Author’s response to reviews


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Version: 3 Date: 17 Jun 2019

Author’s response to reviews:

Thank you for reviewing our manuscript. Please find attached the response to the reviewers comments for your attention

Wondwossen Abebe (Reviewer 1): I appreciate your commitment to come up with second version of the manuscript but I still have comments for improvements before its possible publication.

Language should be carefully revised and also carefully revise the typos

The conclusion in abstract is too long. You can remove"The data analysis has provided important information on the antimicrobial Resistance trends over the past six years." and "Infection prevention and control measures must be implemented and monitored in hospitals and in communities to reduce these levels of drug resistant infections."
Response: Thank you for the comments. We have revised the conclusion to now read "From the results of this study, it can be concluded that there is a high burden of AMR to commonly used antibiotics like amoxicillin, penicillin, augmentin, ciprofloxacin and cotrimoxazole. Also, there is an increase in priority organisms which include carbapenem-resistant A. baumannii, carbapenem-resistant P. aeruginosa, fluoroquinolone-resistant Salmonella, and ESBL producing Enterobacteriaceae. However, the following organisms are not a major problem in Harare; carbapenem-resistant Enterobacteriaceae, vancomycin-resistant Enterococci, vancomycin-resistant S. aureus and 3rd generation cephalosporin-resistant N. gonorrhoea.

Development of a robust nationwide surveillance is recommended for monitoring priority organisms so that they are identified and treated before they spread. The antibiotics needed to treat multi-drug resistant infections (e.g., vancomycin and colistin) are too expensive for resource-limited countries, leaving infection prevention as the best strategy for curbing AMR. The use of vaccination for diseases like S. typhi, where vaccines are available should be implemented as a prevention method. Further studies should be done, to compare or relate antibiotic prescribing practices and subsequent AMR patterns in Harare. We also recommend comparisons of AMR prevalence in hospital-acquired-infections (HAIs) and community-acquired infections so that interventions may be focused on appropriately."

The grammar has also been revised as advised.

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Please overwrite this text when adding your comments to the authors.

Response: Noted we have uploaded annotated versions