Reviewer's report

Title: The prevalence of recto-vaginal colonization and antimicrobial susceptibility pattern of Group B Streptococcus among near term pregnant mothers attending ANC in two referral hospitals in Addis Ababa, Ethiopia. Zufan Lakew Woldu (MD) Associate Professor Gynecology and Obstetrics Addis Ababa University, School of Medicine, Department of Ob-GY Tel: +251 91220019, E mail: zufan_lakew@yahoo.com Tatek Gebreegziabher Teklehaimanot (MSC) Medical laboratory technology Addis Ababa University, School of Medicine Tikur Anbassa Hospital Tel: 251911644338, E mail: tatekgeher@yahoo.com Sisay Teklu Waji (MD) Assistant Professor Gynecology and Obstetrics Addis Ababa University, School of Medicine, Department of Ob-GY Tel: 251 911227806, E mail: siteet@yahoo.com P.O. BOX: 27954/1000 AA, Ethiopia

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Reviewer: Mercy M Nassali

Reviewer's report:

General comments-
1. The posed question of the prevalence of GBS rectovaginal colonisation and microbial sensitivity in developing countries is quite relevant due to its associated morbidity in obstetric practice. It question is is new in the setting of developing countries since much of the available studies have been in developed settings. there is notable regional variation. It has also not been given much emphasis such as routine screening in developing countries due to uncertainty in burden of disease. Similarly local antibiotic susceptibilitiy is relevant due to varying patterns in drug resistance of commonly used treatment.

2. The methods are well described and can be replicated. However, a written consent form, more appropriately translated into the participants local language may have been more appropriate than only the verbal consent depending on the literacy rates. Urinalysis for GBS bacteriuria which is a marker of heavy genital tract colonisation and may be of added value.

- In regard to sample collection, it is not clarified whether two samples were collected from rectum and lower vagina or it was a single sample. Either method is acceptable though. Temperature at which samples were transported and stored is not specified room temperature or refrigerated). Time interval from collection to laboratory analysis needs to be clarified too. CDC guidelines 2010 caution on declining recovery of isolates over 1-4 days at elevated temperatures leading to false negatives.

They also recommend that if GBS is not identified after incubation for 18–24 hours, then reincubate plates overnight and examine for suspected GBS colonies.
overall 48h to minimise false negatives.
3. The data is sound and applicable.
Regarding household incomes a reference of Birr to internationally used currency such as USD may guide the reader’s understanding of family income.
4. The manuscript follows standard reporting procedures
5. The discussion too is well balanced and compares findings with other studies appropriately indicating possible reasons for the variations noted.
6. The title accurately captures what has been studied and reported.
The writing style and English used is acceptable.

Major compulsory revisions:
a). Clarify sample collection, storage and laboratory procedures
b). Review references for more recent literature all except 2 are before 2000.
c). Introduction paragraph 1, review reference, meta analysis has not found GBS to be strongly linked to preterm birth.

Valkenburg-van den Berg AW, Sprij AJ, Dekker FW, Dörr PJ, Kanhai HH
Association between colonization with Group B Streptococcus and preterm delivery: a systematic review

Minor essential revisions
1. Table 1 alignment of results under age 20-35 years
2. Comment on consent process and why verbal was preferred.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.