Reviewer’s comments
Hepatitis C Seroprevalence Among HIV-Infected Childbearing Women in New York State in 2006

Introduction.

- Retrospective cohort study
- Peer-reviewed
- Commentary

Significance.

- Providing a brief table of abbreviations is appropriate, and helps to understand the acronyms used in the paper.
- Use of this section reinforces and makes clear the purpose of the study.
- How was the range for child-bearing age determined?

Background.

- Mention of the lack of treatment in pregnant women characterizes the degree of concern over HCV infection, but it would be useful to include what the current methods are for controlling infection, if any.

Methods.

- A retrospective cohort study was an appropriate and robust use of historical data.
- NYSDOH recommendations
  - Was the procedure for testing infants different prior to 2006? What is its significance?
  - This also brings it back to title and goal of this study – why was the study only focused on the year 2006?
  - A brief statement in the significance or in the methods elaborating on the significance of this year should be included.
- HCV testing methods seem appropriate
  - The two-step method (antibody testing followed by repeated tests and qualitative RNA analysis) provides many layers of verification.
  - Although it was cited, mentioning that the >3.8 cutoff level is from the CDC would eliminate questions about where it came from.
  - I believe a quantitative secondary RNA test (ie. PCR) would be a more accurate depiction of degree of infection, where both seroprevalence can be established but quantitative data can be used or stored for further variable analysis.
    - Furthermore, is there any reason why only the infant’s plasma was tested, and not the mother’s also?
- Multivariate analysis seems to be a fitting method for assessing correlation between variables. To my knowledge, other statistical analyses also appear fitting.

Results.

- Maternal age at delivery
  - Table 3. An explanation of why the two ranges in maternal age (18-34, 35-44) differ would be interesting.
  - Are there any unique factors to women aged 35+ that would make the researchers analyze this separately?
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- **Vertical transmission**
  - It was mentioned in paragraph 1 of the Results that 21 of the infant samples tested positive for HCV antibody – but later states in the last sentence of the second paragraph that only 20 received HCV RNA testing.
  - Based on the methods section, it seemed as if all HCV antibody positive infants received an RNA test. What happened to the one infant?

**Discussion.**

- I agree with all the limitations stated.
- Mention of persons born between 1945-1965 have higher prevalence rates of HCV
  - In 2006, mothers born in 1965 were 41 years old, which indicates they may have been included in the population of this study.
  - Although the seroprevalence was only 3.8%, there may be a small possibility that this is overestimated since mothers born before 1965 generally have higher HCV rates that may not be associated with any other risk factors.
- The title of the paper implies that this study attempts to establish HCV seroprevalence in HIV+ child-bearing women, while the results of the study point towards establishing HCV seroprevalence in children of HIV+ child-bearing women.

**Conclusion.**

- Again, the results of the study point towards establishing HCV seroprevalence in children of HIV+ child-bearing women. While I feel the data is valid, the title should be adjusted to reflect the results. Another recommendation is to test the plasma of the mothers’ in addition to the infants’.
- Overall decision: Minor revision.