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Journal Name:	British Microbiology Research Journal
Manuscript Number:	2014_BMRJ_11658
Title of the Manuscript:	Seroprevalence of Anti-human Metapneumovirus Antibodies in Hospitalized Children in Suleimani City/Iraq
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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SDI Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	I strongly suggest English review. Authors may revise English language preferentially by requesting a review to someone who has English as native language. For instance, you mentioned the term "sexual" (line 20) and "sexes" (line 61), but I think the term "gender" much more appropriate (in a formal manner). There was investigation of other viral agents? As widely demonstrated, hMPV has been co-detected mainly with RSV. This information is not clear on "Materials and Methods" item. Anyway, it is important to investigate other respiratory agents considering that hMPV is found in co-infections mainly with RSV. Moreover, it could not be inferred that the disease manifestation is actually due to presence of specific antibodies against hMPV. On the other hand, it is widely demonstrated the link between RSV and disease. There has been research on the viral agent in nasopharyngeal secretions? Collection swab would be an interesting and easy to handle option for a few reasons: the samples may be stored for future research not only of hMPV but also for other viral agents; detection of the virus could further strengthen the causal relationship between disease and viral agent. I think that these may be evaluated further. It may be necessary to describe in more details the	I would like to thanks the reviewer for valuable and important comments on this work. We did all the necessary and important corrections according to the reviewer advice. Other study on RSV was also done but was published as a separate paper. Journal of Sulaimani Medical College, 2014; 4(1): 47-53. The use of other specimens like nasopharyngeal swabs will need the use of other diagnostic methods like antigen or nucleic acid detection tests, and this can be planed for a future study.



SDI Review Form 1.6

	conditions of patients, other than age and gender. Is there any comorbidity among patients (prematurity, heart diseases)? - Marie-Louise von Linstow et al. (European Journal of Pediatrics, October 2008, Volume 167, Issue 10, pp 1125-1133) In the procedure of sample collection which was the period of onset of symptoms? This information is important considering the dynamics of IgG / IgM antibodies during the course of infection. Take into account that generally IgM remains detectable for 1 to 2 weeks in primary infection and IgG appears in the second week, what ensures that pneumonia and bronchiolitis were caused by hMPV? There is evidence that the response of IgG antibody does not occur soon after onset of symptoms (Ebihara et al., 2004 – J Clin Microbiol, vol. 42). This is an important subject to be addressed on discussion. Although you mentioned that patients were “chosen by systematic random sampling” you must detail the selection criteria for choosing patients as well as the structure of hospital care: there were several doctors who evaluated these children or just a few? who initially made the screening of patients? the patients were hospitalized at the moment of intervention or were already hospitalized? And the patients who were not hospitalized? the hospital is of high complexity medical care attendance? Line 63: I believe that “The escort and parents of diseased children...” actually refers to child’s parent or foster parent, didn’t it? Please, confirm this information and rewrite the sentence. The signed informed consent obtained is crucial	We mentioned in results that children with positive IgM anti-hMPV antibodies were considered as recent infection with the virus. We mentioned the inclusion and exclusion criteria
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SDI Review Form 1.6

	for studies involving humans. By the way, there is no information along the text if this study has been approved by the Ethics and Research Committee of Hospital and/or University. You must inform that on the text (Material and methods). Line 68: detail the trade mark of reagents used and its origin - Merck Millipore, Billerica, MA, USA Figures 1 and 2: please, inform the size of photograph; mix figures 1 and 2 as one (A and B) Figure 3: - "age" must be always followed by "old" – x-axis; - withdraw lines and the grey colour of the figure; - I think you forgot to remove the little box at right – series 1 - Refers data at y-axis as percentage of frequency - Title: remove "Column chart illustrating..." Table 1: is not actually a table; at the structure of a table there is no rows at the sides Figure 4: reallocate this figure together with figure 1 and 2 and elaborate one figure with parts "A" (IgM), "B" (IgG) and "C" (negative control) Figure 5: suppress figure, considering that there is only two information. Describe this data on text. Figure 6: you may mix the figures 3 and 6 – one figure with two bars at each age group Table 2: suppress grey colour at middle column and put a line above table and at the end I suggest enrich discussion referring more studies. Some suggestions are given above. - Ebihara et al., 2003 - J Medl Virol 70:281–283 - Ebihara et al., 2005 - J Clin Microbiol, Jan. 2004, p.	We changed the phrase to child's parent We added the name of the company We mixed some of figures together (figure 1, 2, and 4) Reference No. 5
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SDI Review Form 1.6

	126–132, v. 42 - Don et al., 2008 - <i>Scandinavian journal of infectious diseases</i> 40.10 (2008): 821-826.	
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SDI Review Form 1.6

<u>Minor</u> REVISION comments	Line 37: Please, supply “gene constellation” and add the word “nucleotide” before “sequence homology” Line 35/36: replace “...by Van den Hoogen BG, et al. in 2001, the isolated new paramyxovirus was identified” for “been soon after recognized as a new member of ...” Line 49: replace “stay for longer duration” for “remains longer” Line 59: supply “...whose ages were less than five years” and add “up to five years old.” Lines 65/66: replace “...extended for one year between...” for “ranging from...” Line 70: inform the abbreviation “PBS” (phosphate buffer saline). In which concentration? Line 73: replace “...was the best...” for “demonstrated to be optimal” Line 79: inform the abbreviation “FITC”	Line 37: it was changed Line 36: it was changed Line 49: it was changed Line 59: it was changed. Lines 65/66: it is corrected Line 70: it is written. Line 73: it is replaced We wrote the abbreviation “FITC”
<u>Optional/General</u> comments	The present study presents relevant data considering the burden of respiratory viruses among children. Knowledge of respiratory virus epidemiology and clinical characteristics constitute an important aspect to amortize this burden. Yet, taking into account that only one respiratory virus has preventive vaccine strategy, elucidate some detail of these agents is crucial. Human metapneumovirus is a ubiquitous virus and is related mostly with RSV in terms of co-infections and similarity of symptoms. However, it’s difficult for some	



SDI Review Form 1.6

	agents to correlate its detection with actual respiratory disease. To mitigate this question, it may be necessary to: - determine the onset of the symptoms - proceed the detection of other respiratory agents (in co-infections cases, Costa et al. 2014 demonstrated that the presence of RSV was responsible for disease other than co-infection) - isolation and/or direct / indirect detection of virus through analyzing nasopharyngeal secretion - characterization of the patients related to underlining risk factors However, if no collection of nasopharyngeal secretions was made at the time the child was attended there is no how to accomplish these approaches. So I suggest these approaches in further studies. Overall, I reinforce improve English language, graphs and tables, detail ethics committee consent information on the text and search more information about children enrolled at this study. Moreover, as far as possible I think important to aggregate more than one laboratory techniques in an effort to better established the relation of viral / serological findings with actual disease. Studies like this are needed to better elucidate the role of respiratory viruses in children.	
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