Reviewer's report

Title: Prevalence and clinical consequences of Hepatitis E in patients who underwent liver transplantation for chronic Hepatitis C in the United States

Version: 1
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Reviewer: Eyasu Teshale

Reviewer's report:

Minor essential revisions
please revise the introduction to include published papers and abstract on hepatitis E in organ transplant recipients and seroprevalence in the US
Provide information on the study subjects including clinical progression and consequences in the 145 persons. What is the characteristics of these persons--indication for transplant proportion by indication, region of residence, country of birth, etc. As the article is written it appears that the study is based on serological testing alone without any information on the clinical status of cases at or around the time of possible seroconversion. Were there organs rejections, how frequent were elevated ALTs recorded in the seroconverts, how does this compare to the non seroconverters? what type of immunosuppressive treatment was used? difference by transfusion status? was any attempt made to compare with persons without HCV as a reason for liver transplant? In the post LT follow up protocol how often was serum collected and stored? what is the reason that very few of them had one or more follow up? Are those with more follow up the same as those for whom no follow up sample was available? What is the evidence that post LT patients were taking HCV treatment during the "seroconversion"?

Discretionary revisions
line 72: caution with the interpretation of seroprevalence estimates among blood donors--test performance should be considered. a recent study among young PWIDs found much less prevalence.
line 80: data on acute on CLD in areas where genotype 3 is the predominant cause is still unclear. there was a poster presented by I think NIH group at AASLD 2013.
line 116: please describe the population characteristic
line 130: do you have the titers of those post LT seroconverters who lost IgG
line 158: revise the sentence, not very clear
line 162: sentence ending with "have been in contact with HEV" needs clarification.
how is contact defined? by serostatus?
line 171: we do not have US population estimate with the Wantai assay. In
general prevalence is higher among older persons. In PWID the most recent published study (EID 2013) doesn’t show an increase prevalence.

line 189: may need to mention the probability of spontaneous clearance in post LT. Also mention probability of symptomatic vs asymptomatic HEV infection and risk of progression to chronic hepatitis.

there is a need to list limitations of this study: lack of clinical and biochemical data, lack of data from patients with graft rejection and death after LT. no liver enzyme at or around the seroconversion, information on immunosuppressive region, ecologic association of HCV treatment and seroconversion and finally lack of comparison group without HCV treatment (LT due to other causes).

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