Author’s response to reviews

Title: Burden and Risk Factors of Invasive Group B Streptococcus Disease among Neonates in a Chinese Maternity Hospital

Authors:

Qunhua Ying (ssbx1972@163.com)
Shutan Wang (526141016@qq.com)
Xiuming Lou (290465240@qq.com)
Jinlong Ding (41041924@qq.com)
Jiefeng Ding (djfyd@163.com)

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Author’s response to reviews:

Dear Dr. Devoto:

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editors and reviewers very much for your positive and constructive comments and suggestions on our manuscript entitled "Burden and Risk Factors of Invasive Group B Streptococcus Disease Among Neonates in a Chinese Maternity Hospital" (INFD-D-17-01173R2). We have studied reviewer’s comments carefully and have made revision which marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards

yours sincerely

Qumbu Ying

E-mail: ssbx1972@163.com
Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled "Burden and Risk Factors of Invasive Group B Streptococcus Disease Among Neonates in a Chinese Maternity Hospital" (INFD-D-17-01173R2). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made some changes which we hope meet with approval. These changes will not influence the content and framework of the paper. Revised portion are marked in red in the paper. The main corrections in the paper and the response to the reviewer’s comments are as flowing:

Editor Comments:

1) Please remove the title from the Abstract page.

Response: The title was removed.

2) I'm afraid the quality of the English used throughout your manuscript does not currently meet our requirements, as there are several spelling and grammatical errors throughout. We recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

Response: We are very sorry for our poor English and thank you very much for your good comments. Considering the Editor’s comment, we have tried our best to meet with approval.

Reviewer #1:

Special thanks to Dear Dr. Gassier for your good comments and suggestion. We appreciate for your warm work earnestly, and hope that the correction will meet with approval.

General: I note there is no mention of antibiotic timing. I note guidelines such as The American College of Obstetrics and Gynecologists state that the optimal timing is 4 hours prior to delivery.
This appears to be important information, and if not assessed then should be stated in the limitations section.

Response: It is really true as Reviewer suggested that antibiotic timing was stated in line 199-203 and line 276-279.

Line 75: "IAP. (5)". Reference and punctuation was moved.

Line 76: "between whether or not resident mother", was clarified as not being a resident of Shaoxing.

Line 75 - 77: "However, as we found the disparity in incidence and mortality of EOD-GBS between whether or not resident mother, and between women who did and did not undergo membrane stripping, we also assessed these factors." This information is partially describing the result of the study and not just the methodology. Could this be reworded or simply include "resident status" and "membrane stripping" as factors assessed? Also, this is the first use of the term EOD in the text and should be written in full.

Response: We have made correction according to the Reviewer’s comments.

Line 81: "fluids. (2)"; Reference and punctuation were moved.

Line 84: "Cases were identified by daily surveillance of the paediatric wards and microbiology services." This was a retrospective study, but the methodology is seemingly prospective. Please clarify.

Response: We have re-written this part according to the Reviewer’s suggestion.

Line 91 & 92: Extra spacing between words was removed.

Line 98: remove capitalisation of "Immediate". Suggest: "...and immediate Gram stain was performed."
Response: We have made correction according to the Reviewer’s comments.

Line 99: "Other swabs were plated", what "other" swabs do the authors mean?

Response: We have made correction according to the Reviewer’s comments.

Line 101 - 103: "GBS was identified by Gram staining as positive streptococci and presumptive identification by the CAMP test as an arrowhead-shaped zone of complete haemolysis." Would suggest rewording this sentence. Consider "Presumptive identification of GBS was based on Gram stain and a positive CAMP test, determined by an arrowhead-shaped zone of complete haemolysis."

Response: We have made correction according to the Reviewer’s comments.

Line 107 - 108: "During the data collection, the one-child policy was in place, and few prior children were noted." The last part of the sentence is confusing. I would suggest rewording. Consider "during the study period the one-child policy was in place and as such may effect risk calculation." This does not need to be exactly as I have written it, but needs to be clearer.

Response: As Reviewer suggested that we have reworded this part.

Line 144-145: "Both membrane stripped and non-resident mothers are occurred in 28/65 (43.1%) EOD cases." Consider rewording such as "in total 28/65 (43.1%) EOD cases occurred in either non-residents or patients undergoing membrane stripping." Again, this does not need to be the exact same.

Response: It is really true as Reviewer suggested that we have corrected this part.

Line 148: "…whereas previously described risk factors." This part of the sentence does not make sense. The sentence appears incomplete?

Response: We have re-written this part according to the Reviewer’s suggestion.

Line 148: "There are 5 increased risks were…” please reword.

Response: As Reviewer suggested that we have reworded.
Line 154: "...seven identified factors..." inconsistent use of words and numbers. Also, is it 7 or 8 risk factors?
Response: We are very sorry for our negligence and we have corrected the error.

Line 185: "... to prevent infection, though the practice 186 were not successful" was removed.

Line 187: "differed antibiotic", has been changed to "different".

Line 188: "regiment", has been changed to "regimen".

