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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Version: 2 Date: 05 Jun 2018

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INFD-D-18-00581R2

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

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BMC Infectious Diseases

Dear BMC Infectious Diseases Editors and Reviewers:
Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Telbivudine reduces mother-to-child transmission in chronic hepatitis B patients” (ID: INFD-D-18-00581R2). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer’s comments are as flowing.

Responds to the reviewer’s comments:

Reviewer #1: The Manuscript entitled ‘Telbivudine reduces mother-to-child transmission in chronic hepatitis B patients' is describing appropriately the the given title. The efficacy and safety of telbivudine in chronic Hepatitis B infected women during pregnancy was assessed

Line # 180: HBsAg was 'detected' can be changed to HBsAg was 'screened', as it gives the false impression of HBsAg positive in 235 infants
Response: Thanks for the reviewer’s comments. We are sorry for the confusion caused by our negligence. We have re-written this part according to the reviewer’s suggestion (Line#181).

Line # 127: Breast feeding could have been allowed for control group as this is not a blinded study.
Response: We have re-written this part according to the reviewer’s suggestion (Line#128). Thank you very much for your comments and suggestions.

Reviewer #2:
1. What is the standard of care/national guidelines for PMTCT of HBV in your country? should be discussed in discussion.
Response: Thanks for the reviewer’s kind remind. According to national guidelines 2010 version, application of Hepatitis B vaccine combined with Hepatitis B immune globulin is as the standard of care for prevent MTCT of HBV in China. By the end of 2015, the use of lamivudine, telbivudine or tenofovir in HBeAg positive women whose HBV DNA are > 106 copies/mL at 28-32 weeks of gestation is added as a new method in Chinese guide 2015 version to prevent MTCT(Line#210-214).

2. Is it ethical to keep HBV infected pregnant women with high viral load off therapy? if the national guideline does not insist on HBV treatment for pregnant women, the author may
conclude with the statement of importance of HBV treatment for PMTCT and suggest policy makers to revise the national guideline

Response: Our study was developed from January 2012 to March 2015. Before 2016, it is ethical to keep HBV infected pregnant women with high viral load off therapy, according to national guidelines 2010 version. Then, the national guidelines update at the end of 2015, antiviral therapy is recommend in HBV infected pregnant women with high viral load(> 106 copies/mL).

3. Although the treatment was stopped after delivery, Why the infant data of pregnant women who stopped Telbivudine therapy was not included?

Response: One infant died of ruptured abdominal aortic aneurysm at 8 days after delivery in telbivudine group. HBsAg status of that infant is unknown. The other infant data in telbivudine therapy group was analyzed.

4. What is the HBeAg status of HBsAg +ve infant's mother in Telbivudine group?

Response: The HBeAg status of HBsAg +ve infant's mother is positive in Telbivudine group(Line#185).

5. What is the standard of care for HBsAg +ve infants, that needs to be mentioned

Response: The liver function of HBsAg +ve infants was normal, so they were planned to follow up every 6 month(Line#194-195).

6. In Results section line 180, the author has mentioned HBsAg was detected in 235 infants, it is contradictory to the next sentence.

Response: We have re-written this part as “HBsAg was screened in 235 infants at the age ranged from 7 to 12 months” (Line#181).

7. Results section line 196-197, P=0.022, but the author has mentioned, 'no difference compared ...

Response: We are sorry for the confusion caused by our negligence. We have made correction in the revised manuscript. The part “was no difference compared with that” is re-written as “was statistically significant difference compared with that”(Line#199).

8. In Introduction, line 74, log10 should be removed

Response: The log10 was removed, thanks for the reviewer’s kind remind.
We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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