



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_18522
Title of the Manuscript:	Inducible and Constitutive Clindamycin Resistance in Staphylococcus spp. Strains Isolated from a Neonatal Intensive Care Unit
Type of the Article	Original Research 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	1. The whole manuscript, abstract including, should be thoroughly edited, in view of presenting the study, if not in refined, at least in good, to a full extent comprehensible, written English. 2. All isolated strains discussed pertain to the two main subcategories of the <i>Staphylococcus</i> species (<i>Staphylococcus</i> spp) of definite microbiological and clinical characteristic, i.e. <i>Staphylococcus aureus</i> (<i>S. aureus</i>), a strict pathogen, and coagulase-negative staphylococci, mostly <i>S. epidermidis</i>, but <i>S. haemolyticus</i> etc. as well, mainly opportunistic strains. The right thing to do is to describe these subcategories as per universally adopted microbiological specification, namely <i>S. aureus</i>, and coagulase-negative staphylococci, the latter with the abbreviation CoNS. Note the correct writing in accordance with microbiological classification standards, either in Bold or not, but an obligatory Italic for the genus, species, subspecies' designation as follows: <i>Staphylococcus</i> spp; spp - no Italic, <i>Staphylococcus aureus</i> (<i>S. aureus</i>), methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), methicillin-sensitive <i>Staphylococcus aureus</i>	First, I would like to thank the valuable considerations made by the reviewer that allowed a positive evolution of the proposed research for publication. The material attached was very enriching. 1. The study was submitted to a revision of English. 2. Figures 1 and 2 were transformed into text and figures 3 and 4 became a single table (suggestion of one of the reviewers). We were made the modifications proposed by the reviewer, and we made the corrections. 3. According to the rules of the paper, the results can come along with the discussion. 4. Corrections carried out as orientation reviewer. 5. Corrections carried out as orientation reviewer. 6. Corrections carried out as orientation reviewer.



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	(MSSA), staphylococci – no Italic coagulase-negative staphylococci (CoNS) – no Italic In this connection I suggest that one more reference should be included in the references list, at the following link: Becker K, Heilmann C, Peters G. Coagulase- Negative Staphylococci cmr.asm.org/content/27/4/870 The designation “Staphylococcus spp.” in the text and abstract should remain for expressions defining and discussing general characteristics of both <i>S. aureus</i>, and CoNS, but when writing about properties of the subcategory of strains apart from <i>S. aureus</i>, the used term should be corrected as CoNS or coagulase-negative staphylococci. For example, in the title of the manuscript the term “Staphylococcus spp.” is a correct one, as far as properties of both subcategories are concerned, but in Figures 1,3 and 4 there should be made a differentiation between <i>S.</i> <i>aureus</i>, and CoNS. The expression “Espécies Bacterianas” in Figure 1 should be replaced by “Bacterial species”, or even to be eliminated Along the ordinate (Y-axis) in Fig. 1 should be written “Number of bacterial strains (n)” or “Number of bacterial isolates (n)”. No points following the figure title, eg in Fig. 1 – no point after “surfaces”.	
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	The writing of antibiotics should follow the adopted American nomenclature. The artifact in the lower left corner (198,199,200) of Figure 3 to be eliminated 3. A "DISCUSSION" section to be separated from the section of "RESULTS". At the beginning of "DISCUSSION" there should be emphasised that the tests applied are approved, and strongly supportive for determining the resistotype. The comparisons with studies, examining resistance pattern of isolates in community, and especially healthcare settings, should be evaluated in terms of significance of resistant clones as hospital-acquired isolates, and in the study concretely – the immediate environment of a neonatal intensive care unit. Attention should be drawn to the following factors related to the microbiological monitoring in neonatal wards, especially NICU, of great importance for preventing infections among the newborns, as follows: - routine sampling for newborns colonization - the so called peripheral samples (peripheral zones) - nose, throat, more rarely – eye, ear, anal swab, in case of definite clinical symptomatology and suspected infection - samples related to invasive procedures as tracheal aspirate, gastric aspirate, blood culture, cerebrospinal fluid (liquor cerebrospinalis); - routine sampling of intravenous catheters' tip in case of suspected bloodstream	
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	infection; - routine periodic, or in case of an outbreak, monitoring of the equipment for newborns' care, especially resuscitation devices, as well as parenteral solutions, - introduction, wherever possible, of the so called decentralized system of infant care in the maternal hospital/clinics. This means that instead of the routine practice of separate wards for mothers and neonates (the latter known as neonatal wards), by virtue of the decentralized system organization the mothers are accommodated in a separate room for four or two mothers, and the babies are in movable cribs in the two lateral adjacent rooms to the mothers' room; - stringent control of the hygienic status of the unit; - as a basic requirement - provision of modern central sterile services department (CSSD) in the maternity hospital/clinic - see applied link that may be used as a reference (the illustration in the file attached is intended for authors' information): CSSD – Al Hassa - Consultancy And Planning www.maquet-hospital-solutions.com/projects/cssd-al-hassa/ 4. Within the “CONCLUSIONS” The usage of explicit or strong expressions should be avoided. Thus in the beginning “the hospital environment is contaminated” should be transformed into “ the hospital	
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	environment of a neonatal intensive care unit may be contaminated. In the final statements: The resistotyping of isolated strains for inducible and constitutive resistance may be considered a test of substantial (not paramount) importance not only as an epidemiologic marker in view of analyzing possible dissemination of hospital strains, but with respect to adequate, and precise determination of the antibiotic treatment of neonates. 5. REFERENCES: The writing of references should follow the American adopted transcription, no abbreviations of the type “v”, “p” etc.. 6. ABSTRACT: The abstract should be corrected in accordance to the recommendations above mentioned. Please see the attached file.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		