Reviewer's report

Title: Community acquired infections in older patients admitted to hospital from care homes versus the community: cohort study of microbiology and outcomes

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Reviewer: S P Stone

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This is a sound piece of work with good methodology, and they have been open about its limitations. The findings are unsurprising and the conclusions ditto but it is an area that has not been well addressed.

It was of course carried out a long time ago and given what we know about levels of MRSA in Scotland nowadays may not be quite as relevant.

I think it would be reasonable to accept it provided the authors provide a checklist showing how and where in the text they have complied with the STROBE guidelines for observational epidemiological studies as this is a cohort study. What were the isolated organisms in the cases with severe sepsis? This might be very interesting and might alter antibiotic recommendations although I suspect not. Nonetheless I think that is one bit of data editors might like to have them add. I think these are the only things I really would like to see done.

Other points which I think it might be helful to considder are:

1. The numbers are of course small and maybe they should mention that more explicitly...I assume this reflects that fewer than we would like had bacteriological samples taken on admission. Again they might like to comment on that.

2. Sepsis (severe) is of course a bad prognostic marker and I wonder if they were able to extract data on time to antibiotic therapy or whether adequate fluid replacement was given in timmely matter. Thye may not have been able to do so in which case they might like to mention it.

3. The only other point is that in their conclusions they might liike to coment on in discussion is that as the mortality is so high and the context today so different (less MRSA, use of the CURB-65, use of the sepsis six and so on) that a fresh prospective study in more than one hospital would be worth doing.

Pneumonia appeared to be the commonest infection is referred to wrongly in my opinion as "the old man's friend". it isn't..it is their killer and studies that establish
up to date data on such patients management and determinants of death with a view to improving practice are to be welcomed.