Replay to the reviewer：

1) It would be interesting for the reader a more precise explanation for the CMV infection (sequelae? only peripheral blood detection?)

A: Thanks for your important comment. We made a more precise explanation for the diagnosis and treatment of CMV infection at the beginning of the discussion section.

We made the diagnosis of CMV infection by elevated CMV specific IgM, and CMV-DNA in serum and urine by PCR. However, since we tested for CMV after 21 days and the hearing test was normal, we regarded the virus acquired postnatally. Therefore, initially, we attributed the signs and symptoms to the CMV infection as sequelae. Although the levels of bilirubin and alanine aminotransferase decreased to normal after antivirus treatment, she still had aggravating hepatomegaly and severe hyperglycosuria. Then, we did more tests for the underlying cause.

2) Did the authors perform a lymphocyte subset? Did the NGS include analysis for the reported primary immunodeficiencies genes (>400)?

A: we did not perform the lymphocyte subset. Actually, the gene sequencing we conducted is the whole exome sequencing which includes the primary immunodeficiencies genes. So it could exclude the reported PID or other monogenic diseases.

3) Minor typos: VitmineD-> Vitamin D

A：Thanks for the kindly reminder. We revised the typos mistake.