Reviewer's report

Title: Successful reduction of hospital-acquired methicillin-resistant Staphylococcus aureus in a urology ward: a 10-year study

Version: 2  Date: 26 May 2013

Reviewer: Asaf Biber

Reviewer's report:

GENERAL COMMENTS:
This monocenter descriptive study follows 10 years of MRSA colonization or infection incidence in the urology ward. During this period, in addition to hospital-wide standard precautions for infection control measures, a stepwise infection control strategy was introduced. This strategy included introduction of gasless single-port endoscopic surgery, gradually reducing or avoidance of AMP, closing skin incisions by subcuticular suture without additional dressing, expanding preoperative surveillance cultures for MRSA carriage from high risk patients to all patients.

During the study period the incidence of MRSA colonization and infections detected in the urology ward decreased significantly, mostly in the case of acquired MRSA.

The authors state that the reduction of MRSA cases (by their definition) was a result of reduction or avoidance of AMP in minimally invasive surgery. They should be careful in assuming that; this statement requires case control study and ignores other variants and factors, especially the ward staff compliance for the hospital-wide standard precautions. In addition it may be more appropriate to show the yearly incidence for all surgical classes (clean, clean-contaminated etc.) separately, it may illustrate the trends for each group by their AMP changes.

SPECIFIC COMMENTS:
1. It should be mentioned what the abbreviations stand for when they first appear in the paper, i.e. levofloxacin (LVFX).

2. Page 11, " Skin has been closed by subcuticular suture without additional dressing and postoperative bedside treatments are not usually performed." The second part of the sentence is not clear.

3. P.14, second paragraph, first line "Of these patients, 3,719, including 134 urology patients, were diagnosed with MRSA". It should be mentioned if they were diagnosed with MRSA infection, colonization or both. This is repeated through the results and discussion.

4. "Clinically significant MRSA infection" was well defined, but "Major clinically significant MRSA infections" (p.14, third last line) was not defined.
Level of interest: An article of importance in its field

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.