



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_30388
Title of the Manuscript:	Prevalence Of Carbapenem Resistant Klebsiella pneumoniae in Clinical Samples From Some Selected Hospitals in Zaria, Kaduna State.
Type of Article:	Short Communication

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
- One isolate was just intermediate resistant to imipenem. It is not resistant. Author cannot talk about prevalence of carbapenem resistance isolates. - Percentage of carbapenem resistance is actually zero. The data, result and title are wrong. - Antibiogram means percentage of resistance or sensitivity to different antibiotics. (Line No: 200). Antibiogram is not the list of antibiotics used. - Line No: 138 – Source of antibiotic disks (In-house or Manufacturer details) - Source of ATCC strains. If purchased, date of purchase. - CLSI does not recommend Modified Hodge's Test for intermediate isolates. Your test isolate being intermediate resistance will not show clover leaf indentation. - What is the objective of doing MHT for intermediate strain? - If that isolate is carbapenemase negative, what could be the reason or mechanism of resistance? Find out by which mechanism it has acquired resistance. - Do PCR for carbapenemase gene, and sequence it. Then publish the data. - There are so many isolates that are highly resistant but still carbapenemase negative even by PCR. Those isolates will have other mechanism of resistance like efflux pump, OMP etc., Find out other reason for resistance and then report.	- The prevalence has been changed to occurrence if that will be better since none of the isolate was resistant to imipenem. - The percentage is now changed to zero and all data, result and title changed as appropriate. - The result of the antibiogram is now presented in table 1 showing the percentage resistance, intermediate and susceptible for each antibiotic. - The ATCC strains were obtained from Dr, Yahaya Mohammed, Department of Medical Microbiology, Faculty of Basic Medical Sciences, College of Health Sciences, Usmanu Danfodiyo University, Sokoto, Sokoto state, Nigeria. This is indicated now in the revised paper. "Carbapenemase-producing isolates of <i>Enterobacteriaceae</i> usually test intermediate or resistant to one or more carbapenems using the current interpretive criteria as listed in Table 2A (NOTE: Ertapenem nonsusceptibility is the most sensitive indicator of carbapenemase production), and usually test resistant to one or more agents in cephalosporin subclass III (eg, cefoperazone, cefotaxime, ceftazidime, ceftizoxime, and ceftriaxone)." the state quoted above was lifted directly from page 112 of CLSI 2015. As stated above carbapenemase producers usually test intermediate or resistant to carbapenem and usually test resistant to one or more agents in cephalosporin subclass III, since the isolates showed this phenotypic definition we decided to carry out the MHT. - The possible mechanisms of resistance were stated in the paper in the discussion section "This suggests that the resistance is either due to porin loss which limits the entry of the carbapenems into the cell thereby resulting in decreased outer membrane permeability or over expression of β-lactamases (such as AmpC β-lactamases and ESBLs) possessing low-level carbapenemase activity" - Since the isolate turned out to be MHT negative then there was no need to check for the gene by PCR. - Most of the technique used in checking for these other mechanisms are not readily available in our Country and those available are cost prohibitive. - This study was carried out as a research work for M.Sc. dissertation, the time, resources and finance were limited, as such we couldn't go further to check for the other possible reasons for resistance. We hope to further the research during the doctorate degree. - Thank you.