Article details: 2018-0203	
7 11 11 01 0 10 10 11 10 10	What calls to the BC Poison Centre tell us about electronic cigarette exposures: an
Title	observational case series
	Alex Choi MD MHSc, Megan Le MD, Tissa Rahim MSc, Caren Rose PhD, Tom
Authors	Kosatsky MD MPH
Reviewer 1	Michael Rieder
Institution	Department of Clinical Pharmacology, Children's Hospital of Western Ontario, London, Ont.
General comments (author response in bold)	1. The only minor point that more clarification could be useful for is the issue raised in Limitations by the authors as to just how often the BC Poison Control Centre is used and if there is any data on this. This reviewer had had the experience of working in two Emergency Department settings in a province which also used a province-wide Poison Control Centre, where in the first instance the Poison Control Centre was always called and in the second it was never called. Thus as suggested this data may be the "tip of the iceberg" so insights into how often this is likely to happen in British Columbia, if known or even estimated, would be germane.  Some wording regarding use in urban and rural centres in BC has been added to the "limitations" section (page 5). Unfortunately further information is not readily available.
Reviewer 2	Shaun Hosein
Institution	University of Calgary, Calgary, Alta.
General comments	2. You describe findings related to your exposure using Canadian systems
(author response in	(CHIRPP and BC poison centre), but there is no discussion about other
bold)	established systems, and their use. Further, you make an excellent concluding statement, and I feel a little bit more discussion on using poison centre data would be helpful to the reader to understand the utility of your surveillance system and how it applies to public health. I do note you referenced publications from the NPDS in the introduction, and I feel briefly building upon this concept would be beneficial.  A brief description of the NPDS has been added (page 1). Comments on the utility of poison centre data for surveillance have been added to the "interpretation" section (page 4). A more thorough discussion was challenging given space limitations.
	3. The paper overall detects a signal of harm from an exposure, which should result in action (basic definition of surveillance). There is some discussion about policy in the introduction, however further discussion on policy/ action would strengthen this paper (e.g. US policy from 2016).  The "interpretation" section includes a discussion of applying child-resistant packaging, using single-use products rather than multi-use refill bottles, avoiding products appealing to children, limiting the availability of highly concentrated products, restricting advertisements, educating purchasers and owners, and improving packaging and manufacturing standards (pages 4 and 5).
Reviewer 3	David G. Bailey
Institution	Lawson Health Research Institute, London, Ont.
General comments (author response in	I found this manuscript to be of current interest, informative, novel, well-conducted, well-written, comprehensive and meaningful. I have no comments to improve it
bold)	further.