



**SDI Review Form 1.6**

Journal Name:	<a href="#">South Asian Journal of Research in Microbiology</a>
Manuscript Number:	Ms_SAJRM_39801
Title of the Manuscript:	PREVALENCE OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS IN ABEOKUTA, NIGERIA
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>)

**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)
<b><u>Compulsory</u></b> REVISION comments	<p>This manuscript is clear and informative. It describes the prevalence methicillin resistant <i>S.aureus</i> (MRSA) in Nigeria. However, there are some comments to point out for clarification.</p> <ul style="list-style-type: none"> <li>In line 112, the NCCLS has been renamed, so it should read CLSI in the manuscript.</li> <li>In line 115 and 131, "McFarland" is a single word and should not be printed separated. Also, "McFarland's standard" should read "McFarland standard".</li> <li>Although you are studying the prevalence of MRSA only cefoxitin susceptibility was done, it is more useful to describe the full antimicrobial susceptibility profile of MRSA. In particular, the percentage of resistant of vancomycin, if any.</li> <li>The study has mentioned the prevalence of MRSA was high in age group of 0-9 years, is there any particular reason for that?</li> </ul>	All these observations have been effected in the manuscript.
<b><u>Minor</u></b> REVISION comments		
<b><u>Optional/General</u></b> comments	<ul style="list-style-type: none"> <li>Mannitol salt agar (MSA) was used for MRSA isolation in this study, but many commercial available chromogenic agars have been developed of which they are more sensitive and specific than in-house MSA in fact.</li> <li>You have mentioned that PVL genes should be considered for further works, I think SCCmec typing also should be considered for public health and infection control purpose.</li> <li>Molecular detection of MRSA has been widely used recently to control the spread of MRSA in hospital, especially in ICU setting, although it is costly. The effectiveness and application model has been described in many references, this is one of them, Eddie Chi Man Leung, <i>et al</i>, "Admission Screening of Methicillin-Resistant <i>Staphylococcus aureus</i> with Rapid Molecular Detection in Intensive Care Unit: A Three-Year Single-Centre Experience in Hong Kong," ISRN Microbiology, 2013.</li> </ul>	This information is highly appreciated and it shall be noted in the study.