Author’s response to reviews

Title: Acute human bocavirus 1 infection in child with life-threatening bilateral bronchiolitis and right-sided pneumonia: a case report

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Response to reviewers.

Response to reviewer #1: 2 Approval number, date and year of local ethics committee is now included in the manuscript (L 228).

Response to reviewer #1: 9 Recommended reference is included in the manuscript as reference 20. Reference is included in L 79, L 176 and L 179.

Response to reviewer #2 4 f: necessary information for the dosage, frequency and duration of ceftriaxone and Oseltamivir is included in case report (L 149, 150). The patients’ clinical course is describer more in detail showing most important events in the department on day 17 and day 30 (L 154-158).
Response to reviewer #2: 9

TITLE: 1. Bronchiolitis as a clinical syndrome in pediatric patient usually affects both sides in the same time. In our patient it was proved by lung auscultation where bilateral wheezing and crepitation was observed. 2. In title "case presentation" is replaced with "case report".

ABSTRACT:

1. Background: To reveal the importance of this case report we included additional text: "Until now, detection of HBoV1 exclusively, high HBoV1 load in respiratory samples and viremia have been associated with a clinical picture of acute respiratory illness. There are no studies showing detection of HBoV1 mRNA in the peripheral blood mononuclear cells (PBMC) as a diagnostic marker for acute lower respiratory tract HBoV1 infection." (L 31 - 35) Therefore showing also the novelty of this research which was detection of HBoV1 mRNA in peripheral blood mononuclear cells.

2. Case presentation: Symptoms which presented the patient are described in this part now instead of saying "typical symptoms". (L 38- 39).

3. Conclusion: To highlight the importance and novelty of case report conclusion in abstract now is changed with sentence: The presence of HBoV1 genomic DNS in blood plasma and HBoV1 mRNA in PBMC together with HBoV1-specific IgM are markers of acute HBoV1 Human bocavirus 1 infection that may cause a life-threatening acute bronchiolitis (L 53-55).
1. Background: To reveal the importance of this case report, additional text is included which explains the challenges in the diagnostics of HBoV1 and our novelty detecting HBoV1 mRNA in PBMC. Text included is "Detection of HBoV1 DNA in blood, mRNA and viral load assessment in respiratory samples and serology have been recommended as the markers to diagnose active HBoV1 infection. According to our knowledge, there are no studies up to know showing detection of HBoV1 mRNA in the peripheral blood mononuclear cells (PBMC) as a diagnostic marker for acute HBoV1 infection." (L 77 - 82 and L 84- 85).

3. Case presentation: (a) Acknowledgement to professor Hsin Fu Lui is moved to acknowledgement section (L 248).

(b) To abridge the diagnostic assessment we suggest to remove described cut-off levels of HBoV1 EIAs from serology part as it is described before.

(c) L 135. Antibiotics in this case was used because of the right-side infiltration in the chest x-ray and increased WBC initially (L 148) therefore highly suspected bacterial infection in lower respiratory tract, possibly bacterial superinfection.

(d) L 135. We included the dose, frequency and duration of ceftriaxone and Oseltamivir: ceftriaxone 350 mg twice a day for 7 days and per-oral oseltamivir 30 mg twice a day (L 149-150). Methylprednisolone now is removed from the text, because patient didn't received that in this episode.

(e) L 136. We changed saying "Oseltamivir was discontinued after three days" (L151).

(f) L 141. To explain why the patient was hospitalized for 46 days we included patients' clinical course in the department for the first 10 days ("During the next 10 days, the child’s general condition was improving, his body temperature was normal, lung sounds were without the pathology and no additional oxygen was needed" L 154-156) and the important events on day 17 and day 30 of hospitalization ("On day 17 of hospitalization, patient developed a new episode of fever for two days and on the day 30 a new episode of fever, cough and wheezing lasting 6 days" L 154-158), as well as explanation that extra diagnostic tests was done because of the poor weight gain which increased the hospitalization time (L 160-161).