Author's response to reviews

Title: Hepatitis B Vaccinations Among Koreans: Results from 2005 Korea National Cancer Screening Survey

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Author's response to reviews: see over
We made the following changes as specifically suggested by reviewer.

**Reviewer, Karen Kim:**

**Major Compulsory Revisions:**

1. In response to the general comment on ethical issue, we added a sentence of approval of IRB (page 5 line 9 – page 5 line 10).

2. “…address the choice of face-to-face interviews…why would mailed survey provide the same data…”
   We agree with reviewer’s concern of reporting bias using face to face interview. We used this face to face interview to increase response rate as well as to clarify questions. We added the issue related to social desirability in discussion (page 14 line 3 – page 14 line 5).

3. “…comparative national data to better characterize the study population…”
   Since KNHANES is national random sample, the sample characteristics was comparable to those of our study population. We also added more research finding of the third Korea National Health and Nutrition Survey of Korea (KNHANES 2005) of HBV prevalence to compare to our study finding of HBV prevalence (page 3 line 21 – page 3 line 23).

**Discretionary Revisions:**

4. “…rational for light drinkers and HBV immunization behavior…expand this explanation from similar data sets…”
   We could not find the studies on other health behaviors among light drinkers. However, we added more explanations in discussion (page 12 line 11 – page 12 line 18).

**Reviewer, James Fung:**

**Major Compulsory Revisions:**

1. In response to the reviewer’s comments on questions 1 to 3, the measures of HBsAg, anti-HBs, anti-HBc, and anti-HBs titers were not available in this study. This study was based on self-reported HBV infection status and vaccinations by
asking: 1) whether they have chronic HBV infection; 2) whether they have Anti-HBs (HBsAb); and 3) whether they have vaccinations if they do not have any HBsAb. Therefore, we do not have lab screening results of HBV serology. We include this as another limitation of the study (page 13 line 20 – page 13 line 22).

2. “4….unprotected’ individuals may actually be protected…”
We agree with reviewer’s comment on this. Since our study outcome is not based on HBV serology, we do not know whether they had exposed to previous or ongoing infection with HBV (anti-HBc). For those of anti-HBc positive patients with HBsAg-negative and anti-HBs-negative (we called ‘unprotected’), they may need vaccinations. However, there are other possibilities. For example, somebody may have chronic HBV infection despite the HBsAg-negative. We included this as one of limitations and suggested future study to use serologic testing (page 13 line 22 – page 14 line 3).

3. “5….HCC prevention strategies…”
We agree that we need to consider the primary liver cancer prevention for those already infected to have regular follow-up with treatment in order to decrease HCC mortality and improve survival rate. In this study, we focus on the secondary liver cancer prevention through vaccinations among those unprotected. Our study population who are ages over 40 years is in a high risk group of HBV infection. Therefore, we include two prevention strategies to adhere to treatment options for those HBV infected and to increase immunizations for those unprotected (page 15 line 10 – page 15 line 14).

Minor comments:

1. We provided the exact percentage.

2. We provided p-value for gender differences in prevalence of HBV infection (page 8 line 20 – page 8 line 21, Table 2).

3. We mentioned our population who are over 40 years old (page 15 line 3).

Reviewer, Haruki Komatsu:

Minor Essential Revisions:

1. As reviewer suggested, we fixed the term of HbsAg/HbsAb to HBsAg/HBsAb