Reviewer's report

Title: The Value of Radiographic Findings for the Progression of Pandemic 2009 Influenza A/H1N1 Virus Infection

Version: 3 Date: 5 March 2013

Reviewer: Seema Jain

Reviewer's report:

Thank you for your revised manuscript and for working on edits per peer review. I appreciate your taking care of most of these comments. I still have some concerns that I believe need to be addressed prior to publication. The biggest issue left for me is the inclusion of contacts as a case without having laboratory confirmation. I do think the discussion is much improved and overall the paper is in better shape. Thanks for working on this.

1. Methods:
   * Thank you for clarifying your case definition. It seems to me that a case was considered if 1) lab confirmed by rapid methods 2) contact of a laboratory-confirmed case. I will reiterate that being a contact alone is not the same as being a laboratory-confirmed case and for that reason, you cannot lump them together. Can you explain your rationale for this approach a bit more? In your results, you know state that only 68% were cases based on laboratory testing. What does your data look like if you concentrate only on the 139 patients with known influenza? This is a really important issue as patients can have findings consistent with pneumonia on chest x-ray that are due to multiple infectious etiologies but also non-infectious causes as well.
   * Given some of your response to the comments, I think you need to be more clear in your methods that you looked at serial chest x-rays when available but only did the analysis based on the initial chest x-ray.
   * In my experience, GGO are usually made on CT scans and not on chest x-rays. I worry about misclassification here. Group 4 could also be considered infiltrate.

2. Results:
   * I am still concerned about your inclusion of normal chest x-rays in your analysis. I appreciate your adding these results in towards the end of your discussion. They are much more compelling than the results including group 1 as when you present it with group 1, it just seems intuitive that all your findings will be skewed towards consolidation. I understand some of your reasoning for this but how many patients with normal films actually had changed chest x-rays later in the clinical course? If you choose to include this in the analysis, then you should include this all in your methods and also need to state how many normal films changed later in your course such that you felt strongly to include them in your analysis.
* When you talk about clinical characteristics such as respiratory rate, heart rate, and temperature – are these all initial findings on admission? Please clarify.

4. Discussion:
* On page 17, 2nd full paragraph, when you state, “Reviewing the chest radiographic findings in patients with A/H1N1 infection demonstrated...” it is not clear that is referring not to your study but something published in the literature already. You did reference but would be better if you could add language making this clearer. You do the same thing on page 18, “in children with A/H1N1 infections, abnormal chest radiographic findings were uncommon...”
* You spend a lot of time in your discussion talking about studies that analyzed chest radiographic progression but you don’t include your own results in this matter. Do you data on progression of chest radiographs that you could include in your paper?

**Level of interest:** An article of importance in its field  

**Quality of written English:** Acceptable  

**Statistical review:** No, the manuscript does not need to be seen by a statistician.  

**Declaration of competing interests:**  
I declare that I have no competing interests’