Reviewer’s report

Title: Severe Enterobacter pneumonia developing outside the hospital setting: a plea for greater awareness of the concept of health-care-associated pneumonia

Version: 1 Date: 4 February 2011

Reviewer: manuel Etienne

Reviewer’s report:

Major compulsory revisions
No major compulsory revision required.

Minor essential revisions

1/ The article has some great qualities: the subject is interesting, connected to the daily practice, and any physician involved in hospital care of severe pneumonia may be interested. The title is catchy enough, and describes perfectly the problem discussed. The data provided are detailed enough, and support the conclusions of the author, though in a limited number of patients. Identifying what parameters should lead the physicians to consider and manage infections as associated to healthcare is a real current problem, for pneumonia as well as for any other infection.

However, the article would largely benefit from being re-positionned more clearly:

The authors classified pneumonia as healthcare-related when patients had been admitted in a hospital during the past 12 months. This classification refers to larger criteria (Antimicoribial Agents and Chemotherapy 2007 (51)10: 3568-73) for HCAP than those cited in the references 6 and 14, and contributes to scramble the message.

I suggest the authors should re-position the article using the following draft:

-At the time patients with Enterobacter pneumonia presented to the hospital, they did not meet the criteria for HCAP. Hence, they were treated like CAP.

-The authors decided to describe Enterobacter pneumonia

-Describing Enterobacter pneumonia, striking differences with usual CAP were noticed. To search for significant differences between Enterobacter pneumonia and CAP related to other pathogens, each Enterobacter pneumonia was matched with any other CAP. (The comparison between 2 kinds of CAP seems to me more accurate than comparing HCAP with CAP).

-The article would so describe Enterobacter pneumonia, state that they share more characteristics with HCAP than with CAP, and corroborate some limits of the ATS guidelines.

2/ Other minor revisions :
Introduction:

The introduction should be clarified, briefly summarizing how nosocomial pneumonia (ATS 1996) were splitted into VAP, HAP, and HCAP (ATS 2005).

The term “from outside the hospital setting” is confusing and repeated many times in the article. Clearly defining the terms in the introduction could allow to use CAP or HCAP infections, or non-nosocomial infections...

Patients and methods:

Page 3: “Each eligible Enterobacter HCAP” at this time of the article, it is not known if Enterobacter pneumonia are HCAP or CAP. è “Each eligible Enterobacter pneumonia”

Discretionary revisions

-in 2007 related to healthcare infections were also defined by French guidelines; the authors being french, this reference should be cited ( Mai 2007, Comité Technique des infections nosocomiales et des infections associées aux soins, Ministère de la Santé)

Page 4: data collection, last 4 words: “included”, prefer “monitored”?

Page 4 definitions:

“Sputum cultures were accepted” à prefer “Sputum cultures were considered significant”

“CAP was defined as pneumonia in patients who did not met” à “did not meet”

Page 6:

first 2 lines: it might be interesting for readers to know if ESBL were resistant to ciprofloxacin, but also to aminoglycosides, since HCAP are usually treated with antibiotic combination including aminoglycosides, and ESBL are commonly resistant to aminoglycosides

“all patients were living at home and one was treated at home” : what does “treated at home” mean: peritoneal dialysis? Else?

The table 1 should be corrected:

Line “Male/female, n” the corresponding values are percentages, not numbers

Line “comorbidities, %” the corresponding values are mean number of comorbidities, not percentage of patients having comorbidities

Lines COPD, cancer… to chronic renal failure: it should be mentioned that the values are %

Line: “Time between onset of symptoms”…it should be specified if it is mean time or median time

Line “Fever” maybe simply replace “fever” by T°>37°5C (ask the editor, should the temperature be expressed in °C, °F, or both?)
Line “shivering”: the usual term is “chills”
Line “sepsis classification” what does the p value at the end of the line mean?
Lines “leukocytosis” and “C-reactive protein”: please specify the units
Line “blood urea” :“mmol/L à”(mmol/L)”

The table 2 should be corrected:
P value à p value

“Prior antimicrobial treatment”, please change to “antimicrobial treatment started <24h before admission” or specify the delay in the legend.

end of my comments

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'