

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Biological Chemistry

ESPS manuscript NO: 30177

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

Reviewer's code: 02528832

Reviewer's country: Spain

Science editor: Fang-Fang Ji

Date sent for review: 2016-09-19 09:45

Date reviewed: 2016-10-22 18:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Comment: The main limitation is that the number of patients (with CLABSI, with CAUTI) is short, something that may have an important (misleading) impact on mortality rates.

Answer: We agree with the reviewer's comment and have included in a comment to this effect in the Limitations Section, on page 12, lines 1-6. The comment reads: "Due to the low economic resources of our ICUs, very few cultures were taken, which could have influenced the rates of CLABSI and CAUTI, as they could not be document because they did not fulfill all the US CDC/NHSN criteria. In addition, the number of patients to whom blood and/or urine cultures should have been taken, but were actually not due to lack of economic resources, is unknown as this data was not registered. Therefore, results should be interpreted with caution."

Comment: Also, for comparative purposes I would also specify antimicrobial resistance in CLABSI cases from Ecuador.

Answer: We agree with the reviewer's comment and have specified antimicrobial resistance in CLABSI cases from Ecuador in Table 2.

Comment: Surely, the number of cases is also low in this aspect; therefore, some results should be interpreted with caution due to the relatively short number of cases. This should be commented in the discussion.

Answer: We agree with the reviewer's comment and have included in a comment to this effect in the Limitations Section, on page 12, lines 1-6. The comment reads: "Due to the low economic resources of our ICUs, very few cultures were taken, which could have influenced the rates of CLABSI and CAUTI, as they could not be document because they did not fulfill all the US CDC/NHSN criteria. In addition, the number of patients to whom blood and/or urine cultures should have been taken, but were actually not due to lack of economic resources, is unknown as this data was not registered. Therefore, results should be interpreted with caution"

Comment: There are some typos (lines 7 ist page; line 11 2nd page

Answer: We agree with the reviewer's comment and have revised the manuscript text and corrected the typos on page 1, line 7 and on page 2, line 11.

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Name of journal: World Journal of Biological Chemistry

ESPS manuscript NO: 30177

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

Reviewer's code: 03556702

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-09-19 09:45

Date reviewed: 2016-10-23 23:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Comment: This is a nice prospective multi center trial showing similar nosocomial infection rates in Ecuadoran hospitals as compared with international hospitals. These rates are; however, higher than those found in US hospitals. I would be curious as to what the authors feel the reasons for the lower infection rates are in US hospitals. Having done a fair bit of mission work in Ecuador I am curious as to which hospitals participated in this study

Answer: We agree with the reviewer's comment and have included in a comment as to the reasons for the lower infection rates in US hospitals in the Discussion section, on page 11, lines 7-17. There are many reasons that can explain these higher DA-HAI rates compared both to US CDC/NHSN and INICC reports. As also occurs in other developing countries, we consider that adherence to infection control bundles in Ecuador is variable, 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 been demonstrated as highly connected to high DA-HAI

rates in ICUs.^[1] 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] In conformity with the INICC Protocol, the names of participating hospitals are confidential information.

References

1. Rosenthal VD, Maki DG, Salomao R, Moreno CA, Mehta Y, Higuera F, Cuellar LE, Arian OA, Abouqal R, Leblebicioglu H. Device-associated nosocomial infections in 55 intensive care units of 8 developing countries. *Ann Intern Med.* 2006;145 8:582-591.
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 2:95-99. [doi:S0195-6701(15)00183-8 [pii] 10.1016/j.jhin.2015.04.011 [doi]].
3. Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data Initiative, Washington DC. 2015.