

Response to Professor Resch

Steve Turner

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Sir,

We thank Professor Resch for reading our paper and taking time to raise a number of issues. There are three points made.

The first point is, might the fluctuating nature of bronchiolitis epidemics, and not the introduction of the clinical care pathway, explain why the duration of stay was apparently reduced? We fully agree that this might be the case. In our discussion, we were careful to state that “the duration of stay was apparently shorter after the clinical pathway was introduced”.

The second point made is that the professor would like to know more epidemiological data on the infants admitted. We assume that the data of interest relate to the month of onset, duration and incidence of “early”

and “late” bronchiolitis seasons. We have these data but do not have the length of follow-up the professor and his colleagues had (16 winters) upon which to make confident observations.

The third point is that whilst real bacterial co-infection may only be present in 2% of infants, as many as 25% of infants are being treated with antibiotic on admission. We accept that there is room to reduce antibiotic prescription in our institute, but we anticipate that antibiotics are being prescribed on a precautionary basis since those treated were smaller, more tachycardic and more hypoxic.

Yours faithfully,
Steve Turner on behalf of all authors

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