Reviewer’s report

Title: Hcv Infected Prisoners: should they be still considered a difficult to treat population?

Version: 2 Date: 30 April 2013

Reviewer: Robert Striker

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Major compulsory:
Also please add the median length of stay for those who were ineligible due to insufficient length of stay. It is not clear if the 9.5 months is the overall length of stay for the 5 facilities or just the 100 patients considered ineligible. In the discussion the authors should comment on how short a treatment length needs to be in order to treat inmates with short stays. Obviously the shorter the better, and in the future shorter regimens are possible, but since this is a balancing act and most physicians don’t know that much about median treatment length it is important for this study to give out the data on how much shorter we need to get to.

minor essential
Page 7: “Among the 100 patients considered no eligible,” should be ineligible.

Discretionary Revisions
Page 8: mentions “active drug substance abuse” as a barrier to care, and implies this is a barrier to care in prison. While certainly some prisons do have active substance use occurring, this is very rare in US prisons. New Tatoos is a problem that is more difficult to stamp out in prison and is a reason some correctional health providers are unwilling to prescribe anti HCV treatment. Please clarify if the authors believe “active substance abuse” is a barrier in their prison population or not.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.