



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 <i>(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)</i>
<u>Compulsory</u> REVISION comments	Why a work that has been done in 2012 is submitted in 2015 Pay attention to the italics, sometimes they are used and others not Just 35 samples during 3 months, and in some areas just one sample was taken. Which criteria has been used to select one area or another Plates were incubated in a green house?? Discs were incubated 24-48 hours?? Why?? This is not what the CLSI says From 35 places check 36 strains were isolated? The figure 1 is not in English The legend of the figure 2 must be in the figure 2 not before 205 after analysis of the results 07 bacteria? Is that correct? Table 1 shows the gene related with the mechanism of resistance, but the authors are not explaining if they perform the PCR or not. If not, how do they know that they are 100% positive to that gene? Which clone of Staphylococcus aureus is? It has been reported the presence of MRSA or MSSA in environmental samples and more in hospital environments, which is the novelty of this work?	1. The work was carried out in late 2012 and in late 2013 was presented the results. After this period that was prepared for publication with the contribution of all authors. 2. The samples were collected from sites with greater contact with the patient, ie places with higher risk of contamination. 3. Figures 1 and 2 were transformed into text and figures 3 and 4 became a single table (suggestion of one of the reviewers). 4. The number of bacteria (7) is correct. 5. According to the results of the resistance profile associated with induction test, we suggest the resistances mechanisms involved and the determinants genes. 6. For the first time is being held the epidemiological monitoring of environmental contaminants bacteria of the neonatal intensive care unit sector. The resistotyping of isolated strains for inducible and constitutive resistance may be considered a test of substantial 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.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		