Reviewer's report

Title: Nasal Carriage and Antimicrobial Susceptibility of Staphylococcus aureus in healthy preschool children in Ujjain, India

Version: 2 Date: 1 November 2010

Reviewer: Gili Regev-Yochay

Reviewer's report:

The comments were mostly well addressed, please see the following comments:

The conclusion in the abstract is now correct, I would even add: "We found a relatively low rate of nasal carriage of S. aureus in children below five years when compared to children of older age groups in India. Yet, prevalence of MRSA was relatively high.

In the Results: correct children aged 0-6 months, it should be 1-6 months, since you did not screen below 1 month.

In the Results: regarding ab resistance (page 10) the sentence: "All MRSA isolates were resistant to ampicillin and coamoxiclav. The percentage of isolates that were resistant to cephalosporins was also high with, 81.2 % of isolates resistant to ceftriaxone" should be deleted. It is meaningless to check for these antibiotics if MRSA is detected.

Comment 1: When describing the antibiotic sensitivity pattern - more relevant is the pattern of antibiotic resistance among different isolates, not just the resistance to a single antibiotic. It seems like most MRSA observed, is more the HA-MRSA type, but unclear due to the way it is presented. How many are MDR? How many only resistant to b-lactams? how many clinda-inducible...

Reply: We have now included a table (table 3), which shows the pattern of coresistance to different groups of antibiotics among 82 MSSA isolates. The table also gives information on resistance pattern to beta-lactams. The information on clindamycin-inducible strains is now added in the result section on page 10, para 1 as “Among the erythromycin resistant strains of MSSA 15 % were clindamycin inducible” and page 10 para 2 “Inducible resistance to clindamycin was 35% in MRSA isolates.”
Regarding the above comment and its respond: This is indeed an improvement, yet not fully addressed. In order to know whether the pattern of the MRSA is typically HA-MRSA or CA-MRSA, data on co-resistance is required. Table 2 I find a bit convoluted and would prefer something simpler like: define MDR as resistance to 3 antibiotic families and show the percentage of resistance to a single drug, 2 drugs (the common combinations) and MDR. Similarly for MRSA.

Table 3 "Authors" should be written in same format: Ramana KV et al, so also Lamaro-Cardosa J. et al….and so on.

Page 12:" …school or aganwadi" please define S. aureus should be in italics. (page 4 several times).

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'