Author's response to reviews

Title: Epidemiology and clinical characteristics of hand foot, and mouth disease in a Shenzhen sentinel hospital from 2009 to 2011

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Author's response to reviews: see over
Covering letter including Revision Notes

Dear Miss Sheryl Ramos,

Thank you very much for your e-mail about an article entitled with *Epidemiology and clinical characteristics of hand foot, and mouth disease in a Shenzhen sentinel hospital from 2009 to 2011*. Based on your comment and request, especially on the template of the journal, we have made some modification on the previous manuscript. Here, we attached revised manuscript in the formats of MS word. A document answering every question from the editor and reviewers was also summarized and enclosed. The specific ethics committee was noted in the revised paper.

Thank you very much!

Best regards,

Yanrong wang

2013-8-30

Q: Some? Why not all?
A: All the fatal cases were reported now.

Q: what are these as a proportion of total numbers presenting and total number admitted?
A: “A total of 12132 outpatients were diagnosed with HFMD” revised as “A total of 12132 patients were diagnosed with HFMD”

Q: Of the 2944 hospitalized patients, most were admitted in July (129/423, 30.5%). Incorrect. What is meant is that the highest proportion of diagnosed cases admitted in any one month was in July.
A: Revised as “Of the 2944 hospitalized patients, the highest proportion of diagnosed cases were admitted in June and July (989/2944, 33.6%).”

Q: in the city (indicate if this was outpatient presentation and subsequent admissions to clinics/hospitals (and how many )
A: Revised as brought to our hospital for treatment

Q: herpangina (these needs defining and explaining why you use this diagnosis)
A: We deleted cases diagnosed with herpangina and summarized the total number of HFMD cases.

Q: when in these years? eg from January 1st 2009 to December 31st 2011?
A: Revised as between January 1st 2009 and December 31st 2011.
Q: what were the criteria that determine if CSF was taken? what method was used (can be referenced)
A: A reference was attached.

Q: Severe HFMD reference for this?
A: A reference was attached.

Q: A positive PCR result…method needs describing in brief with reference
A: A method was described.

Q: A P value less than 0.05…conventionally less than or equal to
A: Revised as A P value < 0.05 was considered statistically significant.

Q: what age range was possible?
A: The proportion of 0 to 4-year-old children was largest.

Q: these 2944 patients……there were 2971 above - indicate what this number responds to
A: the revised number was 2944.

A response to the comments of Reviewer 2
Reviewer's report:
Major Compulsory Revisions
1. All referencing in the manuscript text need to be corrected. Example: "...and acute flaccid paralysis (AFP) have been reported in Asia recently (ref: 2345???)" in page 1. Also similar errors in the discussion.
Answer: The related references have been corrected. We have modified the reference according to the template of the journal.

2. Bar charts in Figures 1 and 2 do not have axis labels and the legend is in Chinese characters.
Answer: The error has been corrected.

Discretionary Revisions:
This manuscript in its current form does not contribute significantly to the field. It would be of more interest if the authors provide EV71 subgenogroup information for the viruses detected. This is especially so because they report EV71 outbreaks in successive years (2009, 2010, 2011) as opposed to the 2-3 EV71 outbreak cycles reported in countries like Malaysia, Singapore, Japan and Southern Vietnam. It would be interesting therefore to see if the same EV71 subgenogroup is responsible for the outbreaks in the reported years.
Answer: According to the previously reports, different EV71 subgenogroup almost demonstrated the same clinical features and the different epidemiology. Our report mainly tended to analyze the clinical features of HFMD in Shenzhen to guide the
public health action and practitioners. So we did not collect the data of subgenogroup information. In addition, to the best of our knowledge, the paper is the most comprehensive report of the HFMD situation in Shenzhen successive years (2009, 2010 and 2011).

Shenzhen is a special zone and the fourth biggest city in China. It features a subtropical monsoon climate, with an annual average temperature of 22.5°C and relative humidity of 75%. The migrants accounted for the three-fourth population. The epidemiology of HFMD differs from those epidemic characters of other regions. So we think that it is necessary to summarize the special feature in Shenzhen City. Maybe our next study will focus on the effect of meteorological variables on the incidence of HFMD in Shenzhen.