Reviewer’s report

Title: Passive transfer of hepatitis B antibodies from intravenous immunoglobulin

Version: 3
Date: 18 December 2013

Reviewer: Jean-Pierre Allain

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The case report from Parker et al is of modest interest but useful as a reminder of clinical issues related to IV IgG widely and increasingly used for an expanding range of indications. There are major issues the authors need to address,

1. The timing of the case report is confusing. It appears that the patient had been immunocompromised for 4.5 years before IV IgG was given. The immunosuppression increased in March 2009 with Rituximab. At that time, checks on HBV markers should have been done but are not mentioned. IV IgG given in 2012 might have been indicated for both hypogammaglobulinaemia and polyarthritis. What is unclear is that, apparently, the patient screening for HBV markers was done after the initiation of IV IgG treatment prior to ‘initiating immunosuppressive therapy’, meaning in 2012 but the authors do not indicate the reason(s) for such immunotherapy in a patient already receiving Rituximab. Instead of their Table 1, the authors should present a Figure showing the immunosuppressive therapy received starting in 2008 as well as the HBV markers at time points 2008, 2009 and 2012 including levels of anti-HBs.

2. The case history suggested that the patient being HBV marker negative in 2008 but positive in 2012, a recent HBV infection had occurred while the patient was immunodeficient both by immunosuppressive drugs and possibly intrinsic hypogammaglobulinaemia. The authors should provide data regarding IgG level prior to transplant to clear that point. In such circumstances, the clinicians should have been puzzled that a recent infection was not accompanied by clinical symptoms and did not result in a chronic infection. The authors might point out such ‘anomaly’.

3. In the discussion regarding testing plasma as IgG source material, the authors should point out that anti-HBc is screened only in a few countries such as the USA and Germany. They should identify the country (ies) where the source plasma of the Vigam used came from (UK or USA or both? presumably UK as anti-HBc blood screening has been denied approximately 10 years ago).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

No competing interest in the area covered by the manuscript