



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	1. This study is about the prevalence of nasal carriage of methicillin-resistant <i>Staphylococcus aureus</i> in healthcare workers in Iran. The study is very limited in the use of microbiological and epidemiological techniques. No molecular technique is performed, not are related the strains present in health personnel and those found colonizing patients. 2. Because there are clear differences between the isolates associated SARM- community (CA-MRSA) and hospital-acquired (HA-MRSA). These differences consist of distinct genetic information, which entails different profiles of antibiotic resistance and virulence factors characteristic. So the analysis of patterns of susceptibility to antibiotics of <i>S. aureus</i> isolates to determine the suggestive profile CA-MRSA or HA-MRSA. The CA-MRSA is more susceptible to 3 different antibiotics to β-lactam antibiotics (erythromycin, clindamycin, quinolones). The above description supports the MRSA isolates sensitive to clindamycin and erythromycin are suggestive of being CA-MRSA. While HA-MRSA are resistant to all Typically β-lactams, macrolides, and fluoroquinolones. It is recommended to apply the analysis of patterns of antibiotic susceptibility of isolates of <i>S. aureus</i> to determine those with suggestive profile CA-MRSA or HA-MRSA.	Dear reviewer, thank you for your valuable suggestions. This study has a very basic design as our main aim was to find out the prevalence of <i>S. aureus</i> carriage in HCWs and in-patients; we did not divide the recovered isolates into CA-MRSA or HA-MRSA. Susceptibility profile as stated by you is different in case of community acquired and hospital acquired <i>S. aureus</i> including MRSA but it cannot be used as a yard stick to differentiate these isolates into HA or CA with utmost certainty. Molecular profiling would be more suggestive of the origin of such strains which were due to some constraints not done. The study has its limitations we agree nonetheless it's a sincere effort.
Minor REVISION comments	1. The summary remained pending an introduction and purpose of the investigation. In Materials and Methods: specify the study design. (line	We have stated the purpose of our study in the introduction section. In the abstract, due to limited number of words allowed we did not



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	60) The methodology must be written briefly, how the sample was transported? (line 66), what broth used for inoculum? and then inoculated on Mueller-Hinton agar - why many hours and at what temperature? how he interpreted? (line 77) . What are the criteria for selecting methods: Kirby Bauer or agar diffusion that will allow more clearly interpret the results? 3. Results: The information on antibiotic susceptibility of MRSA in patients and health personnel can be summarized in a table 4. Discussion: The study not carry out the association between colonization with MRSA and hospital stay of patients and the time that remains health personnel at the hospital	mention it there. The study design has been incorporated in the material and method section as directed by you. Methodology changed briefly stating the transport of the samples and the broth used for inoculum and at what temperature and for how many hours the MHA plates were kept. CLSI guidelines were followed for doing the Kirby Bauer disc diffusion test. We had in the original version of the manuscript summarised the antibiotic profile of HCWs and in-patients in one table only. However following the instructions given by our statistician we separate the two as P-values were better depicted and understood.
<u>Optional/General</u> comments	1. It suggested changing the reference 1 for a more appropriate to the context described (line 32). 2. Any molecular technique was not used to detect MRSA, is a limitation!.	The opening line of the introduction has been taken form the article whose reference is given. We did not perform any molecular test in our study which is a limitation of our study and is acknowledged by the authors in the manuscript. Hope you approve of the changes made by us.