



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_35798
Title of the Manuscript:	Epidemiological analysis of infective endocarditis at the Gold Coast area health service
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	Please separate the Discussion section from the Results section (in line 77)	The section of the results and discussion has been incorporated as per the journal template
Minor REVISION comments	• The word “Healthcare related endocarditis ” is used in the Abstract section (in line 19). However, this word is not seen in the main text. • The abbreviations includes “Methicillin sensitive staphylococcus aureus MSSA” (in line 34). However, this word is not seen in the text. • Fig 2 (in line 83) is presented ahead of the Fig 1 (in line 98). • The authors demonstrate an indigenous Australian (only one patient!) as one of risk factors of IE (in line 84-85). Is this correct? • Please spell out the numbers that begin the sentences (in line 92 and 94). • The data regarding micro-organisms (in line 118) should be presented ahead of the data of risk factors (in line 83). • Does the data regarding staphylococcus aureus (51 patients (46%)) include MRSA (in line 119)? • How about the difference of mortality between surgical group and non-surgical group? Does surgery affect mortality? (in line 127-128) • It is inappropriate to present the reference in the Conclusion section (in line 144-146). • There is no data regarding increased complication and mortality related to staphylococcal IE in this study (in line 143-144). • Regarding Fig 2, 3, and 4 (circular charts), the data should be placed in descending order.	*Healthcare related endocarditis has now been incorporated in the risk factor section *The figures have been rearranged in a chronological order *Indigenous Australian have predisposition to rheumatic valvular disease and has been a presumed risk factor for endocarditis but due to the lack of number of indigenous patients in this cohort,this hypothesis could not be proved *numbers starting the sentences have been spelt now *the data regarding microorganisms has been re-arranged *The MRSA patients were looked at separately due to the impact they have on patient management and infection control precautions *Referencing has been avoided now in the conclusion section *Apologies, only complication rates were looked at in the staphylococcus patients not mortality
Optional/General comments	I have read with great interest the manuscript. The authors focused on the epidemiological profile of the patients with infective endocarditis (IE) in a single center in Australia. They found that the most common risk factors of IE in this area includes intravenous drug use and health cares. They also stated that heart failure and arrhythmia related to IE increase the mortality. These findings will be of interest to the readers of this Journal, as well as researchers in this field. I feel that this paper would have been worthwhile after the above-mentioned several questions and comments are addressed.	Thank you for your time and the kind comments. We appreciate your input