Author's response to reviews

Title: Aetiology of community-acquired, acute gastroenteritis in hospitalised adults: a prospective cohort study

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

Enclosed please find the revised version of our manuscript “Etiology of community-acquired, acute gastro-enteritis in hospitalized adults: a prospective cohort study” (MS: 9494385321003912).

We gratefully appreciate the reviewers’ comments which were very helpful in revising the paper. The current version of this manuscript addresses all concerns and suggestions made by the reviewer. Please find below a detailed point-by-point reply.

Thank you very much for considering our manuscript for publication in BMC Infectious Diseases.

Sincerely yours

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Reviewer 1:

1. Only 5 of the 104 study patients were admitted to the hospital directly from nursing homes. There was no significant difference with respect to specific pathogens (3 patients: norovirus, 1 patient: rotavirus, 1 patient: unknown aetiology), or clinical variables when comparing these patients with the cohort. We included this data in the revised manuscript (page 9, lines 8-9; page 11, lines 6-7).

2. Although we certainly agree with the reviewer about the relevance of this topic, our study was not designed to provide reliable data for a cost-effectiveness analysis. Evaluating the relative value of various clinical strategies (i.e., different diagnostic approaches in patients with gastroenteritis) demands the assessment of a new strategy in comparison with current practice, and the calculation of the cost-effectiveness ratio. Data for cost-effectiveness analysis is ideally derived from randomized trials; it was not within our scope and would be unjustifiable to use the data collected in our (prospective cohort) study for any predictions on cost-effectiveness. With all due caution, however, our results suggest that testing for community-acquired enteric pathogens in hospitalized adults in developed countries should initially include *Salmonella spp.*, *Campylobacter spp.*, Norovirus, and Rotavirus (unless there is epidemiological or clinical evidence for a specific pathogen). The costs for this smaller testing panel were about 180€ in our study. This information has been included in the revised manuscript (page 13, lines 23-24; page 14, lines 1-2).

Reviewer 2:

1. The sentence has been changed accordingly.
2. The reference to figure 1 has been deleted.
3. The footnote has been changed accordingly.