Reviewer’s report

Title: The epidemiology of hepatitis E virus in Africa

Version: 3

Date: 9 December 2013

Reviewer: Eyasu Teshale

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This is a very timely review of hepatitis E in Africa. Fantastic job in summarizing the existing literature. Here is a list of recommendation for improving the document.

Abstract: Results: 56 African countries (confirm). I know only 54.

Background: HEV 293 is a typo—change to HEV 239

Results: 1st sentence: Data on seroprevalence of anti-HEV antibodies available for 13 African countries (36 studies). This sentence can be confusing as it sounds of a national data. These seroprevalence studies are very small, non-representative samples. Reword accordingly.

Results: 1st paragraph, last line. The seroprevalence seems to be higher in pregnant women…..Not sure if such comparisons are meaningful. What is the implication of this finding?

Proportion of sporadic hepatitis cases attributed to HEV. The 1st sentence: Data on acute HEV infection (better term is acute hepatitis E)…available from 30 studies in 13 African countries. (provide period of occurrence).

This section also includes incidence of hepatitis E (without comparing to other AVH). Therefore, the “proportion of sporadic ……” is not correct subtitle for all these studies.

Case fatality rate (CFR). Add ref 48 mortality rate of 0 (0/423 ethiopian soldiers)

Genotype prevalence. Hepatitis E outbreak in Uganda was also by GT 1 (add to the list and reference Teshale CID paper)

Mode of transmission: add pigs in Uganda (gt 3 in pigs) reference Teshale CID paper

Reference: # 23 is repeated as # 132

Table 1: The column population is misleading. I think the sample demographics is good enough to describe the population. for example on the first page of the table population is listed as general populations and sample demographics listed as health blood donors or health females. This is confusing.

Table 1: Diagnostic methods column. Seroprevalence surveys are IgG based studies. I understand it may not be easy to identify or list the assays used in each of these studies. For consisenency, exclude IgM based surveys (most likely to be clinical cases than seroprevalent ones).

Table 2. same comment regarding first column (population). is column 3, %
seroprevalence same as percent hepatitis E vs all other AVH cases? See my comment above and please revise title of column. Is sample size same as number of AVH cases? This table requires an overhaul. As it stands it is difficult to understand.

Table 4. Add Ethiopia, 1988-89, 0/423 [48]. This outbreak occurred in a province which later became an independent country.

Table 5. Genotype distribution from African HEV (human cases? Animals). Your mention of One farm pig (DRC 2010 is probably out of place)

Figure 2. There is no mention of Eritrea in the text of this paper but the graph shows outbreak ~1000. Is this referring to ref #48. See my comments above.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.