

Author's Reply

Sir,

We thank AK Aswin Pius and Animesh Ray for their interest in our paper.^[1]

We agree with the fact that CURB score is not as adequately validated for identifying patients requiring intensive care unit care and for prognosis and IDSA/ATS criteria are more apt. We used CURB score in our study as it was routinely used in our hospital for all patients with pneumonia. We followed the global Initiative for Methicillin resistant *Staphylococcus aureus* Pneumonia (GLIMP) protocol for the study which was to estimate the prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA) in the community, and mortality was not studied in these patients. None of the patients in the study group suffered from mental illnesses, adherence issues, or substance abuse that necessitated admission in our study. We accept that due to small sample size, we were not able to get any MRSA in our study though it is still rare in our hospital. We defined smoker as per centre for disease control and prevention (CDC)^[2] as “a person who has smoked more than 100 cigarettes in lifetime and who currently smokes,” and we defined alcoholism as per national institute on alcohol abuse and alcoholism (NIAAA) as a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.^[3]

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Nil.

Conflicts of interest

There are no conflicts of interest.

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