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Author’s response to reviews:

Response to comments: BMC Infectious Diseases INFD-D-19-00062R1

Thank you for reviewing our paper. Find the responses to comments highlighted in yellow. Grammatical corrections are highlighted in turquoise.

EDITORS COMMENTS

Comment 1: There are many grammatical and faults, English language must be reevaluated. Authors should find a scientific editing service to correct their English for this paper

Response 1: Grammar corrected.

Comment 2: They must mention the resistance is primary or secondary. This issue is so important.

Response 2: The study aims to describe the prevalence of drug resistant strains isolated. Since this was a data set analysis the patients were not followed up to ascertain whether the resistance was primary or secondary.

Comment 3: The inclusion criteria and exclusion criteria did not clarified.
Response 3: Inclusion and exclusion clarified. See page 7 data management and analysis

Comment 4: What kind of the susceptibility tasting, you used? Which reference?

Response 4: AST testing explained. See page 7 Data source

Comment 5: How you identified the bacteria, which method, which reference?

Response 5: Method of bacteria identification and reference explained. See page 7 Data source

Comment 6: Keywords must be bold and antimicrobial change to antimicrobial agents.

Response 6: Key words corrected. page 3

Comment 7: gram change to Gram in the text.

Response 7: Changed. See page10, page 13

Comment 8: The name of bacteria must be Italic in the scientific articles. You have to correct in the article.

Response 8: Bacteria names italicized page 10, page 12

Comment 9: Enterobacter spp change to Enterobacter spp.

Response 9: Changed page 10

Comment 10: The data analysis (trend) need more attention and I recommend describe more and use P value in the text.

Response 10: More explanation done and p-values inserted in the text. Page 9-11

Comment 11: In Results, describe the resistance rate for each bacteria and each antibiotics in a table.

Response 11: Table 2 inserted page 23

Comment 12: Enterobacteria, what? Did you mean Enterobacteriaceae?

Response 12: Changed to Enterobacteriaceae page 12

Comment 13: Enterobacteriaceae must be italic.

Response 13: Italicized page 12

Comment 14: B-lactam, beta-lactam., you must use one of them.

Response 14: beta-lactam used throughout document
Comment 15: The discussion is short and the most important issues did not discussed such as cause of similarity or difference, the cause of increase or decrease in resistance trend,

Response 15: Discussion revised

REVIEWERS REPORTS

Wondwosen Abebe (Reviewer 1): The authors report a description of the microbiology and AST results of bacteraemia at private laboratory in Harare, Zimbabwe. The study is interesting and important to understand local epidemiology. The study shows shockingly high resistance rates to most of the antibiotics tested.

Background

Comment 16: S. pneumonia and E. coli first write in full for all species

Response 16: Written if full. Page 4

Comment 17: HIV and TB should be spelled out

Response 17: spelled out. Page 4

Methods

Comment 18: Page 6, line 7: The study is not cross-sectional as it analyses samples from a 6 years time period. It is a retrospective observational study

Response 18: study design changed. Page 7

Comment 19: Page 6: The author did not indicate how to identify the stated bacterial pathogens and their reported antimicrobial susceptibility testing and which guideline was used (more attention needs to be paid the testing methodology)

Response 19: Testing methodology added Page 7 Data source

Comment 20: Page 7, line 8: delete Klebsiella pnemoniae, a repetition.

Response 20: Deleted Page 7

Comment 21: Page 9, line 52-55: Take account of intrinsic resistance -Gram-negative bacteria like Klebsiella spp and Enterobacter spp are invariably resistant to ampicillin and amoxicillin, so commenting on the resistance rates to these agents is meaningless
Response 21: Comment on the resistance removed. Page 9

Conclusion and Recommendations

Comment 22: Too long and inconsistent, I suggest to restructure it greatly.

Response 22: Edited page 12-15

Adeyemi Temitayo Adeyemo, MB,BS, FMCPath (Reviewer 2):

Comment 23: Page 7, line 10/11: Klebsiella pneumoniae should be replaced with Salmonella spp (Klebsiella pneumoniae had already been included in the list in line 8)

Response 23: Deleted page 7

Comment 24: Page 7, line 26: "sexually transmitted disease samples" should be unbundled. How many urethral swabs, endocervical swabs, high vaginal swabs or genital ulcer specimens?

Response 24: Unbundled see table 2 page 24

Comment 25: Page 7, line 36: "ear, nose and throat specimens" should be unbundled. How many ear swab, throat swab etc?

Response 25: Unbundled see table 2 page 24

Comment 26: Page 7, line 38/39: Provide information on the how the bacteria were identified. What antibiotic susceptibility testing method was deployed?

Response 26: Information provided page 7

Comment 27: Page 7, line 43/44: The phrase "Extended Spectrum Beta Lactamase-production" should be deleted, it not part of the tested antibiotics but rather confirmatory test for resistant GNB strains.

Response 27: Deleted

Comment 28: Page 8, line 14/16: From your draft: "We sought permission and ethical clearance to carry out the study from the private laboratory and Health Studies office in the Ministry of Health Institutional review board". Was approval to proceed with the study obtained from MOH Institutional review board? If yes provide evidence to that effect.

Response 28: Yes approval was from MOH institutional review board. We have uploaded the evidence there of.
Comments 29: Was ethical clearance not required for this study? If yes provide objective evidence.

Response 29: Ethical clearance not required this was a data set analysis and no patient details were investigated in the study.

Comments 30: Page 22, Table 1: You established that 23432 bacteria pathogens were from 23432 specimens. The impression is that each specimen yielded one isolate. Were there no polymicrobial culture that yielded two or more of your priority organisms (especially from wound specimens, ear, nose and throat specimens etc)?

Clarification is required on this.

Response 30: Clarified page 7

Prabhav Aggarwal (Reviewer 3):

The manuscript discusses in detail the antimicrobial resistance patterns in Zimbabwe over a period of 6 years. The authors have done a reasonably good work in preparing the manuscript. However,

Comment 31: In the manuscript the authors have consistently used "we performed..." "we did..", In my opinion the the manuscript should be written in past passive tense "... was performed" or "... was done".

Response 32: Edited as suggested

Comment 33: The methodology section is weak. Greater detail should be given regarding processing of specimen, identification of organisms (whether conventional or molecular), method employed for AST, etc. with proper reference.

Response 33: Methodology reviewed page 7

Comment 34: In results section, there is lot of repetition of data already depicted in the figures.

Response 34: repetitions removed

Comment 35: Too many subheadings are used throughout the manuscript. They may be merged or removed all together.

Response 35: Data analysis, variables and analysis merged
Comment 36: Thorough editing of English language is recommended.

Response 36: English editing done