

Reply to Reviewer's code: 00742108: Thank you accepting our article.

Reply to Reviewer's code: 01800293: Thank you accepting our article.

Reply to Reviewer's code: 01206150: Thank you accepting our article.

Comments from Reviewer's code: 03253728

The study has been conducted meticulously. There are some writing errors such as no space between words, which may be easily corrected. What I understand from the conclusion in the abstract is that viral etiology assessment is important for any viral fever. It is not clear as to how many days will be taken for test result. Is it a possibility that the patient is clear of the viral infection till the time test result are obtained? In such a scenario, what is the relevance of the test? Why were you using antibiotics in your setup is not clearly mentioned. Is it a protocol to use antibiotics for any case of fever at your center? Since you have concluded that inadvertent antibiotics are prescribed for viral infections, what has been your institutional protocol for antibiotics? Your objective and conclusion are not matching. "The objective of the study was to investigate the proportion of RSV and non-RSV respiratory viral infections as a cause of ALRI" and "Early diagnosis of viral infections using a simple test such as the RSV and viral DFA test, in settings where PCR is not feasible, would be useful in the timely institution of appropriate care" in the conclusion reflects that attention has been diverted from diagnosis to treatment. Please clarify. Tables need to be more descriptive by adding foot notes. Kindly stress on the clinical importance of this study, along with cost implications of the tests.

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Nasopharyngeal wash samples were collected within 48 hours of admission. From collection of sample to reporting takes 6-8 hours. Since we used DFA testing kits funded by departmental research funds, the testing was done free of cost to the patients. But normally the cost of the test may be INR 1000-1500 (USD14-20). In our study antibiotics were used in 60-65% of patients for a median duration of 4 days as per hospital antibiotic policy. Antibiotics were discontinued once viral etiology was proved along with clinical improvement of patients. So the test helps us to cut down the duration of antibiotic use.

Step 4: Revise the manuscript

We have revised the manuscript according to the reviewer's suggestions. The current version is in accordance with the manuscript guidelines.

Step 5: Submit the revised manuscript and all related documents

- (1) 44734-Revised Manuscript- done.
- (2) 44734-Answering Reviewers-done.
- (3) 44734-Audio Core Tip- not applicable.
- (4) 44734-Biostatistics Review Certificate- Statistical analysis was done by ourself. So not applicable.
- (5) 44734-Clinical Trial Registration Statement- not applicable to our study. We don't have this.
- (6) 44734-Conflict-of-Interest Disclosure Form- already provided.
- (7) 44734-Copyright License Agreement- already provided.
- (8) 44734-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)-We don't have this form.
- (9) 44734-Signed Informed Consent Form(s) or Document(s)- already provided.
- (10) 44734-Institutional Review Board Approval Form or Document- already provided.
- (11) 44734-Non-Native Speakers of English Editing Certificate- we do not have this form.
- (12) 44734-Video- not applicable.
- (13) 44734-Image File- not applicable.
- (14) 44734-CONSORT 2010 Statement- not applicable.
- (15) 44734-Supplementary Material- not applicable.

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Corrections in main manuscript:

Page 1, Comment 1, Article is prepared and written by professional English speaking authors.
Page1, Comment 2, Post code of all address added
Page2, Comment 3, Institutional review board statement is added
Page2, Comment 4, A signed consent form was already added
Page2, Comment 5, Conflict-of-interest statement added
Page2, Comment 6, not applicable
Page2, Comment 7, not applicable
Page3, Comment 8, aim of the study is added
Page4, Comment 9, Core Tip already added
Page4, Comment 10, audio core Tip added
Page4, Comment 11, updated
Page4, Comment 12, updated