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.

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Hepatitis Monthly
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Peer Review Report for "Proportion of People Who Are Positive for HBsAg and Anti-HCV Antibody Among Participants in a Community Screening Campaign in Malaysia"

Author(s): Zhuo-Zhi Lim, Jau Shya Teo, Ah Choon Tan, Teck-Onn Lim

Review Timeline:

Submit Date: 30 May 2022
Revised Date: 9 Aug 2022
Accepted Date: 20 Aug 2022

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)

19 Jun 2022

Dear Editor
Thanks for inviting me to review the manuscript NO.128166 entitled "Prevalence of Chronic Hepatitis B and C in Malaysia- results from a community-based screening campaign".
I appreciate the authors' work to collect these important data from around 11000 subjects. Although these data are important for the literature, there are some major limitations regarding the methods of collecting these data.
The study population is not representative and cannot be generalized to the general population of the Malaysia. So, the title of "Prevalence of Chronic Hepatitis B and C in Malaysia" is not suitable for this project. My suggestion: please remove the prevalence from whole parts of the document (title, abstract, introduction, methods, results, discussion). Instead, you can use other phrases such as HBV and HCV screening in this specific population or at least the prevalence of HBV/HCV in this specific population.

Abstract:

- The introduction section of abstract is not suitable. All three sentences should be changed. "which is apparently endemic in Asia", "is still poorly documented in Malaysia", and "Available statistics are modelled estimates based on expert input..." are not correct statements. Some of the estimated prevalences are more worthfully than some original studies with wrong sampling. Also, "We therefore determined the prevalence of chronic hepatitis B and C in Malaysia...". This study is not a population-based study to assess the prevalence of HBV and HCV in Malaysia, since your population is not representative.

- Please use the extended form of HBV and HCV for the first time in the abstract.

- Please add "antibody" after "anti-HCV"

- Please specify all the lab tests for both HBV and HCV instead of "serology tests and nucleic acid tests".

- The first sentence of results is not correct. "We estimated 1.17% or 238,971 Malaysian adults aged 20 or older had chronic HBV, while only 0.74% or 151,144 adults had chronic HCV." This is not a correct estimation of the prevalence. You can use "N(%) of the subjects were positive for HBV and N(%) were positive for HCV" infections.

- Again, instead of using the word "prevalence" you can say: "Young adults below age 22 years were less likely to have HBV infection" or "Females were less likely....", "Chinese were more likely....", etc.

- Please write a conclusion based on your results. For example, which people with which characteristics need further attention to screen for HBV/HCV. The first sentence, "perhaps owing to the introduction of universal HBV vaccination since 1989", is not based on your results.

Introduction:
- Some of the statements are not true in this section. The first paragraph needs to be changed. Instead, you can say about the burden of HBV and HCV and their morbidities, the importance of elimination, the importance of awareness-raising/screening campaigns in elimination programs (https://pubmed.ncbi.nlm.nih.gov/28154404/), etc.

- Also, the last paragraph of the introduction is not suitable. This study cannot estimate the HBV/HCV prevalence in Malaysia.

Methods:
- Please mention the laboratory techniques/kits for "lab based serology tests and nucleic acid tests for HCV RNA and HBV DNA".

- The statistical analysis needs to be revised. The authors can use some statistical tests to compare the positive and negative cases to find out that which people are more likely to be infected.

- The "post stratification" is a good method to generalize these results, but, the stratification is not enough to generalize these results. The study sample is not representative, so, these results are not the HBV/HCV prevalence in Malaysia even after the stratification.

Results:
- Please mention the response rate. How many people were requested to participate in this campaign? How many people agreed to participate?

- Also, among the positive cases, how many people agreed to do confirmatory lab tests?

- Please do not use prevalence and estimation in this section.

- The results need some statistical tests to compare the HBV/HCV infection rate within the different subgroups.

Discussion:
- Again, please do not use prevalence, estimation, poor epidemiology, etc. in this section. The estimation studies are as worthfully as the original studies.

REFEREE: Associate Editor | **Revision** (0) 21 Jun 2022

Dear Editor-in-chief,

Thanks for assigning me as the Associate Editor to handle this submission. This study reports the prevalence of HBV and HCV in a large sample of nearly 11,000 people in Malaysia. There are some concerns about the appropriate title for the manuscript and description of methods. In general, this version is not suitable for publication and needs major revisions. Some sentences in the introduction should change, and the methodology should be described in much greater detail. Please see the attached comments from the reviewers.

Regards
AE

Seyed Moayed Alavian: EIC | **Revision** (0) 21 Jun 2022

Dear Authors,

Please follow the peer-review comments and submit a revision.

Regards
EIC

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.

