Author’s response to reviews

Title: Epidemiology and impact of a multifaceted approach in controlling Central Venous Catheter Associated Blood Stream Infections outside the intensive care unit.

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We submit our revised manuscript MS: 1715919755833707 “Epidemiology and impact of a multifaceted approach in controlling Central Venous Catheter Associated Blood Stream Infections outside the intensive care unit” following your instructions and addressing reviewer comments.

Revisions made:
Comments to reviewer Francois L´Hériteau. Major compulsory revisions.

1. Page 8, statistical analyses paragraph, and footnote in table 1, we have clarified that CVC-ABSI rate with a 95% confidence interval was calculated as Poisson event rates, and compared by testing for homogeneity of rates.

In page 11, paragraph Outcome of bundles, we provide Poisson 95%CI for CVC-ABSI rate in Internal Medicine in 2008 and 2009, and Surgery in 2009. There is a little overlap in Poisson 95%CI in Internal Medicine in 2008 and 2009 because 95%CI are greater with Poisson model and number of CVC-ABSI cases is smaller. The results are not so solid as if number of CVC-ABSI cases were larger, but estimated CVC-ABSI incidence rate ratio was significantly lower in
2009 compared to 2008 (RR = 0.20, 95% CI: 0.04-0.91).

2. Is it possible that the reduction in CVC-ABSI could be observed, in part, because of a shorter duration of CVC exposure between 2008 and 2011. Following reviewer comments, a comparison of device utilisation ratio measured only in patients with a CVC is included in page 11, last paragraph, and comments about this are included in discussion section, page 15, 2st paragraph.

In discussion section, page 14, first paragraph, we say "The size of the prevalence study sample and the number of cases of CVC-ASBIs were small and it is possible that the incidence rates are not very reliable and could be overvalued".

3. We have clarified that 65% of all patients with CVC followed in Internal Medicine (with and without CVC-ABSI) were patients with CVC inserted by ICU physicians, page 14, 1st paragraph.

We submit our revised manuscript. All authors have read and approved the submission of the manuscript.

We hope that the changes may be sufficient for the acceptance of the article for publication and that you notify us the final decision as soon as possible, given the time elapsed since our first submission.

Thank you very much in advance.

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