OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Archives of Clinical Infectious Diseases
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Peer Review Report for "Investigation of Antimicrobial Susceptibilities Among Bacteria Isolated from Blood Cultures in Hospitalized Patients, Tehran, Iran"

Author(s): Shadi Aghamohammad, Maryam Nouri, Fatemeh Ashrafian, Mohtaram Sadat Kashi, Mehrdad Gholami, Masoud Dadashi, Hossein Dabiri

Review Timeline:

Submit Date: 28 Nov 2018
Revised Date: 16 Mar 2021
Accepted Date: 11 Apr 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0)

13 May 2019

Dear AE,
Comments for the authors:
Introduction
- Please add the following references to your manuscript:
Goudarzi M, Navidinia M. Overview Perspective of Bacterial Strategies of Resistance to Biocides and Antibiotics. Arch Clin Infect Dis 2019; 14(2):e65744. doi: 10.5812/archcid.65744.
Navidinia M, Karimi A, Rahbar M, Fallah F, Radmanesh Ahsani R, Malekan MA, Hadipour Jahromi M , GholineJad Z.Study Prevalence of Verotoxigenic E.coli Isolated from Urinary Tract Infections (UTIs) in an Iranian Children Hospital . The Open Microbiol J 2012; 6: 1-4
Armin S, Fallah F, Navidinia M, Vosoghian S. Prevalence of blaOXA-1 and blaDHA-1 AmpC β-Lactamase-Producing and Methicillin-Resistant Staphylococcus aureus in Iran. Arch Pediatr Infect Dis 2017 ; 5(4):e36778. doi: 10.5812/pedinfect.36778.
Navidinia M, Goudarzi M, Molaei Rameshe S, Farajollahi Z, Ebadi Asl P, Zaka Khosravi S, Mounesi MR .Molecular Characterization of Resistance Genes in MDR-ESKAPE

Pathogens. J Pur Applied Microbiol 2017; 11(2):779-792.
Navidinia M, Fallah F, Lajevardi B, Shirdoost M, Jamali J. Epidemiology of methicillin-resistant Staphylococcus aureus isolated from health care providers in Mofid children hospital. Arch Pediatr Infect Dis. 2015; 3(2). doi: 10.5812/pedinfect.16458
Navidinia M, Goudarzi H, Pouriran R , Azimi H, Goudarzi M. Molecular Analysis and Integron Carriage of Mupirocin-Resistant Staphylococcus aureus Strains Isolated from Burn Wound Infections, Tehran, Iran, Arch Clin Infect Dis 2019 ; 14(1):e84764. doi: 10.5812/archcid.84764.
Navidinia M. The clinical importance of emerging ESKAPE pathogens in nosocomial infections. J Paramed Sci (JPS) 2016; 7(3). ISSN 2008-4978
Tabatabaei, S.R., Fallah, F., Shiva, F., Shamshiri, A., Hajia, M., Navidinia, M. et al. Multiplex PCR assay for detection of pneumococcal serotypes in nasopharyngeal samples of healthy children; Tehran, 2009-2010. Annu Res Rev Biol. 2014; 4: 3780–3790

Methods

- The type of study was not indicated.
- The studied population was not declared.
- The time and place of the study were not stated.
- Inclusion/exclusion criteria were not explained.
- The sample size and its calculation formula were not explained.
- Please add references at the end of each paragraph.

Results

- Please present some data with figures or tables compatible with the main text regarding contents and numbering.

Discussion

- The limitations of the study and suggestions were not addressed at the end of the discussion.

Thanks.

REFEREE: Reviewer | **Revision** (0) 19 May 2019

Dear AE,

1- Syntax and grammatical errors should be corrected. There are too many grammatical errors, which need correction. Some of them were shown in the manuscript body as tracking changes and comments.

2- The introduction section is focused on septicemia, while it seems that the studied blood samples were mainly related to patients with bacteremia. Is it correct? How the occurrence of sepsis was confirmed in these patients?

3- Some of the phrases were used incorrectly (e.g. Kirby Bauer method, povidone-iodine, Enterobacter)

4- Please don’t use negative phrases during the presentation of your results (e.g. unfortunately). Comparison of the results with those reported by other studies will do show the problem, clearly.

5- Resistance to 3rd generation cephalosporins is not solely indicative of ESBL encoding bacteria and inhibition zone for their combination with β-lactamase inhibitors, such as clavulanic acid, should be considered for the interpretation. Please correct the following sentences in the results section: "ceftazidime, is a commonly used phenotypic marker for

estimating extended-spectrum β-lactamase (ESBL)."
6- Data related to resistance to antibiotics should be presented in a more standard format. They can present in Tables, including data for answering the following questions:
- How many of the isolates have belonged to each age group?
- How many of them were related to different hospital wards?
- How many of them showed the same resistance phenotypes in the same wards?
- Was there an association between mortality rate and AMR phenotype?
- Was there an association between underlying diseases, or type of disease, and etiological agent for Bacteremia?
Thanks.

