Author's response to reviews

Title: Antimicrobial resistance predicts death in Tanzanian children with bloodstream infections: a prospective cohort study

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Author's response to reviews:

Dear Editor,

Please find enclosed a revised version of our article "Antimicrobial resistance predicts death in Tanzanian children with septicemia". We appreciate the new comments from the reviewer. Below follows our response to the reviewer's comments.

We hope the revision has addressed the issues appropriately, and that the manuscript may be suitable for publication. We agree to the suggested transfer of the manuscript to BMC Infectious Diseases.

Yours sincerely,

Bjorn Blomberg

Response to reviewer's comments:

Comment 1:
Discuss that the high prevalence of antibiotic use in the community pre- blood cultures, may have biased the isolates in favor of those pathogens which would not normally respond to antibiotics that are commonly available in the community; eg. Amoxicillin? Consequently, the role of other commonly identified pathogens, especially Streptococcus pneumoniae may be under-recognized in such a setting.

Response:
We fully agree with this statement and recognize that the manuscript may not have had sufficient emphasis on this point. Reference to this issue was present in the last paragraph of the Discussion where we comment on the limitations of the study. In the revised manuscript we have added further discussion on this both in the abstract and elsewhere in the Discussion section where we discuss the incidence of BSI (paragraph 1) and resistance (paragraph 2). Additionally, in the last paragraph of the Discussion section, we have included a short comment on the possibility that the use of human blood agar may have interfered with the detection of pneumococci and other bacteria, and we added two references regarding this (42, 43).

Comment 2:
Pg 17 -end of 1st paragraph. A more likely explanation for the low CFR for E. feacium, despite suboptimal antibiotic treatment, is that these isolates may in fact have been contaminants. As such, this should be included in the discussion, and the implications thereof in terms of the prevalence of bacteremia in the study population should be acknowledged.
Response:
We have now added further comments on this in the mentioned paragraph in the Discussion section.