Reviewer's report

Title: Outbreak of Clostridium difficile PCR ribotype 027 - the recent experience of a regional hospital.

Version: 2 Date: 18 January 2014

Reviewer: Chetana Vaishnavi

Reviewer's report:

Minor Essential Revisions

1. The paper has several typographical and some grammatical errors here and there.
2. American and British spellings are interspersed. Use the one required for the journal

Major compulsory revision

3. In Abstract: Lines "Outbreak control measures.... antibiotic stewardship" Actually as these form part of the methods employed, it should be put under Method section Here again period at which control measures were taken is not clear.

4. Under the section C. difficile culture and strain characteristics, it is not clear whether the work was prospectively done or was retrospective data. However on page 13 it is mentioned that the strain typing was started from 1st July 2012. This needs to be mentioned under the Method section.

5. On Page 8 under Result section again, the Lines "Antibiotics were fluoroquinolones mainly ciprofloxacin and penicillins..." is better written as "Antibiotics were fluoroquinolones (mainly ciprofloxacin) and penicillins..."

6. The outbreak control measures should be mentioned under the Method section. Extraneous explanation should be deleted and an algorithm for the same would be more appreciable.

7. Under Discussion in the first paragraph references should be given for reports mentioned.

8. The Discussion should be improved by removing irrelevant discussions and repetitions.

9. Under Conclusions, no reference should be included

10. In Table 1 include the word 'CDI' for attributable cause and contributing cause

Discretionary Revisions
Definition of McCabe score should also be given under Definition Section. If possible the modified McCabe score (the Sabadell score) may be used as it works effectively to stratify patients according to hospital outcome and is a newer approach.

On Page 8 under Result section, in para 3 it is mentioned that CDI was diagnosed by means of detection of pseudomembranous colitis and biopsy. Both are nonspecific diagnosis, though may aid in CDI diagnosis. The stools of these patients were negative for toxins (ELISA may sometimes miss out toxin positivity). However simultaneous stool culture for C. difficile could have been done to confirm CDI and type the strain involved.

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

**Quality of written English:** Needs some language corrections before being published

**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