

Bacterial and Fungal Profile, Antibiotic Susceptibility Patterns of Bacterial Pathogens and Associated Risk Factors of Urinary Tract Infection Among Symptomatic Pediatrics Patients Attending St. Paul's Hospital Millennium Medical College: A Cross-Sectional Study [Response to Letter]

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Dear editor

We appreciate the opportunity to respond to the letter written to the editor in chief on our article titled. Bacterial and Fungal Profile, Antibiotic Susceptibility Patterns of Bacterial Pathogens and Associated Risk Factors of Urinary Tract Infection Among Symptomatic Pediatrics Patients Attending St. Paul's Hospital Millennium Medical College: A Cross-Sectional Study. We also thank the Kumar et al for taking the time to read our article and for their interest in contributing to it.

Response #1: In this article, we used the terms ward acquired urinary tract infection(UTI) and intensive care unit (ICU) acquired urinary tract infection(UTI) and operationalized them. We have operationally defined ward-acquired UTI as UTI acquired outside of ICU settings. Whereas we defined Intensive care unit (ICU)-acquired UTI as UTI acquired in an ICU setting. We have also seen ward-acquired and ICU-acquired terms in scientific literature. For example, it has been used in the following scientific studies.¹⁻⁴

Response #2: Kirby-Bauer disk diffusion method is not recommended for testing vancomycin against *Staphylococcus aureus*. We used E-test for testing vancomycin against *Staphylococcus* spp.⁵

Response #3: For most *Staphylococcus* spp including *Staphylococcus aureus* oxacillin susceptibility is screened by cefoxitin (30µg) disk as a surrogate agent as per CLSI M100 guidelines. Hence, we used cefoxitin disk for screening oxacillin susceptibility among *Staphylococcus aureus* and coagulase-negative *Staphylococcus*. The susceptibility results of cefoxitin are shown in Table 5.⁵

Response #4: Oxacillin is not recommended for *Enterococcus* spp. Oxacillin was not tested and reported for *Enterococcus* spp. in our article. Table 5 has no cefoxitin susceptibility result for *Enterococcus* spp.⁵

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Laupland KB, Bagshaw SM, Gregson DB, Kirkpatrick AW, Ross T, Church DL. Intensive care unit-acquired urinary tract infections in a regional critical care system. *Crit Care*. 2005;9(2):1–6. doi:10.1186/cc3023
2. Mojtahedzadeh M, Panahi Y, Fazeli MR, et al. Intensive care unit-acquired urinary tract infections in patients admitted with sepsis: etiology, risk factors, and patterns of antimicrobial resistance. *Int J Infect Dis*. 2008;12(3):312–318. doi:10.1016/j.ijid.2007.09.005
3. European Centre for Disease Prevention and Control. Healthcare-associated infections acquired in intensive care units. ECDC annual epidemiological report for 2017. 2019.
4. Ding R, Li X, Zhang X, Zhang Z, Ma X. The epidemiology of symptomatic catheter-associated urinary tract infections in the intensive care unit: a 4-year single center retrospective study. *Urol J*. 2019;16(3):312–317. doi:10.22037/uj.v0i0.4256
5. Performance CLSI. Standards for antimicrobial susceptibility testing. 32nd ed. In: *CLSI Supplement M100*. Wayne, PA: Clinical and Laboratory Standards Institute; 2022.

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