Reference


Authors’ reply

We thank Dr Clifford for his letter regarding our paper published recently in Thorax.1 He is particularly concerned about the cost effectiveness of palivizumab but aimed to examine prospectively healthcare utilisation and respiratory morbidity due to RSV infection in prematurely born infants. Importantly, we demonstrated an effect not only on hospital admission but also on GP attendances and subsequent cough and wheeze.

In response to his specific comments:

- It is a pity Dr Clifford did not contact us directly as we would have been very pleased to have given him our raw data if he wished to undertake an appropriately designed cost effectiveness study, and contacting us would have revealed that the two infants who received palivizumab and had an RSV lower respiratory tract infection were not admitted to hospital.
- We take conflicts of interest statements very seriously.
- We cannot comment on the percentage of smokers in the non-consenters as it would be unethical to collect detailed data on parents who had refused to take part in the study.

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Competing interests: none declared.

References


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Competing interests: none declared.

Reference


Authors’ reply

We thank Dr Deshpande for his letter regarding our paper published recently in Thorax.1 Dr Deshpande is concerned about the cost effectiveness of palivizumab and states this as a conflict of interest. We wish to emphasise that it was not an objective of our paper to assess the cost effectiveness of palivizumab but rather to assess any respiratory morbidity following RSV infection in prematurely born infants.

In response to his specific comments:

- We apologise for the fact that the duration of oxygen therapy was given in a confusing fashion as postmenstrual age (weeks), not as number of weeks since birth.
- The 40% rate of BPD at 36 weeks postmenstrual age is very similar to the 46% rate reported recently.2
- We have previously reported that discharge on home oxygen increases subsequent healthcare utilisation.3
- We have recently reported4 that diminished lung function is a risk factor for RSV infection and subsequent respiratory morbidity, but in that paper we also found that RSV infection was an independent risk factor for days of cough and wheeze.
- We agree it is very important to find effective ways to stop antenatal women and householders of premature babies smoking. As our data show, current methods are clearly ineffective. From the results of all studies, hypotheses are generated and need to be tested—hence our comments regarding consideration of giving palivizumab to infants who have siblings and whose mothers smoked during pregnancy. We hope our comments will encourage researchers to undertake an appropriately designed study to test this.

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Competing interests: none declared.

References


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RSV infection in prematurely born infants

S Deshpande

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