Reviewer's report

Title: Prevalence of carbapenem-resistant Acinetobacter baumannii from 2005 to 2016 in Switzerland

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Reviewer: Jane Turton

Reviewer's report:

This manuscript describes Acinetobacter isolates from 20 participating laboratories across Switzerland during the period 2005 to 2016, concentrating particularly on those that were resistant or had intermediate susceptibility to carbapenems. Data was extracted from the Swiss Antibiotic Resistance Centre (anresis) database. It has the happy message that numbers of carbapenem resistant/intermediate isolates remained consistent over this period. While overall the paper has an interesting and positive message, there are a number of points that need clarification:

1. While I understand that these data were from the anresis database, and were generated from multiple laboratories that may have used a variety of methods, it would be helpful to provide some kind of indication of the methods used for identification and for susceptibility determination and interpretation. Could the different methods used explain the greater number of resistant isolates observed in the North East region compared with the others?

2. The account focuses on carbapenem resistant isolates without giving an overall impression of total numbers of isolates of Acinetobacter species; it is only from Table 1 that one gets an idea of this. I found Figure 1 confusing- is the frequency of isolation shown in C that of resistant isolates only? Is there an indication from Table 1 that there is a small trend towards greater numbers of Acinetobacter isolations overall, even if the carbapenem resistant numbers are not growing? Although the numbers were small, there was evidence of an increase in the numbers of A. ursingii seen over the period - these are generally susceptible to carbapenems but are associated with invasive disease and perhaps it is important to note that - or perhaps the modest increase in numbers of this species is simply because more hospitals are now
identifying this species. If you had included isolates from other sources (e.g. wound swabs, sputum, or screening swabs) do you think the results might have been different?

Other comments:

Use of spp. - in many cases you could simply say species. What do you mean by A. baumannii spp.? Are you referring to Acb species? If so, please say so.

Background first sentence - while I agree that these species are the most significant others, including A. ursingii, are important and to infer that only a few Acinetobacter species are clinically significant is misleading. After all, all your isolates were from blood or CSF so you do need to entertain the idea that all the species found can cause serious infections. A. lwoffii is sometimes a contaminant of blood cultures (having been introduced from the skin), but that is not the case for the others.

In the Discussion perhaps you could be clearer on what you mean by national incidence level

Last sentence of Discussion - I'm not sure I understand what you mean when you say you have 'confirmed the implication'of carbapenem resistant Acb strains - what is that implication?

Legend to Figure 1 - please make it clearer exactly what is being presented for A, C and D.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
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