Author's response to reviews

Title: Prevalence of Vancomycin-Resistant Enterococcus fecal colonization among kidney transplant patients

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Author's response to reviews: see over
July 7, 2006
Mellissa Norton, MD
Editor-in-Chief
BMC Infectious Diseases
BioMed Central Ltd, Middlesex House, 34-42 Cleveland Street, London WIT 4LB, UK.

Dear Dr. Norton,

We are submitting electronic files of our revised manuscript titled “Prevalence of vancomycin resistant Enterococcus fecal colonization among kidney transplant patients”, in light of the reviewer’s comments.

We present a point-by-point description of the changes made.

First reviewer: Janet Manson

1- All spelling and grammar suggestions were reviewed;
2- The agar that was used was, azide blood agar, OXOID-England
3- Unfortunately, I am in Los Angeles doing research for my PHD dissertation and have no access to the raw data on wich my findings are based. I recognize that this situation is not optimal, but at the present moment there is no one way to retrieve this data, back in Brasil.
4- Tables 3, 4 and 5 were condensed in a single table with the analysis per groups and it is cited in the results section. All tables were cited;
5- All species names are in italics and also Enterococcus is not in bold;
6- A new paragraph was added in the discussion section explaining that there are no present data on VRE fecal colonization in healthy people in Brazil; on the other hand, a comparison with VRE colonization rates in Brazilian specific risk groups was emphasized in the discussion section.
Second reviewer: Giorgina Barbara Piccoli

Major Compulsory Revisions:

1- Abstract’s method was corrected (two samples were not collected in all patients); We tried to better clarify in results section the reasons for patients low compliance and also the reason for excluding second samples more than 7 days apart; we added a last paragraph in the discussion section stating this fact as a major limitation for our study and emphasizing that this limitation probably underestimated the real colonization rate in our study population.

2- Patients were analysed only once and this was added in the methods section:

3- Tables 3, 4 and 5 were summarized in only one table. Regarding the multivariate analysis, we reported only the variables independently related to VRE colonization, found exclusively for group 3 patients.

4- We added a paragraph in the discussion section stating that no VRE infection was found and a brief discussion of the reasons for this finding.

Minor Essential Revisions:

1- We tried to condense the article excluding paragraphs concerning risk factors (CMV and Surgical reexploration).

Sincerely,

M Cecilia S Freitas