Reviewer's report

Title: Prevalence of Vancomycin-Resistant Enterococci colonization and its risk factors in chronic hemodialysis patients in Shiraz, Iran

Version: Date: 13 February 2007

Reviewer: Robert Weinstein

Reviewer's report:

General
This manuscript reports a prevalence survey of vancomycin resistant enterococci (VRE) as causes of rectal colonization in chronic hemodialysis patients in Shiraz, Iran. Of 146 cultures (presumably 146 individuals, which the authors should clarify), 9 dialysis patients were at least transiently colonized in the rectum with VRE. Risk factors included antimicrobial receipt within 2 months before culture and hospitalization during the previous year, although these factors only accounted for 2 and 3 patients, respectively; the authors should clarify whether this is a total of 5 patients or whether there is overlap in these numbers.

Regarding the review questions posed by BMC:
1. Is the question posed by the authors new and well defined? This is a typical cross-sectional prevalence survey, as done in many hospitals routinely trying to assess the burden of VRE in a patient population. Many institutions have assessed VRE colonization rates over the last decade.
2. Are the methods appropriate or well described and are sufficient details provided to replicate the work? Yes; this is very routine microbiology. The authors might clarify why they didn't use broth enrichment to increase their yield and use vancomycin-containing selective and differential media from the outset, as many other groups have done for surveillance culture surveys.
3. Are the data sound and well controlled? The numbers are small but the findings have biologic plausibility. There are no results of molecular typing (e.g., pulsed-field gel electrophoresis) of the VRE; such assessment of the relatedness of the strains would be needed provide a better understanding of the epidemiology of VRE in these dialysis units.
4. Does the manuscript adhere to the relevant standard for reporting in data deposition? Re reporting, yes; re data deposition, not applicable?
5. Are the discussion conclusions well balanced and adequately supported by the data? In general; this is well-traveled ground.
6. Do the title and abstract accurately convey what has been found? Yes. The abstract has more detail than is necessary for such a short paper and could be abbreviated considerably.
7. Is the writing acceptable? Yes, although there are a number of spelling errors and typographical and grammatical errors that should be corrected in copy editing.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
It appears that all of Table 1 can be incorporated in Table 2. (Table 1 is solely the addition of the two columns in Table 2 and therefore the two can be combined). Also, explain in the text whether patients with VRE who had antibiotic consumption during the previous two months (two patients) and those who were hospitalized during the prior year (three patients) are overlapping or independent numbers? Obtain molecular typing (e.g., PFGE) of the strains.

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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)
Typographical and spelling errors.

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Discretionary Revisions (which the author can choose to ignore)
Shortening the abstract, explaining the choice of media.
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Level of interest: An article of limited interest

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'