

Title: [Time to reconsider hepatitis A vaccination policy in Bangladesh](#)

Authors: Rubaiyat Alam, Khan Lamia Nahid, Md. Rukunuzzaman

Reviewer A: [Shahina Tabassum](#), ORCID: 0000-0003-2128-8835, COI: None, AI disclosure: None

We sincerely thank the reviewer for the critical review and suggestions, which have significantly strengthened the manuscript.

1. Comment Define the "Window of Susceptibility": Explicitly define the period where population immunity is neither naturally acquired nor vaccine-induced to clarify the risk for policymakers.

Response: We appreciate this important suggestion. We have now explicitly defined the "window of susceptibility" as the period during which individuals are no longer protected by early childhood exposure yet remain unvaccinated, increasing the risk of symptomatic infection. This has been incorporated in the revised manuscript (Lines 37–39).

2. Comment Clarify the "Double Burden" Argument: Elaborate on how outbreaks in urban/higher-income groups (due to improved sanitation) can spill over into lower-income areas, widening health disparities.

Response: Thank you for this insightful comment. We have expanded this section (Lines 62-65) to explain how improved sanitation in higher socioeconomic groups delays exposure, while continued transmission in lower-income settings leads to overlapping risks, potentially widening health disparities.

3. Comment Assess Economic Impact: Include indirect costs such as: Caregiver Burden: Parents missing work to care for hospitalized children and adult Morbidity: Severe economic strain when a primary financial provider is indisposed for weeks due to severe adult HAV.

Response: We agree and have incorporated additional discussion on indirect economic costs (Lines 59–62), including: caregiver burden due to parental work loss, economic consequences of adult morbidity, particularly among primary income earners. This strengthens the policy relevance of the manuscript.

4. Comment Structural Improvement: Use subheadings e.g., Shifting Epidemiological Landscape, Clinical Severity, Policy Recommendation and Economic Considerations to break up compact text and improve readability.

Response: We have restructured the manuscript using subheadings to improve clarity and readability.

Reviewer F: [Sheikh Mohammad Fazle Akbar](#), ORCID: 0000-0003-4537-3313, COI: None, AI disclosure: None

5. Comment The entire article is based on the findings of Bangladesh regarding HAV epidemiology. However, similar picture has been reported from different countries of the world, especially the developing and resource-constrained countries. I am citing some of these published reports. The authors should take into account about the summary of these studies. Some of the international studies may be referred as well. The articles are given below:

- 1) Age-specific seroprevalence of hepatitis A in Antananarivo (Madagascar). Raharimanga V, Carod JF, Ramarokoto CE, Chrétien JB, Rakotomanana F, Talarmin A, Richard V. *BMC Infect Dis.* 2008 Jun 6;8:78.
- 2) Changing patterns of hepatitis A and E sero-prevalences in children after the 1999 earthquakes in Duzce, Turkey. Kaya AD, Ozturk CE, Yavuz T, Ozaydin C, Bahcebasi T. *J Paediatr Child Health.* 2008 Apr;44(4):205-7.
- 3) Changing travel-related global epidemiology of hepatitis A. Steffen R. *Am J Med.* 2005 Oct;118 Suppl 10A:46S-49S.
- 4) Changing hepatitis A epidemiology and the need for vaccination in Korea. Kang JH, Lee KY, Kim CH, Sim D. *Asian Pac J Allergy Immunol.* 2004 Dec;22(4):237-42.
- 5) Age-specific seroprevalence of hepatitis A infection among children visited in pediatric hospitals of Tehran, Iran. Mehr AJ, Ardakani MJ, Hedayati M, Shahraz S, Mehr EJ, Zali MR. *Eur J Epidemiol.* 2004;19(3):275-8.
- 6) Hepatitis A virus: declining seroprevalence in children and adolescents in Southeast Asia. Kunasol P, Cooksley G, Chan VF, Isahak I, John J, Loleka S, Villar EP, Poovorawan Y, Seong NH, Sulaiman HA, Wah LB. *Southeast Asian J Trop Med Public Health.* 1998 Jun;29(2):255-62.
- 7) Changing seroepidemiology of hepatitis A virus infection in Thailand. Poovorawan Y, Theamboonlers A, Chumdermpadetsuk S. *Southeast Asian J Trop Med Public Health.* 1993 Jun;24(2):250-4.
- 8) Changing epidemiology and clinical aspects of hepatitis A. Forbes A, Williams R. *Br Med Bull.* 1990 Apr;46(2):303-18.

Response: We thank the reviewer for providing relevant literature. We have incorporated a concise summary of global epidemiological transitions, including evidence from Asia, Africa, and other developing regions (line 54-56). Due to journal's policy about the number of references, representative studies have been cited.

6. Comment Critical discussion about HAV vaccination and HAV epidemiology with changing patterns have been reported from the end of the last century. A brief discussion about this will make their commentary more efficacious.

Response: We have added a brief discussion (Lines 69-72) outlining the historical evolution of Hepatitis A virus epidemiology and vaccination strategies since the late 20th century.

7. Comment The concept of the altered vaccination policy of other similar countries may be summarized in their submission.

Response: We have included a short comparative summary describing how countries transitioning from high to intermediate endemicity have adapted vaccination strategies.

8. Comment The last 11 lines (Lines 69 to 79) do not provide specific information. The authors have highlighted the might of the EPI program of Bangladesh. They also indicated that the HAV vaccination program should be reassessed. However, this lacks specific observation. There is a need to cite the specific proposals of the authors

Response: We agree with this observation. The concluding section has been revised (Lines 69–78) to include specific proposals, such as: age-stratified seroprevalence surveys, cost-effectiveness analyses, phased or targeted vaccination strategies

9. Comment The article should be clearer to the readers. It should mention specifically what the problems are and how these can be overcome.

Response: We have thoroughly revised the manuscript for clarity and conciseness. Redundant content has been removed, sentence structures simplified, and grammar corrected throughout the manuscript.

Responsible editor: S M Rashed Ul Islam, **ORCID:** 0000-0002-8164-5905, **COI:** None

10. Comment Clarify rationale for mass vaccination and high-risk groups

Response: The revised manuscript (Lines 74–78) now emphasizes that hepatitis A vaccination is beneficial not only for children but also for high-risk groups, including individuals with chronic liver disease, immunocompromised patients, susceptible adults. This strengthens the justification for both routine and targeted vaccination strategies.

11. Comment Please omit Reference 3 along with its corresponding statement in lines 50–52.

2. Move Reference 4 to position 3 along with its statement, and shift Reference 5 to position 4 along with its statement. Include another study on international epidemiology as Reference 5, with a brief description. You may select the following suggested reference or any similar article:

Cao G, Jing W, Liu J, Li X, Wang Y, Shen Y, Chen Y, Ma C, Yu C, Wang L. The global trends and regional differences in incidence and mortality of hepatitis A from 1990 to 2019 and implications for its prevention. *Hepato Int.* 2021;15(5):1068–1082. doi:10.1007/s12072-021-10235-2

Response: The necessary changes have been made to the manuscript, and the suggested reference has been added as ref. 5.