REFEREE: Reviewer | **Revision** (0) 30 May 2019

Dear AE,
Comments for the authors:
1. The title is inappropriate to be revised
2. Please add keywords based on MESH.
3. The introduction (statement section) to be revised
4. The name of the bacteria should be written in italics and Capitalize genus and lowercase species name respectively
5. The title and objectives do not match together
6. For the first time, the abbreviation for the word should be followed by the full name, and then just enter the abbreviation
7. References to be corrected according to journal format.
8. Some sentences needs to be revised " Septicemia is a serious systemic illness caused by bacteria and bacterial toxins circulating in the bloodstream" and " In the early stages of sepsis, the clinical manifestations are unspecific and it is often underappreciated in clinical practice" and etc.
9. Add studied antibiotics disks, abbreviations and their concentrations in Antimicrobial susceptibility testing section
10. Add standard strain used for quality control in Antimicrobial susceptibility testing.
11. Please add table 1 and table2 in your manuscript
12. Add data related to multidrug-resistant (MDR) strains
13. What standard procedures for blood culture were used?
14. How do you test for VRE?
15. The result is dumb should be sorted and revised
16. In first discussion mentioned this repeat sentence:" Blood infection is a serious systemic illness caused by bacteria and bacterial toxins circulating in the bloodstream. During the past 30 years, it has become an increasingly common condition among hospitalized patients. "!
17. Font styles problems exist in some parts of the text.
18. The discussion to be revised
Thanks.

REFEREE: Associate Editor | **Revision** (0) 28 Jul 2019

Dear EIC,

The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 28 Jul 2019

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Dr. Mardani

First, I want to thank you and your reviewers for their precious time and the extremely helpful and valuable comments provided for our paper. The comments have been added to the manuscript and the questions have been answered. The changes in the manuscript were track changed. We hope the changes which were made would be helpful to clarify the questions.

Reviewers' Comments:

Reviewer 1:
1- Syntax and grammatical errors should be corrected. There are too many grammatical errors, which need correction. Some of them were shown in the manuscript body as tracking changes and comment.

RE: It was done in the manuscript.

2- The introduction section is focused on septicemia, while it seems that the studied blood samples were mainly related to patients with bacteremia. Is it correct? How the occurrence of sepsis was confirmed in these patients?

RE: We agree with the reviewer. It was done in the manuscript.

3- Some of the phrases were used incorrectly (e.g. Kirby Bauer method, povidone iodine, Enterobacter)

RE: It is corrected in the manuscript.

4- Please don’t use negative phrase during the presentation of your results (e.g. unfortunately). Comparison of the results with those reported by other studies will do show the problem, clearly.

RE: We agree with the reviewer. It was corrected in the manuscript.

5- Resistance to 3rd generation cephalosporins is not solely indicative of ESBL encoding bacteria and inhibition zone for their combination with β-lactamase inhibitors, such as clavulanic acid, should be considered for the interpretation. Please correct following sentences in the results section: "ceftazidime, is commonly used phenotypic marker for estimating extended-spectrum β-lactamase (ESBL)."

RE: We agree with the reviewer. It was corrected in the manuscript and the ESBL part is deleted.

6- Data related to resistance to antibiotics should be presented in more standard format. Thay can present in Tables, including data for answering following questions:
How many of the isolates were belonged to each age group?

RE: The authors didn't access the demographic data of patients.

How many of them were related to different hospital wards?

RE: The authors didn't access the demographic data of patients.

How many of them showed same resistance phenotypes in same wards?

RE: The authors didn't access the demographic data of patients.

were there an association between mortality rate and AMR phenotype?

RE: As the authors didn't follow the patients, therefore there is no data about the mortality of the patients who had contributed to the project.

Were there an association between underlying diseases, or type of disease and etiological agent for Bacteremia?

RE: The authors didn't access the data of patients, including underlying diseases, history of surgery, history of antibiotic usage, or other data, therefore, the comparison and statistical analysis are not possible.

Reviewer 2:
Introduction
Please add the following references to your manuscript:
Goudarzi M, Navidinia M. Overview Perspective of Bacterial Strategies of Resistance to Biocides and Antibiotics. Arch Clin Infect Dis 2019; 14(2):e65744. doi: 10.5812/archcid.65744.

Navidinia M, Karimi A, Rahbar M, Fallah F, Radmanesh Ahsani R, Malekan MA, Hadipour Jahromi M , GholineJad Z.Study Prevalence of Verotoxigenic E.coli Isolated from Urinary Tract Infections (UTIs) in an Iranian Children Hospital . The Open Microbiol J 2012; 6: 1-4

Armin S, Fallah F, Navidinia M, Vosoghian S. Prevalence of blaOXA-1 and blaDHA-1 AmpC β-Lactamase-Producing and Methicillin-Resistant Staphylococcus aureus in Iran. Arch Pediatr Infect Dis 2017 ; 5(4):e36778. doi: 10.5812/pedinfect.36778.

