

Prediction of 30-Day Mortality Using the Quick Pitt Bacteremia Score in Hospitalized Patients with *Klebsiella pneumoniae* Infection [Response to Letter]

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Dear editor

We thank Dr. Yang et al for their comments regarding our works.¹ The aim of our study was to investigate the prognostic role of qPitt in patients with *Klebsiella pneumoniae* infection. The 30-day mortality discriminative ability of qPitt was excellent by using receiver operating characteristic curve method. By using the Youden index, the optimal cutoff value of qPitt in our study was 2, with sensitivity 0.83, specificity 0.79, respectively. Our finding regarding qPitt cutoff value for best prognosis discrimination ability was consistent with previous studies.^{2,3} Although not the aim of this study, we also provided the cutoff value of PBS for the reference: the PBS 4 had the best 30-day mortality prediction ability, with sensitivity 0.80, specificity 0.84, respectively. As Yang said, the cutoff value of PBS in our study was also in line with previous results.^{1,4} Again we express our great appreciation for their comments and the opportunity to give our response.

Disclosure

The authors report no conflicts of interest in this communication.

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