Author's response to reviews

Title: Low prevalence of methicillin resistant Staphylococcus aureus as determined by an automated identification system in two private hospitals in Nairobi, Kenya: A cross sectional study

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Author's response to reviews: see over
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TO:
The Editor,
BMC infectious diseases.

Dear Sir/Madam,

RE: RESPONSE TO REVIEWERS COMMENTS

I have responded to the reviewers comments as follows:

Major Compulsory Revision
1. Please delete table two as the content can be stated in the text
   Action: The table has been deleted and content included in the text

2. The 3 isolates resistant to oxacillin but susceptible to cefoxitin cannot be classified as MRSA. The gold standard for MRSA is resistance to cefoxitin and detection of mecA. I suggest that you classify only isolates resistant to oxacillin and cefoxitin as MRSA and change results in tables and texts accordingly
   Action: I appreciate the reviewer’s suggestion, however, it is worth noting that the clinical laboratory standards institute (CLSI) acknowledges that whereas cefoxitin is the best indicator of MecA mediated methicillin resistance, there are rare occasions where isolates may have oxacillin MICs above 4ug/mL but are sensitive to cefoxitin. Such isolates may have other mechanisms of methicillin resistance like hyper-production of beta-lactamase. It is therefore advised that such isolates should be reported as MRSA due to the potential of treatment failure if patients infected with such isolates are treated with penicillinase stable penicillins like cloxacillin. This is what informed the decision to classify the 3 isolates as MRSA. I refer the reviewer to the CLSI Performance standards for antimicrobial susceptibility testing M100-S22 (2012) and M100-S23 (2013).

3. Please use the spelling and grammar check
   DONE

4. Consider converting Table 5 into a figure (eg bar graph, pie chart)
   Action: The table has been converted to a bar chart

Regards

Geoffrey Omuse