

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80498

Title: Nosocomial infection and spread of SARS-CoV-2 infection among hospital staff, patients and caregivers

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05394499

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-09-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-30 08:42

Reviewer performed review: 2022-09-30 11:04

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear Authors, this is a well-written manuscript, presenting the nosocomial spread of SARS-CoV-2 infection between patients, hospital staff, private caregivers and family members in a single hospital in Taiwan. This investigation may have important clinical implications, as the ability to identify the most common paths of in-hospital transmission may influence policy decision making regarding social distancing, the use of personal protective equipment (PPE) and good hygiene practices in this setting. You have worked retrospectively in a single center, as you mentioned as disadvantages in your discussion, but the straight-forward statistical analysis of your data has unquestionably provided some impulse for further studies in the future. There are no questions or queries and wish you good luck in publishing your work. Best Regards

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04970307

Position: Peer Reviewer

Academic degree: MMed

Professional title: Associate Chief Physician, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-09-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-02 03:20

Reviewer performed review: 2022-10-06 10:43

Review time: 4 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<https://www.wjgnet.com>

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This retrospective study analyzed the incidence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nosocomial infection (NI) among hospital staff, hospitalized patients, and caregivers, and the transmission routes of clusters of infection. The findings can be used as a reference for policy formulation to reduce the transmission of SARS-CoV-2 within hospital. The manuscript was written well and easy to read. My comments as follows: First, the sample including period was from May 15 to August 15, 2021, more than one year ago, the characteristics of the virus, the pandemic, and the management of this pandemic may have been changed. Therefore, why not investigate the cases infected recently. Second, mortality should also be reported. Third, in the table 1, the “cluster” row, one has % while another has not. Forth, the analysis methods may be not appropriate, the aim of this study aimed to assess the incidence of SARS-CoV-2 NI among hospital staff, hospitalized patients, and caregivers, and the transmission routes of clusters of infection. However, the results just list the constituent ratio of NIs according different populations in hospital, which is not an incidence. The differences also need to be compared between each groups using both infected and non-infected cases.

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Name of journal: *World Journal of Clinical Cases*

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Title: Nosocomial infection and spread of SARS-CoV-2 infection among hospital staff, patients and caregivers

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06348941

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Mexico

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-09-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-02 04:04

Reviewer performed review: 2022-10-09 20:48

Review time: 7 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1. How did you determine that the SARS-CoV-2 infection presented in your study population is nosocomial and was not acquired before hospital admission? Was a SARS-CoV-2 test performed before admission to the Hospital? 2. What are the protection measures against SARS-CoV-2 that were implemented in the Hospital in the period from May 15 to August 15, 2021? 3. What was the basis for considering the time period (from May 15 to August 15, 2021) for the data analysis of this retrospective study 4. The conclusion was: The incidence of SARS-CoV-2 infection was relatively high among private caregivers, indicating a need for infection control education in this group. What measures should be modified or emphasized in your Hospital for infection control educations in this group? 5. How could this publication impact SARS-CoV-2 nosocomial infection control measures for different hospital institutions in clinical practice? 6. I consider that one of the limitations in this study is the lack of information on the personal and medical characteristics of the recruited population. Additionally, certain more specific information that could be relevant is not included; for example: the service or department of the hospital where the nosocomial infection could have been tentatively acquired is not specified. This information would be important for strategic planning, proposing to emphasize SARS-CoV-2 nosocomial infection control education in certain groups and departments and/or areas of the hospital.