Title: Association between skin diseases and severe bacterial infections in children: case-control study

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Version: 2 Date: 21 June 2006

Author's response to reviews: see over
To the editors of BMC Family Practice

Rotterdam, 21 June 2006

Dear Editor,

We thank the reviewers for their comments and suggestions. We have revised the paper according to their suggestions and have outlined our revisions point by point below. Besides we have made some additional changes that we have listed at the end of this covering letter.

The important changes have been underlined in the text of the revised manuscript.

On behalf of all authors,
Sincerely yours,

Johannes C van der Wouden

Reviewer’s report

Title: Association between skin diseases and severe bacterial infections in children: case-control study

Version: 1

Date: 5 March 2006

Reviewer: Hüseyin Çaksen

Reviewer’s report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached).

In the article, the authors included children aged 0-17 years. The age groups in table 1 should be rearranged. Newborn infant should be separately examined. They should be matched similar age control groups. It is well-know that newborn infants are more prone to infections than older infants and children.

Revision: We rearranged table 1 and made more age groups. We split the first age group (0-6 months) into 2 groups; 0-3 months and 3-6 months. Furthermore, to strengthen our analysis we expanded both control groups by matching each case with six controls on age group, gender and region.
We repeated the statistical analysis and assessed the odds ratios (cases / controls) again for the total group (N=101 cases), the group with children younger than 3 months (N=9 cases) and the group with children older than 3 months (N=92 cases). The results were processed in table 3, 3a and 3b respectively. Consequently, we corrected the changes in the methods, results and discussion paragraph. Revisions were underlined.

In the abstract, methods and results sections should be expanded. More information should be given.
Revision: we expanded the abstract. We provided more information in the methods and results paragraph of the abstract.
We also provided more background information about data collection and data analysis in the methods paragraph of the article. Revisions were underlined.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

In tables, abbreviations should be detailed explained on footnotes.
Revision: we revised all tables. We added more footnotes to explain abbreviations and to describe some terms in more detail.
We added two more tables (3a and 3b).

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes

Declaration of competing interests: I declare that I have no competing interests
Reviewer’s report

Title: Association between skin diseases and severe bacterial infections in children: case-control study

Version: 1

Date: 19 January 2006

Reviewer: Itzhak Brook

Reviewer’s report:

General

The authors performed a large study. However, they had very few patients that could be analyzed as is presented in Table 2. There are only 5 case, 5 GP controls and one hospital control with such a small number of patients the whole analysis is meaningless. However, if this is not the case, this reviewer was unable to ascertain the true number of patients because this was not given in the text.

What next?: Reject because scientifically unsound

Revision: we welcome this comment but are afraid that the reviewer has misunderstood the outcome of our study. Although we indeed found only five children that were admitted to hospital for severe bacterial infections and having consulted their GP with a skin disease two weeks before admission, this does not invalidate our study in any way. This small number should be considered against the background of the large number of children in the general practices that participated in the study (more than 88,000 as stated in the first sentence of the results paragraph). Hence, the message of our paper is that because hospital admission of children for severe bacterial infections is such a rare event, the general practitioner has no means of preventing these infections.

Other changes
Apart from the revisions in reaction to the reviewers’ comments, we made the following changes:
- we added one more article to the reference list (number 10).
- we expanded reference number 20 with the English translation of the title.
- we involved a statistician (Sten Willemsen) and added his name to the list of authors.