



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15727
Title of the Manuscript:	Epidemiology of hepatitis C virus infection in Egypt; overt and occult
Type of the Article	Mini review Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
I didn't see before the author's response to my comments, I'm sorry. Once the paragraph dedicated to OCI has been shortened in revision 2, I would accept OCI in the title of the paper if the authors agree to mention in the abstract the controversial nature of OCI, stating that "OCI is not yet accepted as a real fact by most of the scientific community". On the other hand, one could expect that a higher prevalence of the HCV infection in a particular region might influence the prevalence of OCI, but not the "characteristics" of OCI. If OCI was real, it would be expected to display a higher prevalence but not particular characteristics. HCV displays in Egypt a particularly high incidence because a single, particular and well known event happened in the past, but it's unclear whether other aspects of the HCV epidemiology are actually different in Egypt than in other regions. Transmission associated to medical interventions (i.e., dentistry, wound treatment) doesn't involve cultural factors but only wrong medical practices and insufficient medical assistance. Tattooing is nowadays pretty common in many countries, and ritual scarification is heavily performed in other cultural settings where the HCV prevalence keeps low	I prefer to keep the title as it is now, as you recommended before. Please go to page 11 lines 355- 356 to find this sentence: "In fact, OCI is a very controversial issue, [81]". This s a mini review, and OCI is only a part of it. So, I think there is no need to go into too much details. In which paragraph is the sentence ("characteristics" of OCI) written??? Please read page 8 lines 214-221: A group of risk factors, having intimate relations with dominant community and cultural aspects are the cause of the documented high rates of HCV transmission in Egypt. On rural areas, during many big community-based studies, wound treatment, excision and dentistry carried out by informal health care providers were reported as significant risk features [42- 44]. Furthermore, nearly half of deliveries are manipulated by old-fashioned birth assistants who do not stick to sound infection control procedures [43, 44].Traditional scarification and tattooing practices may also contribute to HCV transmission in these settings [13, 43]. According to cultural factors people in rural areas go to the village barber, whom they call "health barber" for wound treatment, excision and dentistry. According to cultural factors, deliveries in most rural areas are carried out by old-fashioned birth assistants called "daya" in Egyptian slang. Those are ladies having some experience on delivery procedure, but not on scientific background According to cultural factors circumcision for boys and sometimes for girls are carried out by informal health care providers All these are based on studies carried out in Egypt in the references mentioned In themselves tattooing and ritual scarification are not the causes of HCV transmission. The



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(i.e., Amerindians from the Amazon basin).

Increased vertical transmission is a direct consequence of the high prevalence of HCV among women in reproductive age. Household transmission involves in Egypt the usual “vague” mechanisms traditionally mentioned in the epidemiological studies everywhere, and none of the studies mentioned in the text has demonstrated convincingly that sexual transmission among traditional couples (i.e., spouses) plays actually a significant role.

It could be theoretically argued that it would become important when the prevalence reaches the levels seen in Egypt, but the findings among sexual partners of hemophiliacs from developed countries shortly after the discovery of HCV (early 1990s) do not support the argument. HCV prevalence was among them as high as 80-90%, but their spouses displayed almost the same prevalence than the general population of adults.

I find, therefore, that the focus of the paper is too speculative in some aspects. The former anti-schistosomal campaigns from 1960 to 1980 produced a huge excess of HCV infections among the Egyptians, and the Egyptian society is now experiencing the consequences of that event in terms of a huge excess of chronically infected patients. Serial transmission from these patients to other people seems mainly operated by wrong medical practices which arise probably from insufficient medical assistance to the poorest populations; by high risk usages (tattoo, ritual scarifications) which are also present in other regions of the World; by mother-to-child transmission because of the high prevalence of HCV among women; and perhaps by factors operating household transmission which are, always and everywhere, hard to identify. I would suggest setting the focus more clearly on these simple ideas, but I let the authors free to think about and decide.

instruments and sharps used during these procedures without adequate decontamination between patients are responsible for HCV transmission. This is particularly important in the background of high HCV rates, and poor conditions of hygiene and cleanliness. If you compare between Egypt and other parts of the world, it is important to refer to areas of comparable HCV rates.

Page 8, lines 223- 231 can answer this inquiry.

Compare with areas of comparable HCV rates. This reference is very old (25 years back). Reference in page 8 line 231 is in 2014.

Page 6; lines 142- 143: Considering that HCV currently is more than 30% of the annually reported acute hepatitis cases [27], it appears that the existing prominence of HCV in Egypt is caused by new infections developed further than the era of anti-schistosomal campaigns [13]. These new infections are developed through all the factors mentioned throughout the manuscript. These factors are based on studies carried out in Egypt.