

**Review comments:**

In this revision nothing was changed except very few words. The Authors should redesign their study.

**Authors' feedback:**

As in previously, corrections were made and presented as an author's comment according to the criticism of the Dear Referee, questions form was available as well (RT-PCR were studied in all patients, but regrettably this was to be forgotten writer on the MS. Please, excuse our mistakes). By requiring the final revision of the Dear Referee, the manuscript was reviewed and some changes were made and labelled in yellow on MS. In Table 1, the geographic distribution of the cases was removed because of it is perceived to be necessary. As in difficult to understand the final criticism of the Dear Referee, if1. he/she specify the points where she/he wants to be corrected are clear, we will endeavor to get them. The changes were made as shown as below.

1. All of the cases were confirmed by CCHF immunoglobulin M (IgM) and/or PCR RNA positivity
2. Patients with a definite diagnosis of CCHF via clinical manifestations and the positive results of viral RNA by reverse transcriptase - polymerase chain reaction (RT-PCR) and/or specific IgM antibody were enrolled to the study. Blood samples were sent to the Public Health Institute of Turkey, National Arbovirus and Viral Zoonosis Reference and Research Laboratory Ankara, Turkey. The real time RT-PCR test was performed for serum samples with a RealStar® CCHFV RT-PCR Kit 1.0 (Altona Diagnostics, Hamburg, Germany).