Reviewer's report


Version: 1 Date: 4 December 2006

Reviewer: Douglas M Fleming

Reviewer's report:

General

I was interested to see this paper. As you point out the burden of hospital admissions attributable to influenza is especially important. I make three general comments before touching on some details.

1. The study is only concerned with influenza during three winters 2001/02, 2002/03, 2003/04. Experience cannot be generalised to other winters and this is not a sufficient basis for you to make comments as between different serotypes.
2. You do not have data on vaccination and thus you cannot draw any conclusions from this material in relation to vaccination policy.
3. The key findings are included in figure 1 which basically shows that with the possible exception of 2001/02, increased hospitalisation does not occur simultaneously with influenza.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

With regard to details:-

Page 3 paragraph 4: You can hardly make generalised comments between dominant strains see point 1 above.

Page 4 Methods, paragraph 1: I note you do not include ICD 9 code 466 – acute bronchitis/bronchiolitis and I think if you are going to exclude that code you should pass a comment in the discussion.

Page 4 Methods, paragraph 2: You mention any relevant label in ten diagnostic fields. Have you measured the impact on flu on total circulatory disease (see Fleming DM., Cross KW, Pannel RS., Influenza and its relationship to circulatory disorders. Epidemiol Infect 2005; 133:255-62)

Page 4 Methods, paragraph 3: I think you should elaborate a little bit about the Spanish Influenza Surveillance System. I had understood that influenza surveillance in Spain was conducted in a series of regionally based networks. I would be pleased to be corrected on this point. If however the regional experience of influenza is different especially with regard to the epidemic periods, the estimation of excess should be undertaken at a regional basis because the epidemic periods may differ. In fact the epidemic periods as you define them between 10 and 14 weeks seem a long time to me and it may well be that there are important regional differences.

Page 7 Discussion, paragraph 1: Your first sentence could be challenged.

Paragraph 2: I think your suggestion that the excess may be attributable to some other viruses, the correct conclusion and you should explore the literature on this point especially in relation to respiratory syncytial virus.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.