Author's response to reviews

Title: Molecular identification of adenoviruses associated with respiratory infection in Egypt from 2003 to 2010

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Author's response to reviews: see over
Dear Editor:

Please find enclosed our revised manuscript for consideration for publication in *BMC Infectious Diseases*. We have made every effort to respond to the reviewers comments. However, there were two comments that we requested clarification from the editorial staff in order to better respond. We have not yet heard back from the editor but wanted to submit the manuscript before the due date. These instances have been noted in the response to the reviewers attached here. This letter, the response to the reviewers, and the accompanying modified manuscript and figures should serve to address the concerns raised earlier. If there are any further questions or concerns, please feel free to contact me.

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Sincerely,

Anne M Gaynor
Reviewer 1: Josefina Garcia

1. I have no further questions for the authors.

Response: We appreciate the reviewer’s time in re-assessing the manuscript.

Reviewer 2: Paola Barrero

1. The text can be shortened substantially, mainly in Introduction and Discussion.

Response: We have attempted to streamline the introduction and discussion per the reviewer’s recommendation.

2. The age group is from two months to 56 years: comparisons between those who have
had previous infections with those with primary infections regarding the type of
Adenovirus that can infect each group are risky. Also, discrimination in Table 1 is not
functional. Patients from 2-17 years cannot be analyzed together.

Response: We have requested clarification on these points from the editorial staff in order
to respond properly.

2. Do the authors think that the rare finding of the only HAdV-E in a child in 2009 might be
related to H1N1 pandemic and exclusion of other types of Adenovirus.

Response: We appreciate this insight and took a look back at that case. The single HAdV-E
case in this study was from April 2009, several months before the first reported
identification of influenza A (H1N1)pdm09 in Egypt. Given the timing there is no reason to
think that the two are related. However, we have added some more information in both the
results and the discussion on this topic in case other readers may have a similar thought.
Additionally, there were 30 other strains of HAdV isolated from 2009 so it does not seem
that HAdV was excluded from causing ILI after the introduction of H1N1pdm09 in Egypt.

3. Figures 2 and 3 can be deleted as they are summarized in Table 1.

Response: We understand the reviewers point, but would like to leave these figures in as a
more compact visual of two points made within the large table. We have also requested
editorial opinion on this matter as it does not change the content of the manuscript.

4. Page 10 lines 214-218: I think it is not easy or possible to discriminate active from
latent adenovirus infection with the typing methods the authors used.

Response: We have changed the text to reflect the reviewers concern. The sentence now
reads: “Another possible explanation is that we may have detected both active and latent
infections of HAdV-C through use of OP swabs [38], since laboratory methods used do not
allow us to differentiate the two [28, 32, 34, 37, 39]. “
Page 9 line 184 change "initiation" to beginning

Response: We have changed the wording to reflect the reviewers request.

5. Page 11 line 245 check spelling of positive.

Response: We appreciate the detection of the misspelling. It has been corrected.

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

Response: We have gone through the entire manuscript in depth to ensure that sentences are grammatically correct and read smoothly. We hope that this along with the other changes and streamlining of the introduction and the discussion improves the readability of the manuscript.