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
John Bartlett  
Editor-in-Chief  
*BMC Medicine*

Dear Prof. Bartlett,

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

Here I have included an explanation regarding the tertiles again and hoping that this may serve to further clarify the confusion.

The tertiles were constructed with each aiming to contain a third of the population having a total risk score of 68 or above in step 2 and being classified as high risk. The cut-off risk scores in the tertiles were 70 and 90, and there are three resulting groups of people with scores of 68-70; 71-90; and >90 respectively. Although the choice of tertiles will lead to division into three equal groups (“thirds”) in large sample sizes, the actual numbers of people in each third were respectively 48, 362, 223. This uneven distribution of people in the three groups was due to the fact that the total integer risk scores were calculated by summing component scores for different risk factors with discrete scores, resulting in a sizeable number of patients having a score just above the cut-offs. For example if the lower tertile was set to 71 instead of 70, there would be 263 patients in the first third instead of 48 patients. We have added further explanation how to stratify by tertiles on page 13, paragraph 2, lines1-2.

Please do not hesitate to let us know if any further details may still be needed.

On behalf of all authors,  
Yours sincerely,

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