Author's response to reviews

Title: Bacteremic community-acquired pneumonia due to Klebsiella pneumoniae: Clinical and microbiological characteristics in Taiwan, 2001-2008

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Author's response to reviews: see over
Dear Editor,

We deeply appreciate the time and effort of the reviewers for their reviewing our manuscript. We revised our manuscript and replied to the referee point-by-point carefully in the following section. We highlighted the changes in our manuscript in yellow color. We hope the responses and corresponding revisions meet your requirement for publication of this manuscript in BMC Infectious Diseases.

Thank you for your kindest consideration.

Yours sincerely,

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Response to Referee 1

Q1. ……It might have been helpful to describe the serotypes of the non K1/K2 isolates, not least to give an idea of the extent of diversity among the set (discretionary revision).

A1. We deeply appreciate the time and effort that the reviewer has put into our paper. We agree that it is helpful to describe the serotypes of the non K1/K2 isolates. We have repeated our experiment and described the serotypes of the non K1/K2 isolates in the section of Method and Result. Please see page 8 and 11.

Q2. It is surprising that the antibiograms were identical in all the isolates, although perhaps this reflects the community-acquired nature of these infections. Given the armoury of resistance genes hospital strains are gaining, and the seriousness of these infections, it is reassuring that these isolates were susceptible to a number of classes of antibiotics.

A2. We agree that it is reassuring that these Klebsiella pneumoniae isolates were susceptible to a number of classes of antibiotics. We have revised the description in the section of Result. Please see page 11.
Response to Referee 2

Q1. Improvement of present paper could include virulence factor characterisation (FX hyper-mucoviscosity, present of rmpA gene, aerobactin production) of all isolates and K-serotyping of the non-K1/K2 isolates.

A1. We deeply appreciate the time and effort that the reviewer has put into our paper. We agree that determination of virulence factors (FX hyper-mucoviscosity, present of rmpA gene, aerobactin production) of all isolates and K-serotyping of the non-K1/K2 isolates can improve the present manuscript. We have tested the virulence factors (hyper-mucoviscosity, present of aerobactin and rmpA gene) and the serotypes of the non K1/K2 isolates. We have added this information in the section of Abstract, Method, Result, Discussion and Reference. Our finding was consistent to the previous report. Please see page 2,3,5,8,11,16 and 17.

Q2. DISCRETIONARY REVISIONS. (Discussion, 3rd and 4th paragraphs)
“..bacteremic CAP in South Africa…” seems redundant, could be shorter.

A2. We have made the sentences shorter to avoid the redundancy. Please see page 14.

Q3. MINOR ESSENTIALS REVISION (Patient selection) Reference for used CAP definition should be provided.

A3. We have added the reference for CAP definition. Please see page 6.
Response to Referee 3

Q1. The Discussion part is not to the standard as it should be. Previous studies on CAP were mentioned, but the authors did not indicate the frequency of K. pneumoniae (what %) in the current CAP series of 2001-2008, as compared to 34.1% in the period of June 1988 to September 1991. It should be made clear whether or not the two cohorts are compatible, and I suggest the authors comment on whether the case collection from a single hospital can reflect the situation in an endemic area of Taiwan.

A1. Thank you for your kindest suggestion. (1) During 2001-2008, K. pneumoniae composed 33.1 % (49/148) of bacteremic CAP in our institute, which is consistent to the previous study. We have added the data and related discussion in the section of Method, Result and Discussion. Please see page 6, 9 and 13. (2) Our hospital is a public medical center in northern Taiwan, functioning both as a primary care hospital and as a tertiary referral center. As the leading hospital in Taiwan with a 52-year history, it serves patients and accepts referrals evenly distributed from every part of Taiwan. Therefore, the patients of our hospital are representative of all of the patients in Taiwan, without substantial bias but may be skewed slightly to the severe side. Moreover, our result is consistent to another report from southern Taiwan (please see reference 9). Thus, our result did reflect the importance of K. pneumoniae in bacteremic CAP in Taiwan.

Q2. In two places in the Discussion, this reviewer found it difficult to follow. Please rewrite to clearly present the points. Page 12. Bottom, “Classic risk factors in this study did not predispose patients to bacteremia K. pneumoniae CAP.” Hard to understand this statement. Page 15. “This finding suggests that pulmonary infection with K. pneumoniae might carry little risk for distant metastasis even in patients with systemic invasion.” This statement is not very logical.

A2. In Page 13, we have revised this sentence as “Classic risk factor as diabetes for community-acquired K. pneumoniae infection did not predispose patients to bacteremia K. pneumoniae CAP in this study.” to make the description more clear. In Page 16, we have revised the sentence as “This finding suggests that pulmonary infection with K. pneumoniae might carry little risk for distant metastasis even in patients with bloodstream infection.” to make it logical. We wanted to stress that we did not observe distant metastasis, which is common in liver abscess, in patients with bacteremic CAP.

Q3. Minor Essential Revisions. English writing needs improvement. Here are some
examples. Page 11. There were no significant differences >> there was no significant difference. Page 13. Line 3. “than for other infections” >> than for other clinical manifestations. Page 13. Line 7. Last decades. >> decade. Page 16. Monitor these patients more closely. “more” can be eliminated.

A3. We have revised these sentences to improve the English writing. Thank you for your kindest correction.