Reply to reviewer's comments

Title: Proportion of people who are positive for HBsAg and anti-HCV antibody among participants in a community screening campaign in Malaysia
ID 128166

	Reviewer's comments	Authors' response
1.	The study population is not representative and cannot be generalized to the general population of the Malaysia. So, the title of "Prevalence of Chronic Hepatitis B and C in Malaysia" is not suitable for this project.	Tile changed to "Proportion of people who are positive for HBsAg and anti-HCV antibody among participants in a community screening campaign in Malaysia "
2.	My suggestion: please remove the prevalence from whole parts of the document (title, abstract, introduction, methods, results, discussion). Instead, you can use other phrases such as HBV and HCV screening in this specific population or at least the prevalence of HBV/HCV in this specific population.	All mentions of prevalence changed to "Proportion or percent (%) of people who are positive for HBsAg or anti-HCV antibody among screening participants"
	Abstract:	
3.	- The introduction section of abstract is not suitable. All three sentences should be changed. "which is apparently endemic in Asia", "is still poorly documented in Malaysia", and "Available statistics are modelled estimates based on expert input..." are not correct statements. Some of the estimated prevalences are more worthfully than some original studies with wrong sampling. Also, "We therefore determined the prevalence of chronic hepatitis B and C in Malaysia...". This study is not a population-based study to assess the prevalence of HBV and HCV in Malaysia, since your population is not representative.	Text revised "The epidemiology of Hepatitis B (HBV) and C (HCV) remains poorly documented in Malaysia. Available statistics are based on data from mostly small studies in special populations. In this study, we provide estimates of the proportion of people who are positive for HBsAg and anti-HCV antibody among participants in a community screening campaign."
4.	- Please use the extended form of HBV and HCV for the first time in the abstract.	revised
5.	- Please add "antibody" after "anti-HCV"	revised
6.	- Please specify all the lab tests for both HBV and HCV instead of "serology tests and nucleic acid tests".	Revised "confirmatory testing, which were lab based serology tests (enzyme-linked immunosorbent assay) and nucleic acid tests for HCV RNA and HBV DNA (real

		time Polymerase Chain Reaction). “
7.	- The first sentence of results is not correct. "We estimated 1.17% or 238,971 Malaysian adults aged 20 or older had chronic HBV, while only 0.74% or 151,144 adults had chronic HCV." This is not a correct estimation of the prevalence. You can use "N(%) of the subjects were positive for HBV and N(%) were positive for HCV" infections.	Text revised “We estimated 1.17 percent of adults aged 20 or older who participated in the screening campaign were are positive for HBsAg (HBsAg+), and only 0.71percent were positive for anti-HCV antibody (HCV-Ab+). Young adults below age 30 years had very low proportion of HBsAg+ (0.09%). Women had lower proportion of HBsAg+ and HCV-Ab+, Chinese had the highest proportion of HBsAg+ while Malay had the highest proportion of HCV-Ab+. ”
8.	- Again, instead of using the word "prevalence" you can say: "Young adults below age 22 years were less likely to have HBV infection" or "Females were less likely....", "Chinese were more likely....", etc.	Revised as above
9.	- Please write a conclusion based on your results. For example, which people with which characteristics need further attention to screen for HBV/HCV. The first sentence, "perhaps owing to the introduction of universal HBV vaccination since 1989", is not based on your results.	Revised “Among adult participants of screening in Malaysia, chronic HBV are still common especially older people and the Chinese. Chronic HCV is much less common. ”
	Introduction:	
10.	- Some of the statements are not true in this section. The first paragraph needs to be changed. Instead, you can say about the burden of HBV and HCV and their morbidities, the importance of elimination, the importance of awareness-raising/screening campaigns in elimination programs (https://pubmed.ncbi.nlm.nih.gov/28154404/), etc.	The introduction has been extensively revised to remove “controversial” statements, see revised manuscript
11.	- Also, the last paragraph of the introduction is not suitable. This study cannot estimate the HBV/HCV prevalence in Malaysia.	Text changed to “In this study, we provide estimates of the proportion of people who are positive for HBsAg and anti-HCV antibody among participants in a community screening campaign. ”

	Methods:	
12.	- Please mention the laboratory techniques/kits for "lab based serology tests and nucleic acid tests for HCV RNA and HBV DNA".	Revised “confirmatory testing, which were lab based serology tests (enzyme-linked immunosorbent assay) and nucleic acid tests for HCV RNA and HBV DNA (real time Polymerase Chain Reaction). “
13.	- The statistical analysis needs to be revised. The authors can use some statistical tests to compare the positive and negative cases to find out that which people are more likely to be infected.	Revised “To estimate the proportion of people who are positive for HBsAg and anti-HCV antibody among participants in the screening campaign, post stratification was used”
14.	- The "post stratification" is a good method to generalize these results, but, the stratification is not enough to generalize these results. The study sample is not representative, so, these results are not the HBV/HCV prevalence in Malaysia even after the stratification.	Revised “To estimate the proportion of people who are positive for HBsAg and anti-HCV antibody among participants in the screening campaign, post stratification was used”
	Results:	
15.	- Please mention the response rate. How many people were requested to participate in this campaign? How many people agreed to participate?	Text revised “A total of 10,912 subjects participated in the hepatitis screening campaign and had screening tests in 2018 and 2019. We could not determine the number of subjects who attended the campaign but did not participate in the screening, hence we could not estimate the response rate.”
16.	- Also, among the positive cases, how many people agreed to do confirmatory lab tests?	Text added “All screen positive subjects were subsequently recalled and 97% returned to undergo confirmatory testing”
17.	- Please do not use prevalence and estimation in this section.	Revised “We estimated 1.17 percent adults aged 20 or older who participated in the screening campaign were are positive for HBsAg, and only 0.71percent were positive for anti-HCV antibody”
18.	- The results need some statistical tests to compare the HBV/HCV infection rate within the different subgroups.	We provide 95% confidence interval to compare between groups, instead of statistical significance testing
	Discussion:	
19.	- Again, please do not use prevalence, estimation, poor epidemiology, etc. in this section. The estimation studies are as worthfully as the original studies.	This is revised “We found 1.17% of Malaysian adults who participated in the screening campaign were HBsAg+ and only 0.71% were HCV-

