**Author’s response to reviews**

**Title:** Burden and Genotype Distribution of High Risk Human Papillomavirus Infection and Cervical Cytology Abnormalities at Selected Obstetrics and Gynecology Clinics of Addis Ababa, Ethiopia

**Authors:**

Kirubel Eshetu (kirub1625@gmail.com)

Ibrahim Ali (abrarawibrahim@gmail.com)

Mesfin Nigussie (mesfinigussie@gmail.com)

Dawit Solomon (Davesoln@yahoo.ca)

Tasew Haile (tassewht@gmail.com)

Robert-Jan ten Hove (robtenhove@gmail.com)

Tsegaye Hailu (tsegsha2@gmail.com)

Zufan Lakew (zufan_lakew@yahoo.com)

Eshetu Lemma (eshetulema@gmail.com)

Kassu Desta (kassudesta2020@gmail.com)

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To Rahel Ghebre (Reviewer 2):

1. The authors should edit the manuscript to correct English language
   - The manuscript edited by American Journal Expert as attached as supplementary files

2. The variable “Address” as used in this paper is best residence
   - “Address” replaced by “Residence” at Table 1, line 155, Table 2 (line 164), Line 346 in the revised manuscript
3. Table 2: References in which the respondent is 1 (or at times 2) is not an appropriate control and the groups should be collapsed to more appropriate response categories. For example, age of 18-21 (1 positive) is too small for reference groups
   - The age groups regrouped and reanalyzed considering this comment and updated in the revised version manuscript; Table 5 (line 221)

4. Table 2: Response category without data (divorced) cannot have a p-value. Best to remove them or place 0
   - Corrected as per the comment (Table 2; line 164)

5. It is best to utilize Univariate and Multivariate analysis as categories
   - The comment is not clear. We have submitted clarification question for you by April 19, 2018 but did not receive feedback. May be other parts of amendments might address your comment.

6. If there is sub-type data on the other hrHPV types this can be presented in this manuscript
   - This study did not have sub-type data

7. Table 5 and 6 are difficult to interpret
   - Table 5 has been reviewed back and removed since there was no statistically significant association found using Chi-square analysis and Table 6 presented as Table 5

8. Please edit result section to remove conclusions that are not strongly supported by the data. For example, line 258 page 2 “The likelihood of being LSIL in the age category of 22-29 is 0.03 times higher than the age group of 18-21 years”. As there is only one woman with result of LSIL age 18-21, this is limited data up on which to base a conclusion. Given the limited sample size, this data is best presented as proportion and frequency data.
   - Since Age category is regrouped and reanalyzed, the result and conclusion part updated accordingly; Table 5 (line 221).