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Title	The hepatitis C virus (HCV) cascade of care in a Canadian provincial prison: a retrospective cohort study with important implications for HCV micro-elimination
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Reviewer 1	Dena Schanzer
Institution	Infectious Disease and Emergency Preparedness Branch, Public Health Agency of Canada, Ottawa, Ont.
General comments (author response in bold)	The authors also mention that there were a few cases who already knew that they were HCV anti-body positive, but this status awareness was only known to the researchers if the inmate requested a confirmatory test. As it is not clear how this situation was handled, I'd suggest including a flow chart, or table with these special considerations. It is not clear if the authors introduced additional bias in handling these special cases. I presume another limitation is that you were unable to adjust your estimated on-demand screening rate for inmates who already knew they were HCV anti-body positive. **We thank the reviewer for her attention to detail. We state the following on page 7 to address this concern: "We assumed that any inmate who underwent HCV RNA testing as the first screening test was already known to be exposed to HCV and thus also contributed data to steps 2 and 3."** I'd suggest rewording the "eight steps" as you are referring to only seven ratios. From one 'step' to the next, you will have some lost to follow up. Hence, the idea of only eight "steps", with the previous one being the denominator of the next is rather simplistic. **We have opted to keep the HCV cascade of care as eight steps. Cascades of care are classically articulated in this manner, as is referenced in Reference #21: Haber N, Pillay D, Porter K, Barnighausen T. Constructing the cascade of HIV care: methods for measurement. Curr Opin HIVAIDS 2016;11(1):102-8.** The definition of "the number requesting an HCV antibody test" should be reworded to state "the number of in-scope inmates requesting an HCV antibody test during their stay". **We have not made any changes to this definition in our manuscript. The term "in-scope inmates" is not classically used in the literature and the addition of "during their stay" is redundant given the previous step refers to the number of sentenced inmates. Therefore, the request for testing could have only been made during their stay (i.e. while they were sentenced).**
Reviewer 2	Claire Nour Abou Chakra
Institution	Department of Microbiology and Infectious Diseases, Université de Sherbrooke, Sherbrooke, Que.
General comments (author response in bold)	"Although the research team used the largest of the provincial prisons as study population, the sample size remains small to catch HCV cases that, despite higher prevalence in inmates, are not frequent enough to assess cascade of care. This should be addressed in the discussion and probably consider to include other prisons that have female inmates as well to catch behavioral confounders. **Please see response to Comment 4.**
Reviewer 3	Michael Fralick
Institution	University of Toronto, Toronto, Ont.

| General comments (author response in bold) | The final sentence in the abstract is a very strong statement. Could it perhaps be softened considering this is a single centre retrospective study? **The final sentence in the abstract states "To eliminate HCV in this sub-population, adopting opt-out HCV testing should be considered a necessary first step." This is in keeping with international guidelines (WHO) and the recently released "Blueprint to inform HCV elimination efforts in Canada" by the Canadian Network on Hepatitis C. Consequently, no changes were made to this sentence.** |