Reviewer's report

Title: Serratia marcescens outbreak in a neonatal intensive care unit: crucial role of implementing hand hygiene among external consultants.

Version: 2 Date: 29 July 2014

Reviewer: Bulent Bozdogan

Reviewer's report:

Authors report an S. marcescens outbreak in a neonatal ICU. During outbreak 6, 4 and 2 samples of ocular secretion, blood and intestinal stoma from babies were positives for S. marcescens.

Major points

1. During outbreak a 2nd clone was disseminated. Which means that happened after the measures were already taken and a new clone spreads? How the Authors explain development of this second outbreak? It seems that the measures taken were not enough. What kind of hand hygiene is under use in NICU?

2. It is well known that contaminated parenteral nutrition may be a source of infection. Were PN samples tested for presence of S. marcescens?

3. Antibiotic susceptibilities were studied but little information was given. We know that none of the isolates was resistant to carbapenem and of 34 isolates 32 were resistant to gentamycin. However no information is given about beta lactam resistance. Authors blame the molecular methods that they used for their inefficacy but if they look for gentamycin resistance genes using primers specific for beta lactamase genes, it is sure that no positive results can be obtained.

4. Authors also blame health workers from other services. They carried their hypothesis to the title. Is there any evidence (isolated S. marcescens from these health workers) for that? If there is clonality, contamination should be from one patient to another. I believe that workers in the ward are much more important for contamination than the outside workers who comes usually to see only one patient.

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.