



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2015_BMRJ_16457
Title of the Manuscript:	Clinical Characteristics, Antibiotic Resistance and Molecular Epidemiology of Methicillin-Resistant Staphylococcus aureus in South Taiwan
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Infection control: Describe in detail how its measures were provided in sections such as Intensive Care Unit where these patients stayed. Were cohorting of patients and contact precaution measures performed? Typing and cross infection: Type N may have propagated in Internal Medicine and ICU via sputum while Type E in Surgery via pus. Consider if or not these presumptions were taking place. Antimicrobial stewardship program: Describe if or not it had been taken and the relationship between antimicrobial doses and the drug resistance of <i>Staphylococcus aureus</i>. Type N isolates were related to resistance SAM, P, CC, E, RA while Type E to resistance SAM, P, CC, E. Did this reflect difference in antimicrobial administration?	The sections where patients stayed were carefully confirmed then provided by the regarding management in the hospital and no cross-section for patients was found in this study. Contact precaution measures were also continually performed in the hospital. The presumptions which the reviewer pointed out here should not occur since no clear earlier and later time points of infection for any specific types were found. Also, appropriate and strict segregation and surveillance measures in this hospital were firmly performed to prevent hospital-acquired infections all the time Yes, the different patterns in antibiotic resistance for Type N and type E have reflected differences in antimicrobial administration.
Minor REVISION comments	Typography: "pulsotype" should be "pulsotype" Table 8: Number of "Association of 10 ,," in the title	The typography has been corrected. The total number (including Table 8 continued)



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	may be 5.	is 10 though the number in the upper/first part of table 8 is 5, so it still sticks with "Association of 10
Optional/General comments	Novelty of this report may be MRSA typing in Taiwan, which should be utilized in infection control and antimicrobial stewardship. The conclusion may thus be altered.	The conclusion has been altered accordingly.