



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2013_BMRJ_7543
Title of the Manuscript:	Etiology and Drug Resistance Pattern of Ventilator Associated Pneumonia in an Iranian 1000- bed Tertiary Care Hospital
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	-resistance of <i>Pseudomonas aeruginosa</i>, <i>E.coli</i> and <i>Klebsiella pneumoniae</i> isolates is not specified -method used for microorganism susceptibility is not specified(disk diffusion or MIC); for some antibiotics, can use the disc diffusion method ,for colistin is mandatory MIC method (CLSI 2013) -possible resistance phenotypes are not specified - etiology was mono or multi microbial For staphylococci, ceftriaxone testing is not required, if the oxacillin test was done (same percentages) For staphylococci ,not specified inducible clindamycin resistance For staphylococci ,for some antibiotics, can use the disc diffusion method ,for vancomycin is mandatory MIC method (CLSI 2013) -there are several inaccuracies in percentages of sensitivity / resistance: for example , resistance to Imipenem of <i>A.baumannii</i> strains (47 strains are tested instead 46), resistance to tetracycline of <i>A. baumannii</i> strains(undefined) and resistance to chloramphenicol of <i>S.aureus</i> strains(29 strains) -does not specify the year of CLSI standard - does not specify whether they conducted tests to detection of carbapenemase	-Disk diffusion method used for all antibiotics except for clistin and vancomycin -From 101 patients we isolate 126 organisms thus in some patties the aetiology was multi microbial. Yes .we deleted the result of ceftriaxone We have some cases of inducible clindamycin resistance ,however clindamycin is not suitable for VAP All of them, corrected. We did not test for carbapenemase \
Minor REVISION comments	bacterial names are wrong in some places ; <i>Klebseilla</i> instead <i>Klebsiella</i>, <i>Bukerderia</i> instead <i>Burkholderia</i>, <i>Paseudomonas aeruginosae</i> instead <i>Pseudomonas aeruginosa</i> and few many... <i>Sabouro</i> instead <i>Sabouraud</i>	All Corrected



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<u>Optional/General</u> comments	should be more details on the testing antibiotic resistance ,percentages / sensitivity to other bacterial species involved in etiology	The number of organs such as K.pneumoniae and E.coli were very low(each 9 strian)for this reason the results of susceptibility testing statistically was not important