



SDI FINAL EVALUATION FORM 1.1

PART A:

Journal Name:	British Microbiology Research Journal
Manuscript Number:	MS: 2012/BMRJ/2033
Title of the Manuscript:	Antimicrobial Resistance in Pathogens Causing Pediatrics Bloodstream Infections in Madinah Maternity and Children's Hospital, Saudi Arabia.

PART B:

	FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
For comments of Reviewer 1 and author's feed back	I still disagree with the statement about mortality. The two studies referred to are in adults. In the study by DiGiovine (which was in ICU patients only) there was little difference in the crude mortalities of patients with and without infection (35.3% vs.30.9%). I would prefer to see data relating to infections in children. Indeed, more realistic mortality statistics are given in the Discussion section.	I put a new reference P2, line 24
	One confusing feature about the manuscript (which is exemplified in the introduction) is the way that the authors make frequent reference to, despite that fact that their patient population includes community-acquired as well as hospital-acquired infections.	Many statements about nosocomial infections were now omitted esp. from introduction
	Thank you to the authors for providing a much more detailed definition of significant bloodstream infection. However, it would be useful to describe how patients were ascertained for this study – was the assessment of the significance of blood cultures made prospectively or retrospectively? The fact that 166 blood cultures in out-patients were identified as coagulase-negative staphylococci does make me wonder about the reliability of the ascertainment of the significance of blood cultures – could the authors please comments on this	In P2, line 50, Clinical standards of practice in hospitals entail collecting blood for culture from patients exhibiting clinical signs of infection (e.g., fever >38°C) and so we did. But as CoNS are contaminants, we did not consider an episode of BSI without association with other signs as explained in P 3, line 78.
	Table 3 & 4 could be rationalised somewhat. There is certainly no reason to add columns for bacteria whose antimicrobial susceptibilities were not tested.	Corrected
	Could the authors please check their results that all enterobacters were susceptible to cephalosporins?: this is not usually the case.	Corrected in table 4
	I think the Discussion section still requires some editing. For example, lines 223-9 add little to the discussion; I am not sure what the authors expect the reader to conclude from the comparison of the causes of polymicrobial bacteraemia in their study and one other study; the three paragraphs relating to CoNS seems excessive.	Corrected. I made more editing to the discussion as highlighted in yellow
	Although antibiotic resistance amongst Gram-negative bacteria was not especially common in this study, I think that the authors should make some reference to the growing threat posed by multidrug and extremely antibiotic-resistant Gram-negative bacteria.	Corrected P 9, line 272, P 10, line 313, line 329
	Overall, I think this paper would benefit from careful rewriting. At present it does not read well. Basically this is a study of bacteraemia in children attending one hospital. Such studies are mainly of local interest: to make it relevant to an international audience the authors should focus their discussion on comparing their data to other paediatric studies.	I made more editing to the manuscript to make it relevant to an international audience. I changed the title to make it more general, omit the word local from many sentences, compared our data to other paediatric studies as Laupland et al., 2009, Pourakbari et al., 2012, Wisplinghoff et al., 2003) and also join studies in KSA with international studies as in P 8, line 224. I think it will be very exciting to me to read about epidemiology of a certain disease in another country as we are in one world and no boundaries really exist between us.
		<i>Lastly, I did my best to make more editing. I think I have rewritten the whole manuscript again. But I really appreciate all your remarks and I benefitted a lot from them.</i>