Navidinia M, Goudarzi M, Molaei Rameshe S, Farajollahi Z, Ebadi Asl P, Zaka Khosravi S, Mounesi MR .Molecular Characterization of Resistance Genes in MDR-ESKAPE Pathogens. J Pur Applied Microbiol 2017; 11(2):779-792.

Navidinia M, Fallah F, Lajevardi B, Shirdoost M, Jamali J. Epidemiology of methicillin-resistant Staphylococcus aureus isolated from health care providers in Mofid children hospital. Arch Pediatr Infect Dis. 2015; 3(2). doi: 10.5812/pedinfect.16458

Navidinia M, Goudarzi H, Pouriran R , Azimi H, Goudarzi M. Molecular Analysis and Integron Carriage of Mupirocin-Resistant Staphylococcus aureus Strains Isolated from Burn Wound Infections, Tehran, Iran, Arch Clin Infect Dis 2019 ; 14(1):e84764. doi: 10.5812/archcid.84764.

Navidinia M. The clinical importance of emerging ESKAPE pathogens in nosocomial infections. J Paramed Sci (JPS) 2016; 7(3). ISSN 2008-4978

Tabatabaei, S.R., Fallah, F., Shiva, F., Shamshiri, A., Hajia, M., Navidinia, M. et al. Multiplex PCR assay for detection of pneumococcal serotypes in nasopharyngeal samples of healthy children; Tehran, 2009-2010. Annu Res Rev Biol. 2014; 4: 3780–3790

RE: It was done in the manuscript.

Methods
The type of study was not indicated.

RE: It was done in the manuscript.

The studied population was not declared.

RE: As mentioned in lines 21-23, a total of 5000 blood culture samples were collected from patients hospitalized in the Loghman General Hospital, Tehran, Iran with positive blood culture results during 2012-2013.

The time and place of the study were not stated.

RE: As mentioned in lines 21-23, a total of 5000 blood culture samples were collected from patients hospitalized in the Loghman General Hospital, Tehran, Iran with positive blood culture results during 2012-2013.

Inclusion/exclusion criteria were not explained.

RE: There were no Inclusion/exclusion criteria. All the blood samples which were sent to the laboratory were tested for antimicrobial susceptibility tests.

The sample size and its calculation formula were not explained.

RE: If the sample size was determined according to the formula, the sample size will be greatly reduced. As a result, a period of one year was considered to examine the sample of hospitalized patients.

Please add references at the end of each paragraph.

RE: It was done in the manuscript.

Results
Please present some data with figures or tables compatible with the main text regarding contents and numbering.

RE: It was done in the manuscript.

Discussion
The limitations of the study and suggestions were not addressed at the end of the discussion.

RE: It was done in the manuscript.

Reviewer 3:
Dear Authors
1. The title is inappropriate to be revised

RE: It was done in the manuscript.

2. Please add keywords based on MESH.

RE: It was corrected in the manuscript.

3. The introduction (statement section) to be revised

RE: It was done in the manuscript.

4. The name of the bacteria should be written in italics and Capitalize genus and lowercase species name respectively

RE: It was corrected in the manuscript.

5. The title and objectives do not match together

RE: The aim of this study is to investigate the rate and profiles of antimicrobial susceptibility of blood culture isolates from Tehran, Iran. The title was rewritten and it seems that objectives and title is now match together.

6. For the first time, the abbreviation for the word should be followed by the full name, and then just enter the abbreviation

RE: It was corrected in the manuscript.

7. References to be corrected according to journal format.

RE: It was corrected in the manuscript.

8. Some sentences needs to be revised " Septicemia is a serious systemic illness caused by bacteria and bacterial toxins circulating in the bloodstream" and " In the early stages of sepsis, the clinical manifestations are unspecific and it is often underappreciated in clinical practice" and etc.

RE: the whole of the manuscript was revised by native English.

9. Add studied antibiotics disks, abbreviations and their concentrations in Antimicrobial susceptibility testing section.

RE: It was done in the manuscript.

10. Add standard strain used for quality control in Antimicrobial susceptibility testing.

RE: It was done in the manuscript.

11. Please add table 1 and table2 in your manuscript

RE: It was done in the manuscript.

12. Add data related to multidrug resistant (MDR) strains

RE: It was done in the manuscript.

13. What standard procedures for blood culture were used?

RE: we add the related reference (reference 18).

14. How do you test for VRE?

RE: *Enterococcus* which are resistant to vancomycin were considered VRE by the disk diffusion method.

15. The result is dumb should be sorted and revised.

RE: We agree with the reviewer. It was corrected in the manuscript.

16. In first discussion mentioned this repeat sentence:" Blood infection is a serious systemic illness caused by bacteria and bacterial toxins circulating in the bloodstream. During the past 30 years, it has become an increasingly common condition among hospitalized patients. "!

RE: The whole part of the discussion was revised and changed precisely.

17. Font styles problems exist in some parts of the text.

RE: We agree with the reviewer. The font styles were corrected.

18. The discussion to be revised

RE: The whole part of the discussion was revised and changed precisely.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision (1)** 11 Apr 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.