		Ab+. The age trend in proportion HBsAg+ suggests young adults age below 30 years were protected from HBV perhaps owing to the introduction of universal HBV vaccination since 1989, while lower proportion in the oldest age group is likely due to pre-mature mortality from progression to cirrhosis and hepatocellular carcinoma [23]. Male had higher proportion of HBsAg+ and HCV-Ab+, as expected. Similarly, Chinese had higher proportion of HBsAg+ while Malay had higher HCV-Ab+. ”

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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)** 3 Aug 2022

Dear Editor-in-chief,

Thanks for assigning me as the associate editor to handle this revised manuscript. The authors have implemented most of the reviewer's comments. However, I believe this submission needs another round of revision to be suitable for publication. Attached you can find my additional comments.

Kind regards
AE

- Authors should strictly avoid using stigmatizing terms like "intravenous drug user" throughout the manuscript. Please revise the text carefully and use accepted terms such as people who use drugs (PWUD) and people who inject drugs (PWID).
- Chronic HCV infection cannot be identified with a positive HCV antibody test only. Please be cautious about using accurate terms and consider substituting chronic HCV with other appropriate terms like "positive HCV antibody".
- What was the reason for the different age categories in tables 1 and 2? I suggest using consistent age categories
- Did the authors collect data on any other related variables? I strongly recommend adding more variables and information to the tables.
- Table rows with zero "missing" numbers can be removed.
- I suggest changing the format of the tables to improve readability.
- I am not sure if this is a good idea to include tables about other studies in the Discussion section. I would remove those tables and instead, include the results of some important similar studies in the text and highlight the significant differences.
- In general, the discussion needs substantial revisions, and it should be much expanded and improved.

REFEREE: EIC | **Revision (1)** 4 Aug 2022

Dear Authors,

Thank you for submitting the revised manuscript. Please follow the additional

comments/concerns raised by the associate editor and submit a revision.

Regards,
EIC

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.

Reply to reviewer's comments

Title: Proportion of people who are positive for HBsAg and anti-HCV antibody among participants in a community screening campaign in Malaysia
ID 128166

	Reviewer's comments	Authors' response
1.	- Authors should strictly avoid using stigmatizing terms like "intravenous drug user" throughout the manuscript. Please revise the text carefully and use accepted terms such as people who use drugs (PWUD) and people who inject drugs (PWID).	IVDU changed to people who inject drugs (PWID) in revised text
2.	- Chronic HCV infection cannot be identified with a positive HCV antibody test only. Please be cautious about using accurate terms and consider substituting chronic HCV with other appropriate terms like "positive HCV antibody".	Chronic HCV changed to positive HCV antibody in revised text
3.	- What was the reason for the different age categories in tables 1 and 2? I suggest using consistent age categories	Despite screening 10,912 subjects, ether were only 52 with positive HCV antibody. So age categories were reduced from 6 in Table 1 (demographic summary) to 4 in Table 2 (result) to avoid zero count /%
4.	- Did the authors collect data on any other related variables? I strongly recommend adding more variables and information to the tables.	This was a simple screening based study, so only demographic (age sex ethnic) data were collected for the entire sample of 10,912 subjects. We did collect more detailed data only for subjects who were screened positive but not the entire sample.
5.	- Table rows with zero "missing" numbers can be removed.	All rows with zero "missing" removed in Table
6.	- I suggest changing the format of the tables to improve readability.	Will be glad to comply with any suggestions
7.	- I am not sure if this is a good idea to include tables about other studies in the Discussion section. I would remove those tables and instead, include the results of some important similar studies in the text and highlight the significant differences	All tables removed and summarized in text only
8.	- In general, the discussion needs	Discussion substantially revised , see

	substantial revisions, and it should be much expanded and improved.	manuscript

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) 19 Aug 2022

Dear Editor-in-chief,
Thanks for sending me the revised version of this manuscript. The previous comments have been implemented in the text by the authors, and I think this version is suitable for publication.
Best regards
AE

Seyed Moayed Alavian: EIC | **Revision** (2) 20 Aug 2022

Dear Authors,

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

Regards,
EIC