

## Comments to the reviewers

Dear Sir/Madam,

Thank you for the valuable comments. As suggested amendments are done.

KINDLY DISCUSS IN BRIEF THE EVIDENCES REGARDING RETESTING AFTER DECOLONISATION AND OTHER COST EFFECTIVE TESTING METHODS . COST EFFECTIVE ANTIBIOTIC PROPHYLAXIS OR ERADICATION METHODS( EVIDENCE BASED).

The IDSA guideline explains the importance of the latter regime, but different formulae have similar decolonization ability and differ in cost as the latter is cheaper <sup>[3]</sup>. Use of povidone-iodine and rifampin has shown efficient and low cost MRSA decolonization. Simor *et al.* <sup>[4]</sup> showed use of topical germicide and antibiotic plus oral agents and rifampin achieved 92% eradication of MRSA.

A study conducted by Gravery *et al* showed the possibility of having MRSA colonization following decolonization. Following repeated decolonization the MRSA colonization has reduced from 7.2% to 4.7% <sup>[6]</sup>. Several methods were employed by different research groups for MRSA screening. In addition to molecular methods the use of chromogenic agar is also costly but, the use of mannitol salt agar and swabs in to 7.5% NaCl in brain-heart infusion broth and phenotypic detection including tube and slide coagulase testing is cost effective to isolate MRSA.

**Simor AE**, Phillips E, McGeer A. Randomized controlled trial of chlorhexidine gluconate for washing, intranasal mupirocin, and rifampin and doxycycline versus no treatment for the eradication of methicillin-resistant *Staphylococcus aureus* colonization, Clin Infect Dis 2007;**44**; 178-185.

**Garvey MI**, Winfield J, Wiley C, Reid M, Cooper M. Reduction in methicillin-resistant *Staphylococcus aureus* colonisation: impact of a screening and decolonisation programme. J Infect Prev. 2016 Nov; **17**(6): 294–297.