Author's response to reviews

Title: Paradoxical bacteremia incidences among selective digestive decontamination studies versus other studies of mechanically ventilated patients.

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Author's response to reviews:

Jorge Garbino,
Section editor,
BMC Infectious Diseases
4 September 2014
Dear Prof Garbino,

Paradoxical bacteremia incidences among selective digestive decontamination studies versus other studies of mechanically ventilated patients.

I submit the above manuscript for publication in BMC Infectious Diseases after making revisions required prior to editorial assessment.

These revisions are;
Addition of page numberings;
Addition of line numberings;
Addition of acknowledgement paragraph;
An ethics statement is not required as the research describes did not require human subjects research;

The key points of this study are as follows;
• The bacteremia incidences in 102 studies of ICU patients receiving various ventilator associated pneumonia prevention methods from publications in the literature are analyzed.
• The counterfactual of Selective Digestive Decontamination (SDD) as conventionally analyzed appears to show that bacteremia incidence is halved.
• Surprisingly, the incidence of bacteremia is doubled in 36 studies in which SDD is under study versus other studies of this patient population in the literature.
• The explanation for this paradox is that the change in bacteremia incidence is localizable to a contextual effect of SDD which is most apparent in the control groups.
• SDD is major contextual hazard toward bacteremia among ICU patients. While this hazard is evident at the level of the evidence base, it is inapparent at the level of individual studies.

• There are three additional files which lists all 102 studies, data and references together with data plots.

Support for these findings comes from six related publications that I have published over the past 20 years, five of which are listed as references (# 115, 116, 117, 135, 136). I attach the two most recent (# 116 & 117; one is still in press with CHEST) as related publications.

I can see that you were one of the authors of ref 71.

It would be of great interest to a broad readership including ICU physicians, respiratory physicians, infectious disease physicians, and infection control practitioners.

The study is also of interest from the perspective of study design and analysis to include clinical epidemiologists.

Author contributions: as sole author, I was responsible for study design, data collection, quality assurance, literature review and writing of the manuscript.

About the author. I am an Associate Professor with The Melbourne Medical School, University of Melbourne. I am located with The Rural Health Academic Center at Ballarat.

I am a Staff Physician (General Medicine and Infectious Diseases, Ballarat Health Services.

I have published over 50 peer reviewed publication of which I was main or sole author.

I am a Member of the Editorial board for 3 international journals;

• Journal of Antimicrobial Chemotherapy (British Society of Antimicrobial Chemotherapy)
• Chest (American Society of Chest Physicians)
• BMC Infectious Diseases (not yet on web page)

Author contributions: as sole author, I was responsible for study design, data collection, quality assurance, literature review and writing of the manuscript.

The authors of several cited documents would be appropriate as possible reviewers of the manuscript. Many of these authors have published in Critical Care. Their email addresses are as follows:

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I have no conflict of interest to declare in the material that is the subject of this manuscript. The sponsor had no the design or conduct of the study, collection, management, analysis or interpretation of the data, or preparation, review or approval of the manuscript.

Regards

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