Author's response to reviews

Title: Incidence, Risk Factors, and Outcomes of Fusobacterium species Bacteremia

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Author's response to reviews: see over
Responses to Reviewer 3’s (Dr. Ming-Hsun Lee) Report.

1. This has been corrected to “A case of *Fusobacterium* spp."
2. We have changed the statement to read that there were no duplicate cases during the 11 years the study.
3. For the purposes of our study and to be consistent with prior publications we have included patients with recent hospitalization as be included in healthcare associated infections category. This includes patients admitted within the last 90 days as defined in the method section.
4. We have clarified this in the method section. We specifically state that we have age, gender, and mortality data on these 10 patients, but not comorbidity. We have added a common to the table and risk factor analysis to state that this includes only the 62 patients were comorbidity data was available.
5. This typographical error has been corrected
Responses to Reviewer 2 (not identified)

Please find in the responses to distributors concerns itemized in accordance with the structure used by the reviewer.

Abstract:

The abstract has been revised to hopefully make it more concrete.

Background:

The paper by Goldberg et al. was not available when this paper was first rafted and we apologize for not having seen at during the numerous revisions of occurred. We have referenced and discussed this paper in this revision.

Methods:

The reviewer states the methods are too long and unfocused. This section has been revised and the type of study moved to the first sentence of the methods section. We specifically state it is an active retrospective population-based surveillance cohort of a single region within Alberta Canada. It includes all hospitals as referenced. I am unsure as to what the reviewer means by "multicentric". If this is defined as including multiple hospitals than the answer is yes. In our region we are considered a single grouping and not multicenter. We have not include any patients or institutions living outside this zone. This is a population-based study, not a multicentered study.

We feel our definitions and statistical analysis are important for readers to be objective when interpreting her study. This section has not been altered as the other to reviewer said no concerns.

Results:

As stated above our study includes all patients living with any region of Alberta. It is a population-based study, not a multicenter study.

In our analysis of patients with infections we generally break-in into mode of onset. For example, community-acquired Staphylococcus aureus infection is classified separately than hospital-acquired or healthcare associated.

We do not easily have access to the time of death.

Discussion:
We have added a comments in the discussion to the effect that F. necrophorum infections are complication of pharyngitis in young adults.

It is stated in the paper and in the conclusions that F. nucleatum is associated with underlying medical conditions, not F. necrophorum.