Author's response to reviews

Title: Can current national surveillance systems in England and Wales monitor sexual transmission of hepatitis C among HIV-infected men who have sex with men?

Authors:

Sarah Dougan (s.dougan@city.ac.uk)
M A Balogun (koye.balogun@hpa.org.uk)
Jonathan Elford (j.elford@city.ac.uk)
Lisa J Brant (lisa.brant@hpa.org.uk)
Katy Sinka (ksinka@yahoo.co.uk)
Barry G Evans (barry.evans@hpa.org.uk)
Mary Ramsay (mary.ramsay@hpa.org.uk)

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Response to reviewer, Onno de Zwart

Major compulsory revisions

1. Differentiation between acute and chronic HCV infections

With respect to the natural history of HCV, acute symptomatic infection is rare and current available laboratory assays are unable to differentiate between acute and chronic HCV infection. Laboratories in England and Wales have reported confirmed HCV infections to the Health Protection Agency since the early 1990s as part of the national surveillance system. In the national laboratory surveillance system, data on acute cases have been requested since 1996, but these data are rarely reported. We have added a sentence in the paragraph on reporting of HCV diagnoses in the Methods section, (page 6-7) explaining the above.

2. Testing regimes for HCV

In both the national laboratory surveillance system and enhanced sentinel surveillance study, the reports originate from laboratories around England and Wales. The testing algorithm is the same. A laboratory case is confirmed by the detection of antibody to HCV (anti-HCV) or HCV RNA in serum. We have added a sentence detailing this testing algorithm in the paragraphs detailing the reporting of HCV diagnoses and sentinel HCV testing in the Methods section (page 6 & 7).
Discretionary revisions

1. **Notifiable disease**

Viral hepatitis is a notifiable disease in the UK through clinical diagnosis and physicians are asked to specify whether the condition is due to hepatitis A, B, C or other. National surveillance systems, and the data presented in this paper, focus on the laboratory reports of HCV, as statutory clinical notifications are mainly based on a clinical diagnosis – no laboratory confirmation is required. As acute symptomatic viral hepatitis caused by hepatitis A, B and C are virtually indistinguishable, statutory notifications are therefore an unreliable source for surveillance purposes. We have expanded the first sentence on page 8, results section, paragraph “patient confidentiality and ethics”, to clarify that the laboratory reporting system is voluntary and confidential.

2. **Rate of matching in the different regions being related to the number of infections**

We have added a sentence to page 13, emphasising that if a region has poor laboratory reporting of HCV diagnoses, that it will impact on the number of reports that could be matched and subsequently the number of co-diagnoses detected.

3. **Table 1**

Table 1 relates to both HCV diagnoses and sentinel HCV testing. The last two columns in the table provide the data for sentinel HCV testing. We have
added more prominent formatting of the lines in the table to hopefully make this clearer for readers.