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Reply

We would like to thank Liccardi *et al.* for their comments and interest in our work.

As we mentioned in our publication, very little is known about the prevalence of allergic symptoms and the atopic status of pet shop workers. The unique study of Renström *et al.* [1] demonstrated that a large number of pet shop workers had respiratory symptoms and about a third were sensitized to allergens found in the pet shops. However, as in all Western countries, this population had a near lifelong history of exposure to pet allergens at home and in public places due to the high pet ownership in the community and the high pet sensitization rates found in this study cannot be attributed to only workplace exposure [2–7]. That is why we mentioned bias in Renström's study.

On the other hand, in Turkey, pet shop workers have a non-significant pet exposure out of work due to the low pet ownership in our country. We thought that this situation could be an advantage while investigating the relation between pet sensitization rates and work exposure. In our study, pet shop workers reported frequent work-related symptoms despite low pet sensitization rates. Work-related symptoms were explained by exposure to other allergens and non-specific irritants in the workplace in our discussion section. We are in agreement with Licardi *et al.* that the low pet sensitization rates found in our study were related to the low amount or absence of these allergens at home and in pet shops. We also agree with the idea that our results cannot be generalized, especially to countries with different pet owning habits; so, in the key points of the manuscript, we emphasized the idea that 'sensitivity to cats and dogs among pet shop workers might vary in different populations'.

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