**Author's response to reviews**

**Title:** Mycobacterial and Nonbacterial Pulmonary Complications in Hospitalized Patients With Human Immunodeficiency Virus Infection The PIP (Pulmonary Complications, Intensive Care Unit Support, and Prognostic Factors of Hospitalized Patients With HIV) Study

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Response to Dr. Smego's comments

1. I agree with the reviewer's comment that the findings of this study are not new. With the advent of effective prophylaxis for certain infections and antiretroviral therapy, changes in the incidence and types of pulmonary complications are expected to occur. However, the findings of the present study highlight the importance of the "old" pulmonary complications despite new and effective developments in the management of HIV infection. I have acknowledged that the present data confirm previous findings in the conclusion section.

2. I agree with the reviewer's comment that information on the frequency and types of antiretroviral therapy would have been very useful. I have recognized this weakness in the discussion section. Moreover, to determine the impact of HAART introduction on three of the most common pulmonary complications (PCP, M TB and MAC), I have reanalyzed the data and added in the results section the rates of these three pulmonary complications for each year of the study period. Seventeen of the 345 admissions (5%) during the first year of the study had PCP compared to 29 of 435 admissions (7%) during the second and 39 of 445 admissions (9%) during the third period (P = 0.1050). Eighteen of the 345 admissions (5%) during the first year of the study had respiratory MAC infection compared to 16 of 435 admissions (4%) during the second and 17 of 445 admissions (4%) during the third period (P = 0.5095). Thirteen of the 345 admissions (4%) during the first year of the study had respiratory MTB infection compared to 13 of 435 admissions (3%) during the second and 14 of 445 admissions (3%) during the third period (P = 0.8180).

3. I have corrected the inaccurate phrase in the results section of the abstract.

4. I apologize for the Materials and Methods section appearing after the Discussion section. I have corrected the order in the revised manuscript.

5. The PIP study was aimed at addressing the pulmonary complications, the role of ICU support and prognostic factors of hospitalized patients with HIV infection. The study findings addressing bacterial pneumonia (Chest 2000;117:1017-1022), ICU support (Chest 2000;118:138-145), and pleural complications (Chest 2000;117:1031-1037) have already been published. We have submitted another manuscript addressing blood stream infection to BMC Infectious Diseases. The present study is single authored because only one individual worked on it. Most of the other manuscripts have multiple authors. To maintain the uniformity with the other published manuscripts of the same database, I prefer to keep the "PIP" name.