Author’s response to reviews

Title: Impact and clinical profiles of Mycoplasma pneumoniae co-detection in childhood community-acquired pneumonia

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Version: 2 Date: 15 Jul 2019

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Replies to the reviewers’ comments:

Reviewer reports:

Hong Kai Lee (Reviewer 2): No further comment from me.
Response: Thank you very much for re-reviewing this paper.

Patrick Sauteur (Reviewer 4): This is a prospective cohort study about community-acquired pneumonia (CAP) in children with Mycoplasma pneumoniae (Mp) detection that compares the clinical and laboratory features of cases with or without viral and/or bacterial co-detection.

There are many previous studies that investigated viral and/or bacterial co-detection in children with Mp infection. The study struggles with the known problem about what is detection (carriage/colonization) and infection. Mp-positive cases included also (i) Mp-DNA-BALF-negative cases (these may be the true negative ones) and (ii) Mp-DNA-NPA-positive as well as
Mp-IgM-positive cases (which can also represent Mp carriage, see also Pediatr Infect Dis J. 2018 Nov;37(11):1192-1195). In contrast to RSV, the role of HRV detected in URT samples among CAP patients is controversial. Further, bacterial co-detection in respiratory samples in this study represents in most cases colonization and/or contamination (considering the detected bacterial species). Given all these shortcomings and the low numbers of cases within each group it makes it very difficult to compare the data presented in Table 3-5. The study would benefit from more stringent diagnostic criteria, e.g. Mp-positive = Mp-DNA-BALF-positive and compare within this group those with no co-detection vs. viral co-detection (URT samples, with and without HRV) vs. bacterial co-detection (blood culture only).

Response: We are very appreciated with these important suggestions by the reviewer and totally agree with this. According to these suggestions, we have now improved the diagnostic criteria for Mp-positive (line 88-89) and bacterial co-detection (line 122-123). Meanwhile, we made some corresponding changes in the Results and Discussion section.