Author's response to reviews

Title: Adenovirus type 7 associated with severe and fatal acute lower respiratory infections in argentinian children

Authors:

Guadalupe Carballal (gcarballal@cemic.edu.ar)
Cristina Videla (cvidela@cemic.edu.ar)
Alicia Misirlian (aliciamisir@arnet.com.ar)
Paula Requeijo (prequeijo@hotmail.com)
Maria del Carmen Aguilar (mcaguilar@hotmail.com)

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Answers to the reviewers

Dr L. Avendano

According to your sugestions, Table 1 has been shortened and complemented with a column with information on 75 children admitted to the hospital in the same period. Those children had acute lower respiratory infections but neither RSV nor Adenovirus were detected in their NPA. Details of RSV cases in this study have been published in Videla C et al, 1998 (7).
In this study, no atempt was made to detect Influenza or Parainfluenza, but other results from our group showed that the frequency of theses viruses in this population is very low. Therefore, the 75 children included in Table 1 probably present respiratory infections of bacterial cause.

Dr Nakayama,

1) We agree with you that the data are old. But our aim is to contribute to the difussion of the importance of Adenoviruses as a pathogen in children from Argentina, specially stressing the high mortality associated with adenovirus genome type 7 h.
2) In our country, studies on viral etiology of respiratory infection were very scarce at the time the study was performed. Unfortunately, we were unable to wrap up the clinical data and write the manuscript in due time.
3) We also agree with you that molecular methods will allow to increase the number of cases diagnosed as Adeno, but those procedures were not available at that time in our lab. Now, PCR is available but we do not have the specimens from those patients
4) In materials and methods, the procedure for serotype is not described because it was not performed. The genotypes were studied as described in references 10; 14. This method is based on restriction enzime analysis and was described by Wadell G (8; 10; 24) who is a well known expert in this field.
5) Regarding mortality rate, we recorded only fatal cases occurring during hospitalization. Unfortunately, follow up studies are scarse although severe sequelae associated with genotype 7 h have been described in (9).
6) Table 2 shows that 8 patiens, (7 with adeno 7 infection), were not followed. However, we think that we must not delete them for the calculation of mortality rate because this is not a follow up study. We only record mortality rate occurring during hospitalization.
7) Finally, we sent this manuscript for publication as a modest contribution to call attention the high
mortality of adenovirus 7 h in respiratory infections in children. This genotype which was described first in Latin America has been shown to spread to Japan, where the first case was described in 1999 (26).