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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

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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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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	It is generally considered that human metapneumovirus infections are common in children worldwide. However, it is likely that there are limited studies related to hMPVs from the Middle East, especially nothing from Iraq. I think this article is an important first step to clarify the epidemiology of hMPV infections in Iraq. 1) There are too many Figures and Table, which should be necessarily minimum. For example, Table 1, Figure 4, Figure 5, and Figure 6 might be duplicated with texts or Figure 1.	I would like to thanks the reviewer for his kind comments. We did all possible corrections.
Minor REVISION comments	1) Key word: Suleimani city is appropriate? 2) It is better to show the age distributions of enrolled children in text or Figure 3. These factors are sometimes important to discuss the sero-positive rates and maternal antibodies. 3) Sera were collected between April 2011 and March 2012 (line65). The seasonality of hMPV infections in Iraq and/or surrounding area has been already clarified? Although the authors described that the seroepidemiology of hMPV has not been studied before (line 52), how about the studies based on RT-PCR method? For example, the peak of hMPV incidence was in February in Jordan (Qaisy et al: Human metapneumovirus in Jordan: prevalence and clinical symptoms in hospitalized pediatric patients and molecular virus characterization. Diagn Microbiol Infect Dis. 74:288-91,2012). If there is a seasonality of hMPV infection in Iraq, the timing of serum collection might be important to analyze the data. 4) The authors described that the 1:101 dilution was the best (line 73,237). What does it mean? Cut-off was set	1) Determination of Age distribution is important as risk factor and for future screening for hMPV. 2) We added the seasonality of hMPV in results and in discussion. 3) After testing many dilutions, the best visible fluorescence was the 1:101 dilution.



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	at the dilution of 1:101? Why the authors did not measure the antibody titers by 2-10 fold dilutions? 5) Antibodies in lines 247-250 mean IgM and those in lines 254-256 IgG, respectively? 6) Figure 3: What is Series 1?	
<u>Optional/General</u> comments	1) The authors described that the development of rapid tests for diagnosis of hMPV infections that are easier to be performed in clinical laboratory setting is necessary (lines 271-273). The rapid tests had already developed and commercially available in some area (Evaluation of a new rapid antigen test using immunochromatography for detection of human metapneumovirus in comparison with real-time PCR assay. J. Clin. Microbiol. 47:2981-2984, 2009).	The use of antigen detection methods are important and valuable, However, the use of rapid strip tests for detection of hMPV is of little availability, while DFA technique is in need for fluorescent microscope and good training. At the time of doing this research there was no rapid test for hMPV detection.