



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_27253
Title of the Manuscript:	Nosocomial infection and antimicrobial susceptibility patterns of bacteria isolated from admitted patients with sign of infection at Jimma University Specialized Hospital, Jimma, Ethiopia
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>)



SDI Review Form 1.6

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. With regards to your table 2. Kindly check the Appendix B: intrinsic resistance of <i>Enterobacteriaceae</i> and <i>Acinetobacter</i> of any CLSI Performance Standards for Antimicrobial Susceptibility Testing (2013 to recent) for proper interpretation of your resistance. 2. Still with table 2 under the column of <i>S. aureus</i> and CoNS. Oxacillin Resistance is = 95%, therefore this means that 95% of your <i>Staphylococcus</i> species are Methicillin Resistant (line 261 – 264) as well making your Amoxicillin, Ampicillin & Ceftriaxone to be 95% resistant. 3. With all the antibiotics tested, only Ciprofloxacin is considered to have an activity against <i>Pseudomonas</i>. The rest of them are not supposedly tested because <i>Pseudomonas</i> species are intrinsically resistant to them.	First of we would like to extend our appreciation for the reviewer to give us such constructive and nice comments. All the given Comment are accepted and we tried our best to address all the raised issues on Table 2. We have checked the Appendix B of 2013 CLSI performance standard as per the recommendation. Accordingly we have adjusted the presentation of table 2 as indicated on CLSI guideline.
Minor REVISION comments	1. Why not change/add to the title post-surgical infections rather than nosocomial or hospital acquired since all your patients had undergone surgery as mentioned in line 64 – 67. 2. Delete 129 – 130. This is because not all SUSCEPTIBLE are in control. They should have reached the set values declared by the CLSI. 3. What is the CLSI edition used? 4. How was the MDR categorized as such? 5. Figure 2, Providentia to Providencia 6. Nalidixic Acid is not found on Table 2C or antibiotics against <i>Staphylococcus</i> of the CLSI's M100-S23 to 25. 7. Line 196, Ampicillin is a class representative for amoxicillin. There are no breakpoints for amoxicillin, why test for it?	1. Comment accepted and title modified 2. We used the standard organisms as quality control to check whether our media can support the growth of bacteria or not. 3. We used Clinical and Laboratory Standards Institute. Performance Standards for Antimicrobial Susceptibility Testing; Twentieth first Informational Supplement. 2011;30: M100-S20, 2010 4. We used CDC categorization of MDR available at . http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf. 5,6 and 7:comment accepted and correction was made.
Optional/General comments		