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OPEN PEER REVIEW

Epidemiology of Hepatitis C Virus Infection Among High-risk Populations in Northeastern Iran

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

4 comments · 7 May 2022 – 6 Jun 2022

Referee 1 Reviewer

MAJOR REVISION 7 May 2022

Thank you for your valuable efforts to help eradication of hepatitis C in iran.
Please answer the following question:
1)why did you include the TB patients in this study?
2)why did not include the out patients TB patient in the study?
3)why have compared the risk of hepatitis C in TB patients with high risk person?
4)would recommended that the patients with TB be excluded and then the data reevaluated
5) The viremia screening method is qualitative or quantitative?
6) No information was provided on the percentage of being employed and single while in discussion the risk of hepatitis C was reported to be significant in these patients
7) what has been the age division? What's the meaning of the old age in your study that the risk of hepatitis C is high in them??
8) in this study did not talk about the income of people while in the conclusion you used poor people

Referee 2 Reviewer

MAJOR REVISION 20 May 2022

Dear author
Greeting and thank you for your valuable research on hepatitis C and finding solutions to eradicate it. Your article entitled "Epidemiology of hepatitis C virus infection among high-risk populations in the northeast of Iran was studied in its entirety.
Some questions that were asked to me as a reviewer of the article, the most important of which should be answered: Why are patients with tuberculosis in the high-risk group in terms of hepatitis C? The articles you cite rely solely on the possible increase in drug reactions and do not insist on the possible increase in the incidence of hepatitis C virus in people with tuberculosis. Therefore, it is recommended to eliminate the group infected with tuberculosis and re-analyze the information or design another study in the form of having a control group that does not have a specific or high-risk disease.
The next question is whether your PCR was qualitative or quantitative?Because of the factors involved and related between hepatitis C and high-risk groups, the cause of aging has been mentioned, but it was not stated what range it included, it would have been better to categorize the age of people and this comparison is done in different age groups.The next question is, by what criteria were the poor people meant? Was the income of the people classified, or was it just a matter of employment or unemployment? According to the information given in the article and the questions raised, it is suggested that by designing the article Therefore, it is suggested that according to the information collected by your Excellency, the easiest task is to remove the group with tuberculosis and re-analyze the information.

Associate Editor

REJECT 4 Jun 2022

Dear
This study was reviewed by two reviewers. In addition, I will express my views
In the introduction section - lines 33 to 46-, rates of HCV infection mentioned from various studies. Has it all been through a diagnostic method? (ELISA or PCR).

I suggest you use the following article:Distribution of hepatitis C virus genotypes in hemodialysis patients of Guilan, northern Islamic Republic of Iran. East Mediterr Health J. 2012 Mar;18(3):236-40.F . IN this study all patients at Guilan hemodialysis centers were enrolled. Out of 514 enrolled patients, 11.9% were serologically HCV positive and 6.2% had positive HCV-RNA.

Some findings in the result were repeated in tables that should be deleted in one of them.

In the discussion section, there is no need to mention the results of test statistics for example 13.41% (95% CI 11.26–15.56%)

In this study, people with tuberculosis were studied, while according to the results of the study, none of them had hepatitis. Considering that even their diagnostic test(kite) was different from the other group, I recommend that these people be excluded from the study and examined in another study in the case and control groups.(TB patients
with HCV infection with TB patients without hepatitis C)
The elevated serum concentrations of the enzymes aspartate transaminase and alanine transaminase were identified in 31.33% (26/83) and 48.19% (40/83) of the HCV RNA positive patients, respectively. Why this rate was not reported in negative people.
Best

Editor-in-Chief

MAJOR REVISION 6 Jun 2022

Dear Authors,

Thank you for your submission. Please follow the peer-review comments and submit a revision.

Regards,
EIC

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Epidemiology of hepatitis C virus infection among high-risk populations in the northeast of Iran (Manuscript ID: 127166)

Reply to Reviewers' Comments:

Reviewer 1:

Greeting and thank you for your valuable research on hepatitis C and finding solutions to eradicate it. Your article entitled "Epidemiology of hepatitis C virus infection among high-risk populations in the northeast of Iran was studied in its entirety. Some questions that were asked to me as a reviewer of the article, the most important of which should be answered:

- *Why are patients with tuberculosis in the high-risk group in terms of hepatitis C? The articles you cite rely solely on the possible increase in drug reactions and do not insist on the possible increase in the incidence of hepatitis C virus in people with tuberculosis. Therefore, it is recommended to eliminate the group infected with tuberculosis and re-analyze the information or design another study in the form of having a control group that does not have a specific or high-risk disease.*

We excluded the tuberculosis group from the study and re-analyzed the data based on the reviewers' comments and editor's recommendation.

- *The next question is whether your PCR was qualitative or quantitative?*

The type of PCR (qualitative) was added in the Methods.

- *Because of the factors involved and related between hepatitis C and high-risk groups, the cause of aging has been mentioned, but it was not stated what range it included, it would have been better to categorize the age of people and this comparison is done in different age groups.*

We considered 'age' as a scale (numeric) variable in all analyses including regression analysis.

- *The next question is, by what criteria were the poor people meant? Was the income of the people classified, or was it just a matter of employment or unemployment?*

We used 'poor' as a general term. So we decided to replace it with 'hard-to-access'.

