatitis infection: framework for global action. 2012." format must be changed to
World Health Organization. Prevention and control of viral hepatitis infection: framework for global action; 2012. Available from:
http://www.who.int/entity/csr/disease/hepatitis/GHP_framework.pdf.
And Ref 20, 21.
Thanks.

**Seyed Moayed Alavian**: EIC | **Revision** (1) 23 Apr 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

Thanks.

OPEN PEER REVIEW

Revision (2)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear, Prof. Seyed Moayed Alavian

Thank you very much for your letter of 23-April-2020 and for the constructive comments made by yourself and the reviewers about our manuscript, entitled " *The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans* " (ID: 101012 R2) submitted in Hepatitis Monthly journal.

I am pleased to send you the new version of the manuscript which carefully revised according to the reviewers' comments (all changes were marked in yellow color) within the deadline that you proposed.

I also declare that neither the submitted paper, nor any similar article, either in whole or in part, have been or will be submitted or published in any other scientific journal. All authors are aware of and agree to the content of the manuscript.

I hope that the present version of the manuscript satisfactorily addresses all the comments made by you and the reviewers and meets the quality standard for publication in Hepatitis Monthly journal.

Thank you very much for your kind attention to our manuscript.

Dr Mohammad Fereidouni

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**REPLIES TO REVIEWERS' COMMENTS**
**(ID: 101012 R1)**

Reviewers' Comments:

*I reviewed the revised manuscript entitled "The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans". Most of the concerns were addressed however few concerns were not considered accordingly. Authors should follow the comments carefully and respond to the comments one by one to accept the manuscript for publication. Please find my comments:*
*1. As the kit manufacturer claimed the relative sensitivity, specificity and accuracy was >99.0 %, >96.7% and >98.3%, respectively and the authors found out less specificity, I think the authors must focus on it and compare it with some other studies. As an opinion, is it possible to explain low seropositivity of HBV, HCV and HIV by low sensitivity as some studies show about rapid tests*?

**Reply**: Dear reviewer, thank you very much for your kind attention. We revised our manuscript according your comments. We more focus on sensitivity, specificity and accuracy of our kit and compare it with some other studies. Explanation with referral to several references was added to the end of discussion part.

*2. It must be rechecked by authors: "Regarding HIV infection, the burden of HIV contamination in Asian counties is as high as viral hepatitis due to lack of proper prevention and treatment as well as public awareness12"*

**Reply:** It was rechecked and corrected in the text.

*3. It is better to add again Afghanistan to the keywords.*

**Reply:** It was added to the keywords.

*4. It is strange the percent of 11-20 age group is 19137(5.6) but 1-10 age group is 13111(10) "Low number with higher percent"*

**Reply:** It was a mistake and was corrected in the table.

*5. References is not appropriate. "Furthermore, HCV infection is mostly chronic and it is estimated that about 180 million people infected with HCV9, 10" "In several recent studies, the global prevalence of HBs-Ag was reported 3.9% 25-27".* Ref 9-10 is not about global epidemiology, Ref 25 is about HIV and Ref 27 is about HBV

**Reply:** The reference was changes.

*6. What does it mean "living with or having chronic form of HBV"?*
*In Ref 28: "By multivariate logistic regression analysis, independent predictors for HBsAg infection were sex, history of jaundice, blood transfusion and living with hepatitis patients"*

**Reply:** It was corrected in the text.

*7. This ref" Organization WH. Prevention and control of viral hepatitis infection: framework for global action. 2012." format must be change to World Health Organization. Prevention and control of viral hepatitis infection: framework for global action; 2012. Available from:* http://www.who.int/entity/csr/disease/hepatitis/GHP_framework.pdf. *And Ref 20, 21*

**Reply:** It was changed.

**OPEN PEER REVIEW**

**Revision (2)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Associate Editor | **Revision** (2) 3 Jun 2020

Dear EC,
I reviewed the revised manuscript again. The concerns were addressed however some new mistakes were made. Please find my comments:
1. Check references thoroughly and carefully.
The result of Tanju et al was compatible with us, as they found no viral frequency in the group age of 0-20 years in both genders at Kabul. They indicated that probable risk factors for transmission of viral viruses in childhood are restricted and may increase with age (29).
26. Tanju IA, Levent F, Sezer RG, Cekmez F. Hepatitis B, hepatitis C, and human immunodeficiency virus seropositivity among children in kabul, afghanistan: a cross-sectional study. Hepat Mon. 2014;14(3).
29. Ziaee M, Ebrahimzadeh A, Azarkar Z, Namaei MH, Saburi A, Fereidouni M, et al. Seroprevalence and risk factors for hepatitis B in an adult population: the first report from Birjand, South Khorasan, Iran. Hepat Mon. 2016;16(9).
2. Elisa or ELISA
Thanks.

**Seyed Moayed Alavian**: EIC | **Revision** (2) 5 Jun 2020

Dear Author,
Please correct the requests in the final draft soon and it will be accepted.
Thanks.

OPEN PEER REVIEW

Revision (3)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear, Prof. Seyed Moayed Alavian

Thank you very much for your letter of 19-Feb-2020 and for the constructive comments made by yourself and the reviewers about our manuscript, entitled " *The prevalence of Hepatitis B, Hepatitis C and Human immunodeficiency viral infections among a large population of Afghans* " (ID: 101012 R1) submitted in Hepatitis Monthly journal.

I am pleased to send you the new version of the manuscript which carefully revised according to the reviewers' comments (all changes were marked in yellow color) within the deadline that you proposed.

I also declare that neither the submitted paper, nor any similar article, either in whole or in part, have been or will be submitted or published in any other scientific journal. All authors are aware of and agree to the content of the manuscript.

I hope that the present version of the manuscript satisfactorily addresses all the comments made by you and the reviewers and meets the quality standard for publication in Hepatitis Monthly journal.

Thank you very much for your kind attention to our manuscript.

Dr Mohammad Fereidouni

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**REPLIES TO REVIEWERS' COMMENTS**
**(ID: 101012 R1)**

Reviewers' Comments:

1. *Check references thoroughly and carefully.*

   *The result of Tanju et al was compatible with us, as they found no viral frequency in the group age of 0-20 years in both genders at Kabul. They indicated that probable risk factors for transmission of viral viruses in childhood are restricted and may increase with age (29).*

   *26. Tanju IA, Levent F, Sezer RG, Cekmez F. Hepatitis B, hepatitis C and human immunodeficiency virus seropositivity among children in kabul, afghanistan: a cross-sectional study. Hepat Mon. 2014;14(3).*
   *29. Ziaee M, Ebrahimzadeh A, Azarkar Z, Namaei MH, Saburi A, Fereidouni M, et al. Seroprevalence and risk factors for hepatitis B in an adult population: the first report from Birjand, South Khorasan, Iran. Hepat Mon. 2016;16(9).*
   ***Reply: It was checked and corrected.***

   *2. Elisa or ELISA*
   ***Reply: It was ELISA and corrected.***

**OPEN PEER REVIEW**

**Revision (3)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**Seyed Moayed Alavian**: EIC | **Revision** (3) 14 Jun 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.