Author's response to reviews

Title: A Clinical Prediction Rule for Diagnosing Human Infections with Avian Influenza A(H7N9) in a Hospital Emergency Department Setting

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Author's response to reviews: see over
Dear Prof. Bartlett,

RE: A Clinical Prediction Rule for Diagnosing Human Infections with Avian Influenza A(H7N9) in a Hospital Emergency Department Setting

Thank you for considering our manuscript for publication in BMC Medicine.

Additional comments from the reviewers have helped us to further improve our manuscript. I have enclosed the revised manuscript and below I have detailed the responses to the reviewers’ comments.

We are glad that Dr. Stefano Merler has found satisfied with our response and thanks for his kind recommendation for our article to be published in the journal.

In response to the comments by Dr. Marianne A.B. van der Sande, we have added further elaboration to the conclusion in the abstract on page 4, paragraph 1, lines 1-9, and the limitation on page 17, paragraph 1, lines 11-16, and conclusion of the main text on page 18, paragraph 2, lines 5-6, to better reflect that the rule should ideally be used in the currently evolving second wave of the epidemic, and that further data would be most useful to further inform its field performance and guide its refinement.

We would also like to apologize for the confusion caused by our previous reply regarding the tertiles. We specified tertiles aiming to divide the high-risk population (with a total score > 68) into three equal groups, each carrying different risk implication for A/H7N9 infection (2.5%, 4.3%, and 44.0% respectively). In our previous version we had updated the correct tertile cut-offs (68-70; 71-90; >90) after incorporating newer results based on the latest available data. Although aiming for each tertile to contain a third of the population, the number of patients was not even in the three tertiles (48, 362, 223) because a sizeable number of patients (215) had a score of exactly 71 (being male with fever and radiological evidence of pneumonia/consolidation), thus sitting right at the cut off of the two lower tertiles and giving the impression of a large number of people falling into the middle tertile. We hope this can clarify the confusion caused.

We are looking forward to receiving some good news or any further comments from the journal.
On behalf of all authors,
Yours sincerely,

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