Reviewer comments

This article is nicely structured, well underbuilt and analyses a relevant theme.

However, the abstract is not well structured and should be rewritten to reflect the real content of the manuscript. Some examples of what should be done:

1. Make use of the classical structure of an abstract: introduction; method (markov/decision tree/outcome measures/all types of sensitivity analyses used); results and conclusion
2. First sentence: “...preventing perinatal HBV transmission...” add: “in mothers with high viral load” (eventually mention the used cut-off of copies/ml)
3. Use the following abbreviations rigorously: “IP; LAM + IP; DdT + IP; TDF + IP”. For example: Change “The strategy that included LdT” to “LdT + IP had an incremental...”
4. Do not use: “≤”
5. Mention the range of WTP instead of mentioning an undefined ‘wide range of WTP’
6. Use words as “dominance/dominated” to point the most favourable strategy.

This manuscript can be accepted for publication should the authors be willing to make some clarifications/corrections – see below:

1. Please clarify in the methods the link between the visualized decision tree of strategies (Fig 1) and the Markov states mentioned in S1, also further used in Table 1. For a reader not familiar with cost-effectiveness techniques, it should be a bit more specified how both elements were merged in decision analysis.
2. I could have missed it but is the exact difference between long-term analysis (line 165) and short-term analysis (lines 163...) mentioned in the methods? Please clarify what you consider as short-term (1 Markov cycle?).
3. It is logical that in the base-case scenario LdT + IP is the best strategy over TDF + IP: assumed as equally potent and less expensive.
5. Sensitivity analyses: The description of the sensitivity results is somewhat “messy” and could be clarified by mentioning per sentence what parameters were varied. For example: “when varying parameters ... , ... in a one-sensitivity analysis, it appeared that the cost-effectiveness ratio of LdT + IP was sensitive to the RR...
6. Did the sensitivity analysis also include the variation in ICERs when changing variables?
7. Rephrase lines 174-176. Has this result something to do with your assumption is lines 94-96?
8. Line 195: preferable over?
10. In a further discussion to lines 213-214: are there boundaries described (elsewhere in literature for example) why practitioners do not use antivirals: fear of side effects?
11. Line 245: established in practice?