Author's response to reviews

Title: Nasal swab samples and real-time polymerase chain reaction assays in community-based, longitudinal studies of respiratory viruses: the importance of sample integrity and quality control

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Version: 3
Date: 11 December 2013

Author's response to reviews: see over
December 11th, 2013

Professor Dale Barnard
Associate Editor, BMC Infectious Diseases.

Dear Professor Barnard

Thank you for your suggestions. We have altered the discussion section accordingly (page 15) and submitted our revised manuscript.

Below is a quotation from the altered paragraph:

“...We were also concerned at finding mould on some samples, which occurred despite the commercial swab tubes containing antifungal agents. Most fungal species identified in the swabs were saprophytic, and the most common fungus found, Epicoccum nigrum, is a known contaminant of clinical specimens [36]. The relationship between fungal airspora counts and meteorological conditions is complex and impacts at the species level [37]. In Brisbane, Cladosporium and Alternaria airspora are detected commonly throughout the year, but as with Epicoccum, sp their levels peak during the warmer, humid months. Other factors, such as rainfall and wind speed, can also influence fungal airspora composition [37, 38]. In our study, mould was associated mainly with longer time intervals between taking swabs and their arrival at the laboratory. However, this was especially evident during the warm, humid spring and summer months, which leads us to speculate that fungal contamination occurred during sample collection and was influenced by the aforementioned environmental factors. Unfortunately, we could not explore this further as it was beyond the scope of the present study. In addition, while mould growth proved to be an issue in the subtropical climate of Brisbane, this may be less of a problem in more temperate climates with lower temperatures and humidity levels.”

Please accept our kindest regards
Asma N Alsleh
(Corresponding author on behalf of all co-authors)