



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
Lines 360-361: "...Egyptian investigators are too much interested to know whether OCI may have a role different from that in other parts of the world." What role? If OCI displays the same characteristics everywhere, what could be such "different" role in the case of Egypt? This is what I meant with my comment about the "characteristics" of OCI. I asked the authors to incorporate a very simple modification: including a 15 word sentence in the abstract in regard to OCI. With OCI kept in the title of the article, I find such modification mandatory. Alternatively, OCI can be deleted from the title, as I formerly suggested. I did never recommend keeping the title as it was originally.	1. Conclusions: Occult HCV is highly prevalent among Egyptian NAFLD patients. It seems to induce a mild liver disease. Patients with elevated ALT and negative HCV RNA in sera might be investigated for tissue HCV RNA. Follow up is recommended for the occult HCV patients to monitor progression to overt disease. Open Journal of Internal Medicine. Vol.1 No.2(2011), Article ID:7699,4 pages. Prevalence of occult hepatitis C in Egyptian patients with non alcoholic fatty liver disease. Saad et al. 2. Conclusion: Our data revealed a high prevalence of occult HCV infection (25%) in patients with unexplained persistently abnormal liver function test results. Those patients exhibited a distinct immunoregulatory cytokine pattern, favoring viral persistence and explaining the less aggressive course of this disease entity than chronic HCV infection. Asian Journal of Transfusion Science. 2012 6(1): 24-28. Distinct immunoregulatory cytokine pattern in Egyptian patients with occult Hepatitis C infection and unexplained persistently elevated liver transaminases. Gad et al. 3. The prevalence of occult HCV infection was very low in our CHD and KTx patients, and it did not appear to be clinically relevant. Further studies in geographic populations with high HCV-endemicity are required to clarify the significance of occult HCV infection in these patient groups. Prevalence of Occult Hepatitis C Infection in Chronic Hemodialysis and Kidney Transplant Patients. Baid-Agrawal et al. Journal of Hepatology 01/2014 4. In summary, seronegative OCI may play a role in liver diseases and other human pathologies and may be present in healthy people but larger studies are needed to confirm these findings. Seronegative occult hepatitis C virus infection: Clinical implications. V. Carreño / Journal of Clinical Virology 61 (2014) 315–320. Please read page 316 Impact of OCI in liver diseases.....316 Influence of OCI in other diseases.....316 The title has already been changed as shown in the revise manuscript, please have a look to the title. Lines 335, 336 this sentence is written with the reference "In fact, OCI is a very controversial issue, [81]". Since what is written under the title OCI has been too much reduced, there is no need to mention it in the title. So the title has been changed from the last time. Please revise my previous answers to your previous comments.