Dear BMJ,

Many thanks for your further comments:

* We still think that claims of safety should be toned down. For example, the abstract says "is unlikely to trigger a systemic allergic reaction in egg-allergic children and appears safe for use in most egg-allergic children." We recommend this be revised to something along the lines of "is unlikely to trigger a systemic allergic reaction in egg-allergic children" or "our results are compatible with a low risk of systemic allergic reactions in egg-allergic children."

We have made further changes as requested.

* Results would be easier to follow if they were presented (in both the abstract and paper) in the order they were listed on clintrials, in other words if you led off with the primary outcome and first report the "incidence of allergic reaction within 2 hours," then report the "incidence of delayed symptoms" and finally report the results of the ACT test. Abstract should report the upper limit of the CI for both the main group and the subgroup of severely allergic children, i.e. should make plain the absolute risk estimates for the group as a whole and for the subgroup of children with previous severe reactions, which are .47% and 1.36%.

We have made further changes as requested.

* on p 22 the statement "is safe..." should be changed to something less definite such as "compatible with a risk of systemic allergic reaction less than 1 in x."

We have amended this statement.

* One small matter: could you clarify why in the methods section it says that children were observed for 30 minutes but the outcome reported is events within 2 hours?

Our primary outcome was AEFI within 2 hours (as very rarely it can take up to 2 hours for an Ig-E-mediated reaction to become apparent. However, in our SNIFFLE-1 study, all AEFI occurred within 30 minutes. In the study where we exposed egg-allergic children to intranasal egg, symptoms developed within minutes. We therefore decided that for the protocol, a child would be monitored for at least 30mins, following which they could be discharged if there were no symptoms at all. Where some symptoms might have occurred, children were observed until resolution. Any symptoms reported between 30-120 minutes were identified through the follow-up at 72 hours post LAIV.

* The title should describe this as a multicenter prospective cohort study.

We have changed the title accordingly.

NB: In tables E2 and E3 (online only), we have also added in percentages, as we feel this helps the reader.

Many thanks for your ongoing interest in this paper.

Yours sincerely,

PAUL TURNER (on behalf of the authors)