In the correspondence article that we published (Chu et al., 2006), no attempt was made to demonstrate whether *Aeromonas* spp. are capable of causing diarrhoea or not, in contrast to the interpretation of our data by Figueras et al. (2007). We take a neutral stance on the issue. What our data have shown is that our current method for detection of the organism, i.e. culture, in our clinical setting whereby specimens are coming into our laboratory from outpatient clinics around Hong Kong, is not providing clinically useful information. Our faecal specimens are characterized by (1) an origin from patients with relatively mild clinical presentations which do not merit hospitalization, (2) limited clinical information provided on the laboratory request form, and (3) the possibility of delayed processing during transport from diverse outpatient settings to the laboratory. The limitations of our study have already been discussed in the original correspondence article, and our conclusion merely stated the lack of a statistically significant association between diarrhoeal symptoms and the isolation of aeromonads in faeces.

As front-line workers providing public health services, we would very much welcome the association of definitive pathogenic traits with *Aeromonas* that could at the same time be applied for laboratory diagnosis (e.g. Shiga toxin production in enterohaemorrhagic *Escherichia coli*), instead of detection of an array of putative virulence factors. We await reports of such characteristics in *Aeromonas*, which will no doubt help us to provide a better and more cost-effective clinical laboratory service.

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