Author's response to reviews

Title: The Aetiology of Community Associated Pneumonia in Children in Nanjing, China and Aetiological Patterns Associated with Age and Season

Authors:

Keping Chen (keping2001@hotmail.com)
Runqing Jia (nmjrq520@163.com)
Li Li (13675168508@163.com)
Chuankun Yang (yangchuankun1985@126.com)
Yan Shi (954071919@qq.com)

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Author's response to reviews: see over
Dear Dr. Puja Myles and Mr Proel Vargas

We thank you for the constructive comments and suggestions on our manuscript entitled “The Pathogens and Epidemiology of Community-Acquired Pneumonia among Children in Nanjing, China”. (MS: 1753985982140863). Those comments are valuable and helpful in developing and finalizing our draft.

We have revised our draft and marked the changes in red. We revised our manuscript in consideration of the comments and we believe these revisions are satisfactory. Attached please find the point-by-point response.

We would like to express our great appreciation for your comments on our draft and look forward to hearing from you.

Thank you and best regards.

Yours sincerely,
Keping Chen

Corresponding author:
Name: Keping Chen
E-mail: keping2001@hotmail.com
Editor’s comment:

1. Change the title to 'The aetiology of community associated pneumonia in children in Nanjing, China and aetiological patterns associated with age and season'
   We have changed the title.

2. Please do not refer to the proportion of children testing positive for a given pathogen as the 'positive rate' for that particular pathogen. What you have presented is not technically a 'rate' which incorporates the notion of time; please refer to your findings as 'percentage positive', 'proportion of positives' or 'percentages testing positive' instead. Restate your aims such that your primary aim is to describe the aetiology of CAP and the secondary aim is to investigate whether there is an association between age, season and aetiological organism.
   We have replaced “positive rate” with “positive percentage” throughout the manuscript, and restated the aims. All of the revisions are marked in red in revised manuscript.

3. In your methods, please clarify how you define 'children'. Is any individual aged 16 or under considered a child?
   The United Nations general assembly defines youth as persons between the ages of 15 and 24 years old. Thus, according to the above definition, children refer to those aged under 14 years old. In our study, “child” refers to those that are between 4h after birth and 14 years old. In the subject information section, there is a statement: aged 4h after birth to 14 years old, children were divided into four groups.

4. In your methods, please summarise how you defined 'community acquired pneumonia' using the WHO diagnostic criteria for the purpose of recruiting children to your study.
   CAP refers to pneumonia acquired outside a health care facility. The pediatric guidelines define CAP as “the presence of signs and symptoms of pneumonia in a previously healthy child caused by an infection that has been acquired outside the hospital.” So the study excludes some children who are transferred from another hospital, discharged from an acute care hospital within the previous 10 days, pneumonia within the previous 30 days.
   We have summarized the criteria in the methods section and marked the changes in red.

5. Table 1 is good but you do not need to have the column for 'number of siblings'. Just mention in the results that none of the study children had siblings.
   We have deleted the column for number of siblings.

6. Figure 1 needs better labelling of 'seasons'; different countries have different seasons so what may be obvious to a Chinese readership, may not be obvious to a global readership. While you have described the seasons in the methods, it is good practice to make this clear in the Figure as well- demarcate the separate seasons clearly.
   We have added a detailed legend following the table 4 depicting the months included in easy season.
Spring includes March, April, and May; summer includes June, July, and August; autumn includes September, October and November; winter includes January, February and December.

7. The manuscript needs some professional proof-reading.
The manuscript has been proof-read by a native-English speaker.