Line 188 - 191: "The common dosing regimen of penicillin G is 3 million units intravenously every 8 hours. After rupture of membranes for 12 hours, oral erythromycin enteric capsules were administered to prevent infection. Combined use of antibiotics can also be seen." Please reword this paragraph. Was penicillin G given for 12 hours after rupture of membranes? Did every patient who was treated receive oral erythromycin?
Response: We have re-written this part according to the Reviewer’s suggestion.

Line 197: "none was significant" was changed to “none were significant".

Line 202: "Treatment was discontinued due to meningitis, intracranial haemorrhage, collodion baby, and prematurity with respiratory failure." This sentence seems unclear. Why was treatment discontinued in a patient with meningitis or other diagnoses?
Response: Considering the Reviewer’s suggestion, we have reworded.

Line 211: "mortality. (2, 6)", was changed."
Line 220: "(9-12), but there is a lack of systematic research." Consider putting references at end of sentence.

Response: References were put at the end of the sentence.

Line 220 - 221: "Forty infants with invasive GBS infection were found over a 4-year period (2010-2014) (11)." Were only 40 cases found throughout China? Please clarify or reword this sentence.

Response: We are very sorry for our negligence and have reworded it.

Line 232: "...could go to other local hospitals except our hospital." Suggest removing "except our hospital." Suggestion "...may present to other local hospitals."

Response: We have re-written this part according to the Reviewer’s suggestion.

Line 235: "weak awareness", was changed to "limited awareness".

Line 242: "Similarly, eleven infants with GBS-positive throat swab cultures", the percentage was included.

Line 245: "(CPS) were thought to be..." was changed as "are thought to be..."

Line 248: "Neither VII nor IX was detected in China (19)." Suggest "Neither serotype VII nor IX have been detected in China (19)." Also, was it or is it expected that these two serotypes are associated with GBS?

Response: We have made correction according to the Reviewer’s comments.

Line 250 - 252: "For example, the high burden of invasive GBS disease is partly due to the heightened risk for LOD in infants born to HIV-infected women (21)." While this is a good example this was a South African study. Is the prevalence of HIV and HIV undertreatment similar in China and South Africa? This sentence should be reworded accordingly or omitted.
Response: It is really true as Reviewer suggested that the sentence has been omitted.

Line 257 - 259: "Especially when membrane stripping fails to result in delivery in > 18 hours, we suggest that providers consider the use of antibiotic prophylaxis". Does this mean that the authors would not recommend prophylaxis if stripping results in delivery within 18 hours?

Response: It is really true as Reviewer suggested that “in > 18 hours” was deleted.

Line 259 - 260: "However, when penicillin, ampicillin, or cefazolin is administered before delivery, the dose and duration must be precise." This seems like an obvious statement. Does this mean that if using Vancomycin due to B-lactam allergy that the dose and duration do not need to be precise? Do the authors mean that it should be according to a specific guideline or management protocol? Please reword or remove.

Response: We have re-written this part according to the Reviewer’s suggestion.

Line 274 - 275: "The lower case fatality rate of EOD cases may contribute to prompt diagnostic evaluation." Do the authors mean that the prompt diagnostic evaluation leads to a lower fatality rate? The current sentence suggests that the lower fatality rate is the cause for prompt evaluation which does not make sense. Suggest rephrasing.

Response: It is really true as Reviewer suggested that the current sentence has been rephrased.

Line 277: "...or poor outcomes (16), no important..." The reference was moved to the end of the sentence.

Line 283: "we conclude that many 284 cases of neonatal GBS disease can be prevented." was deleted.

Line 290 - 291: "This retrospective, single institution study has incomplete ascertainment of various variables that brought it limitations." was moved to the discussion section in line 300 – 302.

Line 291 - 293: “However, our findings can improve the awareness of neonatal GBS infection and lay a cornerstone to ensure accurate detection of the burden." Suggest rewording, "Our findings can improve awareness of neonatal GBS infection and lay a cornerstone to ensure accurate representation of the burden." Again, this is simply a suggested sentence structure.
Response: We have re-written this part according to the Reviewer’s suggestion.

Table 3:

Spelling:

erthromycin should be erythromycin (no capitalisation and no "e" at the end) cefazoline should be cefazolin

Response: Both were corrected according to the Reviewers suggestion.

Figure 1:

The title of the figure is "The incidence of..." therefore the green graphical representation of "incidence" should be labelled as "total incidence" or "combined incidence"

Response: We are very sorry for our incorrect writing that the green graphical representation was corrected.

Reviewer 2 (Reviewer 2):

Reviewer comments: The authors have addressed all concerns raised in the initial draft sufficiently. The issue around the power of the study has been explained. The odds ratios have now been in reported in two decimal places to increase the clarity of the manuscript. In addition, the reported odds ratio in the main text is now consistent with those in the table."

Response: Special thanks to Dear Dr for your good comments and suggestion.

Once again, thanks very much for your kind work and constructive comments.

Thank you and best regards

yours sincerely

Qunhua Ying
E-mail: ssbx1972@163.com