Author's response to reviews

Title: Mediterranean spotted fever: clinical and laboratory characteristics of 415 Sicilian children.

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Author's response to reviews: see over
Dear Sir,

Please find here with included an electronic version of the typescript entitled:

**Mediterranean spotted fever: clinical and laboratory characteristics of 415 Sicilian children.**

The authors: Claudia Colomba, Laura Saporito, Valentina Frasca Polara, Raffaella Rubino, Lucina Titone, would like to submit it for possible publication in *BMC Infectious Diseases* as “research article”.

All the authors listed are responsible for reported research. They have participated in the concept and design; analysis and interpretation of data; drafting or revising of the manuscript. There are not any affiliation, financial agreement, or other involvement of any author with the companies whose products figures prominently in the submitted typescript.

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Regarding the reviewers comments we provide a point-by-point description of the changes made:

**Response to D. Raoult’s comments:**

(page1, from line 7 to 13): We included the more information on the prevalence on *Rickettsia* and rickettsial disease in South Europe and the relevant references.

(page 1, line 15): …..Actually more and more frequently severe forms are described and the current fatality rate of MSF is increasing….

(page 4, line 18): …Because of the scarce specificity of standard serological methods we are not be able to make a definitive diagnosis that could be made using isolation or molecular biology to establish and clearly identify agents….
Response to Kosta Y. Mumcuoglu’s comments:
(page 1) we omitted the sentence regarding the RMSF.
(page 3, from line 12 to 15) we omitted the tables 2 and 3 and included the contains in the text:…Among 23 (5.5%) children without exanthema, 14 had fever, tache noire and lymphadenopathy, 2 fever and tache noire, 2 tache noire and lymphadenopathy, 2 only tache noire, 1 fever and lymphadenopathy, 1 fever and at last 1 headache and vomiting…..

Response to Amel Letaief’s comments:
(Title): we shortened it.
(page 3, line 11): …Two hundred and thirty six patients presented exanthema, fever and tache noire together…
(page 3, line 8): …. the diagnosis has been made on the grounds of clinical and epidemiologic criteria.
(page 6, line 4): …. Clarithromycin and azithromycin, because of the lack of adverse effects and a good compliance, can be considered a valid alternative therapy….

Yours faithfully,

Claudia Colomba

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