Reviewer 2:

Thank you for your valuable efforts to help eradication of hepatitis C in iran. Please answer the following question:

1) why did you include the TB patients in this study? 2) why did not include the out patients TB patient in the study? 3) why have compared the risk of hepatitis C in TB patients with high risk

person? 4) would recommended that the patients with TB be excluded and then the data reevaluated?

We excluded the tuberculosis group from the study and re-analyzed the data based on the reviewers' comments and editor's recommendation.

5) The viremia screening method is qualitative or quantitative?

The type of viremia screening (qualitative PCR) was added in the Methods.

6) No information was provided on the percentage of being employed and single while in discussion the risk of hepatitis C was reported to be significant in these patients.

Thanks a lot! We provided some information regarding these demographic variables in *Result* section.

7) what has been the age division? What's the meaning of the old age in your study that the risk of hepatitis C is high in them?

We used 'older age' to mean 'higher age' not 'elderly people'.

8) in this study did not talk about the income of people while in the conclusion you used poor people.

We used 'poor' as a general term. So we decided to replace it with 'hard-to-access'.

Associate Editor 1:

This study was reviewed by two reviewers. In addition, I will express my views.

- *In the introduction section - lines 33 to 46-, rates of HCV infection mentioned from various studies. Has it all been through a diagnostic method? (ELISA or PCR). I suggest you use the following article: Distribution of hepatitis C virus genotypes in hemodialysis patients of Guilan, northern Islamic Republic of Iran. East Mediterr Health J. 2012 Mar;18(3):236-40.F . IN this study all patients at Guilan hemodialysis centers were enrolled. Out of 514 enrolled patients, 11.9% were serologically HCV positive and 6.2% had positive HCV-RNA.*

We tried to cite to the comprehensive and most recently published reports on the global, regional and national prevalence of HCV infection. So we cited to systematic reviews and meta-analyses rather than original researches, some of which reported the rate of HCV viremia along with the HCV seropositivity. We also clarified that World Health Organization reports refer to chronic HCV infection (HCV PCR positive).

- *Some findings in the result were repeated in tables that should be deleted in one of them.*

In Table 1, we referred only to the variables that were significantly associated with HCV infection. We also removed Table 2 and the related findings were given solely in the text.

- *In the discussion section, there is no need to mention the results of test statistics for example 13.41% (95% CI 11.26–15.56%).*

We mentioned the statistics to let readers be capable to compare HCV infection prevalence among different populations or regions.

- *In this study, people with tuberculosis were studied, while according to the results of the study, none of them had hepatitis. Considering that even their diagnostic test(kite) was different from the other group, I recommend that these people be excluded from the study and examined in another study in the case and control groups.(TB patients with HCV infection with TB patients without hepatitis C)*

We excluded the tuberculosis group from the study and re-analyzed the data based on the reviewers' comments and editor’s recommendation.

- *The elevated serum concentrations of the enzymes aspartate transaminase and alanine transaminase were identified in 31.33% (26/83) and 48.19% (40/83) of the HCV RNA positive patients, respectively. Why this rate was not reported in negative people.*

We did not intend to compare serum AST and ALT between HCV-negative and HCV-positive people. We measured these tests to assess liver function only among HCV-RNA positive samples.

2 Revision 1

2 comments · 23 Jun 2022 – 23 Jun 2022

Associate Editor

MINOR REVISION 23 Jun 2022

Dear
The authors have answered some cases, but the answer to the following two cases is not exhaustive. Please correct .
There was a comment for the authors "In the discussion section, there is no need to mention the results of test statistics for example 13.41% (95% CI 11.26–15.56%)."But the authors have answered "We mentioned the statistics to let readers be capable to compare HCV infection prevalence among different populations or regions." You should write the discussion in such a way that there is no need to mention statistics ,meaningful statistics (P value) and reports. Please correct discussion section.

You measured AST and ALT tests to assess liver function only among HCV-RNA positive samples. Please mention this as a study limitation. Best

Editor-in-Chief

MINOR REVISION 23 Jun 2022

Dear Authors,

Thank you for submitting the revised manuscript. The associate editor has requested additional corrections.

Regards,
EIC

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Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Epidemiology of hepatitis C virus infection among high-risk populations in the northeast of Iran (Manuscript ID: 127166)

Reply to Editor Comments:

Associate Editor 1:

The authors have answered some cases, but the answer to the following two cases is not exhaustive. Please correct.

- *There was a comment for the authors "In the discussion section, there is no need to mention the results of test statistics for example 13.41% (95% CI 11.26–15.56%)."But the authors have answered "We mentioned the statistics to let readers be capable to compare HCV infection prevalence among different populations or regions." You should write the discussion in such a way that there is no need to mention statistics, meaningful statistics (P value) and reports. Please correct discussion section.*

We revised the Discussion part according to your comments.

- *You measured AST and ALT tests to assess liver function only among HCV-RNA positive samples. Please mention this as a study limitation..*

We mentioned it as a study limitation in the end of Discussion.

3 Revision 2

2 comments · 9 Jul 2022 – 9 Jul 2022

Associate Editor

ACCEPT 9 Jul 2022

Dear EIC,

Authors addressed the comments correctly. Please consider the revised manuscript for publication.

Thanks

Editor-in-Chief

ACCEPT 9 Jul 2022

Dear Authors,

I am delighted to inform that your manuscript is accepted for publication in Hepatitis Monthly.

Regards,
EIC