Author's response to reviews

Title: Persistence survey of Toxic Shock Syndrome toxin-1 producing Staphylococcus aureus and serum antibodies to this superantigen in five groups of menstruating women

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Author's response to reviews: see over
Editors  
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Dear Drs. Alam and Cassidy-Cain  

We appreciate the helpful comments from the reviewer regarding the manuscript “Persistence Survey of Toxic Shock Syndrome Toxin-1 producing *Staphylococcus aureus* and Serum Antibodies to this Superantigen in Five Groups of Menstruating Women” (1579702396300429). We have addressed his comments as follows with his concern presented first followed by our response. The authors thank the editorial staff for considering the manuscript and note that it has been in “review state” for one year. We request that if the editors do not wish to accept this final edited version of the manuscript that it be returned to us by September 1, so that we may pursue a different journal.  

Comment 11: What was the intra- and inter-observer variation of obtaining vaginal and anal swabs for the presence of *S. aureus*?  

The following information was added to the first paragraph of the Conclusion section of the manuscript:  

A limitation of our study is that swab samples were analyzed in singlet, so that inter-observer variation in detection of *S. aureus* could not be determined; conventional methods for bacterial isolation and identification were employed, however, for which reason we are confident in the quality of our data.  

Comment 12: What was the inter- and intra-observer variation for the antibody test?  

In a 2004 paper (CMAJ 2004 171 (11)) by McGinn, it cited the importance of kappa analysis in data interpretation by different clinicians. We also appreciate the need to understand measures of variability in data presented in clinical trials and systematic reviews as an important skill for clinicians. However in our study only one (not multiple) qualified technician conducted and interpreted the data.  

The data were also reviewed by the physician who initially developed the assay as a second level of review. It is important to note that multiple labs and multiple technicians were not used in this study. It is a strength of this study that the same technician was used for the study who conducted the original prevalence study reported in the *Journal of Clinical Microbiology* (2005).
The following information was added to the final paragraph serum analyses section of the Method section the paper:

Dilution curves were scrutinized by two observers, with concordance required for there to be a final antibody determination. Because the assay yielded a quantitative result (not subject to observer bias), there was no inter- or intra-observer variation in the antibody result.

We hope that these revisions have strengthened the manuscript and will allow its acceptance for publication in *BMC Infectious Diseases*. On behalf of my co-authors, we look forward to receiving notification that it has been accepted for publication.

Sincerely,

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