Reviewer's report

Title: Methicillin-resistant Staphylococcus aureus prevalence: Current susceptibility patterns in Trinidad.

Version: 1 Date: 23 February 2006

Reviewer: Henrik Westh

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General
The described material is 2430 SA over 6 years or 400/year. It is interesting to also have details on MSSA.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Usually an increase is not described by comparison of two timeframes with 2 years and 6 years in each study period. A figure would probably have shown the same increase – or maybe a gradual increase. Lumping of isolates into periods could than be justified if the figure showed this was reasonable.

Table 1 would increase in value if community isolates had their own column.

Table 2 should be a table on MSSA. It is therefore strange that in Hospital practice 98,6% are penicillin resistant with 24% resistant to Augmentin eg MRSA. It is also quite strange/impossible that the clindamycin resistance in Community is higher than erythromycin resistance. This is usually only seen when not all isolates have had a full antibiogram. In Community practice there are more Augmentin resistant isolates 70% (MRSA) than penicillin (ampicillin) resistant isolates 68%. The statistics used in Table 2 are not described in methods.

Table 3 could be deleted, especially as the data are recapitulated in Table 4. In Table 4 data should be split into Hospital practice and community practice. Again no statistical methods mentioned.

Table 5 is not mentioned in text

On page 9 bottom line the MRSA rate in community isolates is 8.1% with 20.8% in hospital. This data should be found in the tables and it is also necessary to the resistance patterns for both hospital and community isolates. If they have the same antibiograms than the community isolates have spread out from the hospital. If the community MRSA are only resistant to betalactams than we have a situation comparable to other countries with an increase in CO-MRSA. This is touched on page 11 where it is stated that CO-MRSA were multi-resistant - but no data in paper to support this.

On the middle of page 11 the authors say that the Community MRSA has been relatively stable. I feel that an increase of 100% from 4.1% to 8.1% is not a stable situation. Again a figure might have shown a gradual yearly increase.

The discussion about MRSA handling guidelines is very relevant. It would be interesting to hear if they are "only" hospital guidelines or in fact are national guidelines.

In the discussion I would suggest to focus more on MRSA from other Caribbean countries than giving data from all over the world.


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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests