



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	Ms_BMRJ_23800
Title of the Manuscript:	Staphylococcus aureus: Nasal carriage in health care workers and in-patients with special reference to MRSA.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Running title: Staphylococcal carriage in a tertiary care hospital. <u>A hospital does not have nasal carriage.</u> Line 104-105: <u>Of the 310 <i>S.aureus</i> isolates, 226 (47.1%) were from in-patients whereas 84 (32.8%) were from HCWs. Percentage calculations are not correct. This data is different from that shown in table 1.</u> Line 63-64: Canteen and administrative staff cannot be included into health care workers. <u>Repeat calculation is required excluding these groups of people.</u> <u>Why clindamycin resistance test is not reported in all <i>S. aureus</i> isolates? It can be done in the same petriplate in which antibiotic susceptibility is being done.</u> <u>Disc diffusion test is not recommended for vancomycin.</u>	Dear reviewer, as per your valuable suggestions the following changes have been made to the manuscript. 1. The running title has been modified 2. The percentages in the text and table 1 have been corrected. 3. Canteen and administrative staff have been excluded from the category of HCWs in the main text. As far as the table is concerned, they are included under the common heading of occupation not health care workers. As the number of MRSA recovered from them was zero, the percentages do not change. 4. Clindamycin resistance test was done for all the 310 <i>S. aureus</i> isolates. In the table with the antibiogram, it is separately discussed under MSSA and MRSA isolates in both the categories (i.e. HCWs and in-patients) 5. Sorry sir/madam we only did disc diffusion for vancomycin
Minor REVISION comments	Abstract: number of health care worker and	No of HCWs and in-patients mentioned in the abstract. The data in lines 16-17 has been corrected. The



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	patients studied for nasal carriage should be mentioned. Line 16-17: data shown in table 1 is different Introduction: Line 41-42: Genotype is not shared. Line 42: Colonizing strains do not serve as endogenous reservoirs. Line 46: humans are not considered as vectors. Line 55: replace <i>Staphylococcus</i> with <i>S. aureus</i>. Methods: Line 62: number of participants - HCW and in-patients should be mentioned. Line 65: <u>sterile</u> word is missing. Line 66-67: swabs are not used for streaking rather used for inoculation. Line 73: replace classified with identified. Line 74-76: <u>DNAase and phosphatase tests positive or negative</u> (need to work on structure of sentence). <u>Include concentration of bacitracin and lysostaphin.</u> Line 78-79: “with zone diameters 79 measured in millimeters” this statement is understood. Line 84-85: cMLS_B, iMLS_B and MS should be defined. “constitutive or inducible clindamycin resistance was done as per CLSI guidelines”. <u>Specify what discs were used for the test and also the distance between the discs is also crucial. The test was performed in how many isolates? Isolates tested were <i>S. aureus</i> or MRSA?</u>	percentage (47.1%) of the total no of <i>S. aureus</i> (n=226) among in-patients has been calculated using 480 as the denominator, which is the total number of swabs taken from them. Same is the case with HCWs; the percentage (32.8%) of <i>S. aureus</i> has been calculated using 256 as the denominator, which is the total number of swabs taken from them. Table 1 depicts the breakup of those samples into MSSA and MRSA. Introduction: The line genotype is shared has been changed to have the same genotype as is mentioned in the published article whose reference is given. Same if true for colonizing strains serve as endogenous reservoirs. The sentence has been changed <i>S. aureus</i> instead of <i>Staphylococcus</i> incorporated Methods: Number of participants mentioned Sterile word incorporated Classified replaced with identified DNAs and phosphatase positive Concentration of bacitracin and lysostaphin incorporated With zone diameters measured in mm removed Inducible and constitutive clindamycin resistance defined. Discs used and the distance also mentioned in methods. The test was performed on all isolates. Please refer to the antibiogram table. The lines 92-95 modified
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	Line 92-95: needs to work on sentence structure. Results: Line 108-109: cMLS_B and iMLS_B are not spelled right. D test is not mentioned in methods and is reported in results. Line 106-107: Replace the sentence “The overall prevalence of methicillin resistant <i>S. aureus</i> (MRSA) was 29.0% (n=90)” with “The occurrence of MRSA among <i>S. aureus</i> was 29.0% (n=90). Line 125: cephalosporins (n=4), <u>aminoglycosides and inhibitor combination (n=3) and inhibitor combination (n=3)</u>. What is this? Total number has been stated 23, upon adding up the numbers the total comes out to be 27. Line 133: MRSA carriage was seen more in nurses, 9 (56.3%) and doctors (12.5%). <u>Number of doctors? Uniformity required.</u> Discussion: Discuss on your findings like significantly greater occurrence of <i>S. aureus</i> nasal carriage among in-patients compared to HCWs. Higher MRSA nasal carriage among HCWs working in SICCU - Discuss on possible impact on admitted patients. Resistance to various antibiotics has been discussed, resort and impact is not discussed.	Results Constitutive and inducible clindamycin resistance corrected through out the text. Description of the test given in methods Line about overall prevalence changed Antibiotic intake: numbers corrected Number of doctors added Discussion Modified to the best of our abilities taking queue from the points highlighted by you
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	Line 182 and elsewhere: [11] Al-Abdli et al. [12]. Ref 12 should come at the end of sentence. Line 192, 194, 204 and elsewhere: author initial is not required. Stick to Constitutive and inducible clindamycin resistance or to cMLS_B and iMLS_B.	References put at the end of the sentences. Constitutive and inducible Clindamycin resistance changed throughout the manuscript
<u>Optional/General</u> comments	English should be thoroughly checked. Space between words are missing: for example- fromin patientsand Typographical mistakes in many places. It seems that the manuscript has been submitted without thorough revision. Proper flow of work done is required - what and how a test is done, and reported.	As per your instructions Sir/ Madam, English has been checked. Sometimes when a word document is opened in a version other than in which it was written, the spaces merge. Have saved the document in compatibility mode now. Hope you find the changes satisfactory.