Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Authors' reply

The standardised admission proforma used in our study is available on request from the corresponding author and was used in the hospital notes as part of the primary record. It included a detailed description of the seizures, including whether the onset was focal and whether there were any focal features during the event.

The history of the event was obtained through interview of the parents by local doctors and, if their child required admission to the research team's teaching hospital, by members of the research team as well. The prospective nature of the study enabled us to clarify or confirm from local doctors the description of the seizures. Two of the authors used the descriptions to classify CSE according to seizure type. Tonic-clonic CSE episodes were those described with stiffening (tonic) and jerking (clonic) components, whereas clonic CSE had no reported stiffening during the episode. Our results therefore reflect what is reported by parents and other carers and is interpreted by paediatric doctors as epileptic seizures.

Our finding of the infrequency of clonic CSE (1%) is similar to that reported in other epidemiological studies on status epilepticus in Richmond, VA, USA (0%)[1] and the French Cantons of Switzerland (0·6%).[2]

If the incidence of first-ever CSE (20 per 100 000 per year) estimated in our study on childhood status epilepticus is extrapolated to the childhood population of Glasgow (167 972),[3] then about 33 children will have a first-ever episode of CSE in Glasgow each year. The study by John Stephenson and colleagues identified four patients with CSE (mostly clonic CSE) due to AES over 30 years (about 0·13 per year) in a single tertiary paediatric hospital in Glasgow.[4] Taking these into consideration, about 0·4% of all CSE is due to AES and these would be clonic in nature. We did not identify any children with CSE due to AES in our study but had we been able to improve on our 62–84% ascertainment rate, children with CSE due to AES and a greater number of clonic CSE might have been identified.

We declare that we have no conflict of interest.

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Community-acquired MRSA

The Comment on community-acquired meticillin-resistant *Staphylococcus aureus* (MRSA; Sept 2, p 824)[1] is very timely. Until now our attention has been focused on controlling MRSA in hospitals, with little concern about the circulation of these strains between hospitals and the community, or about threats posed by new MRSA strains with enhanced virulence emerging in the community. In response to this, the International Scientific Forum on Home Hygiene (IFH) has produced a report assessing MRSA, *Clostridium difficile*, and *Escherichia coli* that produce extended-spectrum β-lactamases from a community viewpoint.[2] The report summarises what is known about their prevalence and mode of transmission in the home and community. It outlines a risk-management approach to hygiene in order to break the chain of transmission, together with advice sheets for use by health professionals to give guidance to the public on what to do where there is risk.

In reality, MRSA is only one of the reasons why we need to persuade the public to share the responsibility for infection control and adopt better standards of day-to-day hygiene. Other reasons include the continuing high levels of infectious intestinal disease, the increasing elderly population, shorter hospital stays (meaning greater numbers of vulnerable people in the community), and the emergence of severe acute respiratory syndrome (SARS) and avian influenza. To achieve this shared responsibility, however, we need to abandon our fragmented approach to hygiene promotion, whereby food hygiene advice is given separately from advice on care of the sick or prevention of influenza, and adopt a concerted approach that looks at hygiene from the point of view of the family and the range of problems that they face in protecting themselves from infection.

We declare that we have no conflict of interest.

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