**Author’s response to reviews**

**Title:** Telbivudine can safely reduce mother-to-child transmission in chronic hepatitis B women after 12 weeks of gestation

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Telbivudine reduces mother-to-child transmission in chronic hepatitis B patients

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BMC Infectious Diseases

Dear BMC Infectious Diseases Editorial Office,

The main corrections in the paper are as follows:
1. Line 49-51, the statements of “The week 12-34 of pregnant women were screened in this prospective non-intervention study, with HBV DNA > 106 IU/mL and alanine aminotransferase >50 IU/L from January 2012 to March 2015. Patients were received tenbivudine treatment or without antiviral treatment as a control group.” were corrected as “The week 12-34 of pregnant women were screened in this prospective non-intervention study, with HBV DNA > 106 IU/mL and alanine aminotransferase >50 IU/L. The patients were received tenbivudine treatment as a treatment group or without antiviral treatment as a control group.”.

2. Line 66-71, the statements of “Perinatal or mother-to-child transmission (MTCT) is the most common form of transmission of hepatitis B virus (HBV) in many high-prevalence areas, particularly in Asian countries, and regions of the world where HBV genotype C is found as MTCT is associated with high maternal viral load (HBV DNA > 106 IU/mL), and may occur in up to 90% of mothers who are HBsAg positive and hepatitis B e antigen (HBeAg) positive in the absence of prophylaxis” were corrected as “Perinatal or mother-to-child transmission (MTCT) is the most common form of transmission of hepatitis B virus (HBV) in many high-prevalence areas, particularly in Asian countries. The regions of the world where HBV genotype C is found as MTCT is associated with high maternal viral load (HBV DNA > 106 IU/mL), and may occur in up to 90% of mothers who are HBsAg positive and hepatitis B e antigen (HBeAg) positive in the absence of prophylaxis”.

3. Line 80-82, the statements of “However, it’s still have failed immunoprophylaxis in some high viral load mothers, antiviral therapy start at a earlier time may be considered such as at the second trimesters of pregnancy” were corrected as “It’s still have failed immunoprophylaxis in some high viral load mothers, so antiviral therapy start at a earlier time may be considered such as at the second trimesters of pregnancy”.

4. Line 109-110, the statements of “All experiments and procedures were in accordance with the Helsinki Declaration of 1975.” were corrected as “All procedures were in accordance with the Helsinki Declaration of 1975. This prospective non-intervention and observational study was approved by the Ethics Committee of Mengchao Hepatobiliary Hospital of Fujian Medical University (award number 2011-001-01). The consent was obtained from every mother, and all subjects consented before screening for the study.”.
5. Line 126-128, the statements of “All newborns were bottle-fed in telbivudine group, due to the mothers continue to use telbivudine and the lack of safety data for breastfeeding with antiviral treatment, thus breastfeeding was not encouraged in our study.” were corrected as “Due to the lack of safety data for breastfeeding with antiviral treatment, breastfeeding was not encouraged in our study and all newborns were bottle-fed in telbivudine group.”

6. Line 139-141, the statements of “HBeAg conversion was defined that HBeAg positive become negative and Hepatitis B e antibody (HBeAb) become positive after antiviral treatment.” were corrected as “HBeAg conversion was defined that HBeAg was loss and Hepatitis B e antibody (HBeAb) was positive after antiviral treatment.”

7. Line 159-160, the statements of “The similar results were AST ($\chi^2=19.643$, $P<0.001$), but not TBIL (Table 2 and Figure 2).” were corrected as “AST in telbivudine group was lower than that in control group ($\chi^2=19.643$, $P<0.001$), but TBIL was no different between two group (Table 2 and Figure 2).”

8. Line 163-164, the statements of “After telbivudine treatment, HBV DNA level was declined, but it didn’t decline in control group (Figure 3).” were corrected as “HBV DNA level was declined after telbivudine treatment, but it didn’t decline in control group (Figure 3).”

9. Line 168, the statements of “In telbivudine group, only five patients stopped telbivudine treatment after delivery. HBV DNA levels of one patients increased up to 8 log10 IU/mL 2 months later, then ALT was 433U/L and AST was 160 U/L 3 months later.” were corrected as “In telbivudine group, five patients stopped telbivudine treatment after delivery. HBV DNA levels of one patient who stopped telbivudine, increased up to 8 log10 IU/mL 2 months later, then ALT was 433U/L and AST was 160 U/L 3 months later.”

10. Line 172, the statements of “This patient’s liver function returned to normal again after 2 months by antiviral treatment with Pegasys and entecavir.” were corrected as “This patient’s liver function returned to normal again after 2 months antiviral treatment with Pegasys and entecavir.”
11. Line 188-191, the statements of “HBsAg negative rate of infants in HBeAg negative mothers in control group was similar to HBeAg positive mothers in control group (P = 1.000), as well as similar to HBeAg negative mothers in telbivudine group that may due to small sample size (P = 0.458).” were corrected as “HBsAg negative rate of infants in HBeAg negative mothers in control group was no significant difference compared with HBeAg positive mothers in control group (P = 1.000). HBsAg negative rate of infants in HBeAg negative mothers in telbivudine group was also no significant difference compared with HBeAg positive mothers in telbivudine group (P = 0.458).”

12. Line 211-212, the statements of “It maybe too later so that her HBV DNA levels was still above 6 log10 IU/mL at delivery.” were corrected as “It maybe too later, so her HBV DNA levels was still above 6 log10 IU/mL at delivery.”

13. Line 216-217, the statements of “In our study, we enrolled the patients who started antiviral treatment at ALT above > 1 the upper limit of normal, which is lower than AASLD or Asian Pacific Association for the Study of the Liver (APASL) guideline,” were corrected as “In our study, we enrolled the patients who started antiviral treatment at ALT above > one fold the upper limit of normal, which is lower than AASLD or Asian Pacific Association for the Study of the Liver (APASL) guideline,”

We appreciate for Editors’ warm work earnestly, and hope that the correction will meet with approval.

Yours sincerely,

Lv-feng Yao