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". Below follows our response to the recent comment.

We hope the revision has addressed the issue satisfactorily, and that the manuscript may be suitable for publication in BMC Infectious Diseases.

Yours sincerely,

Bjorn Blomberg

Response to the comment on the manuscript:

Comment:
Before we proceed to acceptance of your manuscript, please can you document within the methods section whether verbal or written consent was obtained from the study participants. Those under 16 would require parental consent..

Response:
We appreciate the comment and fully agree that informed consent is a very important aspect of performing any study on patients. In the previous version, the following was mentioned about this issue in the "Methods" section under the subheading "Location and patients":
"Parents/relatives were informed in the national language, Kiswahili, orally and in writing. Patients were excluded from the study or from the HIV-testing if their relatives wished so."

We realize that the previous statement was not clear enough on the matter, and in the revised version this part has been amended to read as follows:

"Due to the young age of the study subjects (0 - 7 years), the parents or other accompanying, responsible family members were asked for written consent on behalf of the patient. Information was given in writing and verbally in the national language, Kiswahili. Written informed consent was obtained before taking blood for microbiological investigations, if feasible. However, in some circumstances, in the case of critically ill patients, blood specimens were taken based on verbal consent, since these investigations are strongly recommended as routine investigations in severely ill, febrile children, and since it would be inappropriate to delay management of such patients due to paperwork. The responsible family member was then
approached in retrospect for written consent to use the specimen and information in the study. The responsible family member was allowed to opt out from the HIV-testing and only consent to participation in the blood culture part of the study."