Author's response to reviews

Title: Why is asymptomatic bacteriuria overtreated?: A tertiary care institutional survey of resident physicians

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Author’s response to reviews: see over
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Dr. Hilary Logan

The Executive Editor, *BMC Infectious Diseases*

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‘Why is asymptomatic bacteriuria overtreated?: A tertiary care institutional survey of resident physicians’

Dear Dr. Logan

We thank the editors and reviewers of ‘*BMC Infectious Diseases*’ for reviewing our article. We have made some changes in the revised manuscript after considering the reviewer’s comments.

We present below a point-by-point response to the comments of the reviewers. We believe that we have adequately addressed the comments, but if necessary, we would be happy to provide further information or revision. We very much hope the revised manuscript will now be found suitable for publication in ‘*BMC Infectious Diseases*’. Thank you for your consideration.

Sincerely yours,
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Responses to Reviewer’s comments

We are concerned that Table 2 and the attached questionnaire contains potentially identifying data of patients studied. Can you please confirm that these are just tests for the students or do they represent actual patients seen in the study period in Seoul National University Bundang Hospital? If so, the age, sex, time of study (January to December in 2011), symptoms and location could identify the patients involved. Could e.g. the age be changed to a range, for example 70-75?

We confirm that the clinical vignettes shown in Table 2 and the attached questionnaires are not representing actual patients seen in the study period, but they are just virtual clinical cases we have developed for the purpose of surveying resident physicians. In order to clarify this point, we have revised the manuscript.

In the Methods, lines 167-171:

Previous: In the knowledge assessment part, respondents were asked to select one of three options concerning the diagnosis (ABU/ UTI/ uncertain) and management (would prescribe antibiotics/ would not prescribe antibiotics/ not sure) for each vignette.

Revised: In the knowledge assessment part, respondents were provided different virtual clinical cases which we had developed for the survey and were asked to select one of three options concerning the diagnosis (ABU/ UTI/ uncertain) and management (would prescribe antibiotics/ would not prescribe antibiotics/ not sure) for each vignette.
In Table 2, lines 433:

Note. Clinical vignettes provided on the questionnaire are virtual cases developed for the purpose of surveying resident physicians.