

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_70958
Title of the Manuscript:	ENHANCED ACCESS TO TESTING & DIAGNOSIS & HEPATITIS C BURDEN; A PUBLIC HEALTH INTERVENTION
Type of the Article	Original Research Article

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>There are methodological flaws in the manuscript. The authors compare incidence of HCV infection and incidence of adverse outcomes before and after implementation of an HCV screening program. They conclude that this program lead to a higher number of detected HCV infections and a sharp decrease in HCV related complications from 66% to 12%.</p> <p>The first conclusion (increase in detected HCV cases) is supported by the presented data (especially Fig 1.). The second conclusion (sharp decline of HCV related complications and mortality) cannot be made by the data. The conclusion is based on the data of just two months (August 2019 – pre intervention and January 2021 – post intervention). If you take a look on table 1 you see that the frequency of adverse outcomes and mortality fluctuates significantly from month to month. So this sharp difference between August 2019 and January 2021 may be simple by chance. For example if you took September 2019 as comparator, I am sure that the difference would not be significant. To draw any conclusions that this intervention (establishment of an HCV program) decreases HCV related morbidity and mortality would only be valid if longer periods were studied. It is also not plausible that a decrease in for example incidence of HCV related cirrhosis or HCC becomes visible within just 18 months after start of this program. And especially as the authors do not report any data on HCV therapies - a decrease in HCV morbidity can only be expected if increased diagnoses lead to increased number of virus elimination by DAA therapy and this is a process which will definitely take longer than this short study period to become visible.</p> <p>Further comments: - the authors should describe in the methods which complications of HCV were counted (this is only described in the results section) - the authors do not mention if mortality means all-cause mortality or liver related mortality - when were complications counted – if the patients presented with complications at the time of HCV diagnosis or were patients followed-up if they developed complications after HCV diagnosis? - The authors should describe how pre-intervention and post-intervention were defined. I assume with pre-intervention they mean Aug 19 and with post-intervention Jan 21? Again, just one month as pre- and post-intervention timeframe is too short to draw any sound conclusions. - authors should describe in the result section what the frequency of cases and the three-fold increase means – the should give numbers. - figure 1: frequency of cases means number of patients diagnosed with HCV? - The authors report only the number of patients diagnosed with HCV but not the overall number of patients screened. It would be interesting to see the number of patients screened, which I assume increased during the program and the rate of positive test results. - This may go beyond the scope of the manuscript but it would be interesting to know how many of the patients diagnosed in this screening program were the started with antiviral therapy. - the authors conclude that HCV is more predominant in males as the majority of HCV cases were male. This conclusion would only be valid if they give the gender distribution in the overall sample (positive and negative tests – all people screened) and if this distribution was equal. Otherwise it is easily possible that female people had lower access to testing and hence are underrepresented.</p>	

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Minor REVISION comments	Language and punctuation could benefit from revision There is no figure legend There are not footnotes of table 1 what * and ** means	
Optional/General comments	<p>Chronic HCV infection with all its related morbidity and mortality is a major threat to public health and health systems. The initiative to offer HCV screening to a wider population is therefore not only laudable but also interesting.</p> <p>As one of the two main conclusions of the manuscript (reduction in disease burden) is not supported I would suggest to focus more on the first conclusion, the larger number of diagnosed HCV cases which can be achieved by systematic screening programs. It would be an interesting manuscript if the authors give more details on this program, for example how large was the commuting area where this program was initiated, how many collection points were established, how many people were screened overall, gender distribution, rate of positives....</p> <p>I think that this would be interesting and the conclusions that could be drawn from these data would be more valid than the conclusions drawn actually.</p>	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes. Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

Name:	Armin Finkensted
Department, University & Country	Medical University Innsbruck, Austria