



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	Lacks the information on the evolution of nasal colonization (J Infect Dis 2008; 197:1226-34.; Microb Drug Resist 2011; 17:321-34). Lacks the information regarding risk factors for colonization. Lacks the information regarding universal admission versus targeted screening. Lacks the information on universal decolonization versus targeted decolonization. Lacks the information regarding the role of mupirocin. Lacks the information regarding chlorhexidine body washing.	Dear reviewer, thank you so much for your valuable suggestions. Yes sir/madam, the manuscript lacks the important points highlighted by you. In-fact we are currently working on a multicentre study where we are looking for mupirocin resistance in <i>S. aureus</i> strains. We intend to discuss all these aspects in that study thoroughly esp screening for MRSA and decolonization. Also sir/ madam, it's a candid admonition one cannot accomplish all the things in a single study no matter how much one wants to. Ours was a preliminary study to find out the extent to which our staff and in-patients at one point in time have <i>S. aureus</i> carriage in their nose what the susceptibility pattern of such isolates was and some not all risk factors associated with the carriage. There is a chance for improvement and we will with our further endeavours.
Minor REVISION comments		
Optional/General comments		