actually included individuals between the ages of 18 and 33 years, which would seem to make confounding by age less likely. Furthermore, we note that the average age in our study (24 years in the sleep-deprived group, 25 years in the control group) seems reasonably close to the average age in the study by Benedict et al\(^2\) (23 years) and Spiegel et al\(^2\) (32 years). We hope that future studies will carefully consider age and aging when examining the metabolic effects of sleep restriction.

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**Hyperimmune IV Immunoglobulin Treatment of 2009 Influenza A(H1N1)**

**To the Editor:**

We read the article by Hung et al\(^1\) in this issue of CHEST (see page 464) on hyperimmune IV immunoglobulin (H-IVIG) treatment for 2009 influenza A(H1N1) with great interest. They concluded that “treatment of severe A(H1N1) infection with H-IVIG within 5 days of symptom onset was associated with a lower viral load and reduced mortality.” Use of immunoglobulin treatment seems to be a new treatment of H1N1 influenza. It is mentioned as an additional therapy to the standard antiviral treatment.\(^4\) The present report showed a good clinical outcome: clearance of symptoms. However, the concern is on the adverse effect and long-term outcome of using H-IVIG treatment. Because the present report is based on a limited number of patients, some uncommon adverse effects of using H-IVIG (such as anaphylaxis, hypotension, and rash)\(^1\) might not be detected. Additionally, the issue of cost-effectiveness of this new therapeutic option should be further assessed.

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**Response**

To the Editor:

We thank Drs Joob and Wiwanitkit for their comments on our article on hyperimmune IV immunoglobulin (H-IVIG) treatment.\(^1\) Based on the prospective, multicenter, randomized, double-blind nature of our study and the effect of the H-IVIG on the viral load and cytokines, we believe that this study is important in the management of patients with severe 2009 influenza A(H1N1) infection in which no effective treatment other than supportive care is available. The 17 patients who underwent H-IVIG treatment in this study showed no adverse effects of anaphylaxis, hypotension, or rash, with excellent long-term outcome upon follow-up for the 12 patients who survived. As mentioned in the “Discussion,” the safety of the H-IVIG is further improved by fractionation with additional pathogen reduction steps. Nevertheless, we agree with Drs Joob and Wiwanitkit that a future study of a larger scale based upon this study on H-IVIG would be necessary to determine the cost-effectiveness of this new therapeutic option.