**ANSWERS TO ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Biological Chemistry

**ESPS manuscript NO:** 26545

**Title:** Device-Associated Infection Rates, Bacterial Resistance, Length of Stay, and Mortality in Intensive Care Units of Ecuador: International Nosocomial Infection Control Consortium (INICC) Findings

**Reviewer’s code:** 03608137

**Science editor:** Shui Qiu

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| **CLASSIFICATION** | **LANGUAGE EVALUATION** | **SCIENTIFIC MISCONDUCT** | **CONCLUSION** |
| [ ] Grade A: Excellent  [ ] Grade B: Very good  [ ] Grade C: Good  [ Y] Grade D: Fair  [ ] Grade E: Poor | [ Y] Grade A: Priority publishing  [ ] Grade B: Minor language  polishing  [ ] Grade C: A great deal of  language polishing  [ ] Grade D: Rejected | Google Search:  [ ] The same title  [ ] Duplicate publication  [ ] Plagiarism  [ ] No  BPG Search:  [ ] The same title  [ ] Duplicate publication  [ ] Plagiarism  [ ] No | [ ] Accept  [ ] High priority for  publication  [ ] Rejection  [ Y] Minor revision  [ ] Major revision |

**COMMENTS TO AUTHORS**

**Comment:** This paper is certainly of local interest, but is of limited international importance. It would be helpful for an international readership to provide some more detail on the types of patients treated in the ICUs studied, so that readers can better understand the context of the study.

**Answer:** We appreciate the reviewer’s comment and have added a comment on page 6, lines 25-27 to specify that the study was conducted on patients admitted to medical surgical intensive care units at 2 medium-sized hospitals; one is a private hospital and the other is a public hospital.

**Comment:** The description of the ISOS has been published before. Perhaps a shorter description, with one or more relevant references would suffice here. In particular, I do not this that it is necessary to devote an entire subsection of the Methods section to the INICC Multidimensional approach;

**Answer:** We agree with the reviewer’s comment and have shortened the description of ISOS and INICC Multidimensional Approach in the Methods section.

**Comment:** Equally I do not think that it is important to advise readered that feedback will be published in another future study.

**Answer:** We agree with the reviewer’s comment and have deleted the comment indicating that feedback would be published in another future study.

**Comment:** In the Discussion it would be useful to provide some quantitative data to support some of the statements, e.g. what is the nurse:patient ratio? what is meant by overcrowding?

**Answer**: We agree with the reviewer’s comment and have provided some quantitative data to support our statements about the reasons that may explain the high DA-HAI rates found in our study, on page 11, lines 10-17 of the revised manuscript. We consider that in Ecuador nurse-to-patient staffing ratios are usually low (with a nurse-patient ratio higher than 4:1) and there is an insufficient number of experienced nurses or trained healthcare workers—which has proved to be highly connected to high DA-HAI rates in ICUs.[(1)](#_ENREF_18) In addition, there is hospital over-crowding. According to World Health Organization (WHO) standards,(2) there should be between 8 and 10 hospital beds available per 1000 persons, but in 2011, in Ecuador, there were only 1.5 per 1000, with many hospitals remaining at full capacity.(3)

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**Reviewed by** **03611630**

**Manuscript Number** 26545

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**COMMENTS TO AUTHORS**

**Comment**: Excellent paper - very clear and well-written. Data is presented in an understandable format and comparisons to international and US benchmarks gives the reader context.

**Answer**: We appreciate the positive comment of the reviewer.

**References**

1. Rosenthal VD, Maki DG, Salomao R, et al. Device-associated nosocomial infections in 55 intensive care units of 8 developing countries. Ann Intern Med 2006;145:582-91.

2. Salmon S, Pittet D, Sax H, McLaws ML. The 'My five moments for hand hygiene' concept for the overcrowded setting in resource-limited healthcare systems. J Hosp Infect 2015;91:95-9.

3. Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data Initiative, Washington DC. 2015.