Author's response to reviews

Title: Sentinel surveillance for human enterovirus 71 in Sarawak, Malaysia: Lessons from the first 7 years.

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RESPONSE TO REVIEWERS’ COMMENTS
21 May 2006

Reviewer: Steve Oberste

Page 10, lines 15-17: **Statement regarding susceptibility of RD cells.** This sentence has been omitted as recommended by the reviewer.

Page 13, line 21 & Page 14, line 10: **What is meant by a “significant enterovirus”**? We mean non-polio vaccine enterovirus. This is because we isolated poliovirus vaccine strains from the stool of some children with HFMD. In all cases they had recently received the Sabin vaccine. We have replaced the phrase with “non-polio enterovirus (NPEV)”.

Figure 1: **Shading for CVA16** – we have changed this to hatched lines further apart to ensure this will reproduce properly.

Reviewer: Katsumi Mizuta

**Difference between genogroup and subgenogroup.** It is generally accepted that there HEV71 consists of 3 genogroups (genogroup A, genogroup B and genogroup C) as described by Brown et al. in (J. Virol., 1999; 73:9969-75). In this study we have designated subgroups within the genogroups as subgenogroups. Thus on page 11 we refer to subgenogroup C1 in genogroup C.

Reviewer: Mark Pallansch

**Age by serotype and fever:** We take Dr Pallansch’s point and shall do an age stratified analysis combining data for this year (2006) as well since we have had a large and still-ongoing outbreak of HFMD this year. For this current manuscript however, as Dr Pallansch has pointed out, our main message is a description of our sentinel surveillance programme, and we shall opt for the third alternative – to **delete table 4.** This has been done and all reference to the age by serotype and fever argument has been removed.

**Table 2 & 3:** We have examined the inconsistencies pointed out by Dr Pallansch and we have found that indeed we failed to update some of the numbers in Table 3 when we extended the study period from 6 to 7 years. We also take his point that Table 2 would be more useful if it included specific results by specimen type. What we have chosen to do is to update the numbers in Table 3 as well as to include the specific data requested as a supplementary table (Supplementary table 1) for readers who would wish to know how many throat swabs yielded which type of virus. We think that this would serve the needs of most readers.