Reviewer's report

Title: Fecal carriage and molecular epidemiology of carbapenem-resistant Enterobacteriaceae from outpatient children in Shanghai

Version: 3 Date: 27 Jun 2019

Reviewer: Paul Lephart

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Unfortunately, there seems to have been issues in interpreting the English grammar and usage changes I suggested in my previous review which utilized text strikethrough to indicate words that should be removed, as many of my fixes were not implemented properly at all. I have included examples below with parentheticals added as the strikethrough font is not displaying:

* Page 3, line 29: Epidemiological information including patient demographics, prior hospitalization, and (delete "and") previous receipt of antibiotic therapy, and invasive operation during hospitalization was obtained from the medical records of each patient.

* Page 6, line 3: By analyzing the patient data, (delete "By analyzing the patient data,") The CRE strains were isolated from in (delete "in") 32 individual children (19 male and 13 female) whose mean age was 1.3±1.5 years (rang: 1m-5y).

* Page 6, line 14: The results of the antimicrobial susceptibility testing of the 32 CRE strains were (delete "were", replace with "are") are shown in Table 1.

* Page 6, line 17: Tigecycline remained (delete "remained", replace with "retained") retained excellent activity…. 

* Page 7, line 18: To the best of our knowledge, knowing about (delete "To the best of our knowledge, knowing about", replace with "Investigation of") Investigation of the fecal carriage prevalence of CRE among outpatients from the (add "the") community setting can help us to better understand the origin of CRE isolates responsible for outbreak events and contribute to control CRE dissemination.

* Page 7, line 25: ….which (add "may") may also explain also make an explanations of (delete "also make an explanations of ") the occurrence in community-onset cases.

* Page 8, line 2: Last but only (delete "only", replace with "not") not least, CRE strains could spread via physical contact with other people and have the propensity to acquire genetic materials mostly in the form of plasmids and transposons, through horizontal gene transfer.
Page 8, line 10: The major resistant (delete "resistant", replace with "resistance") resistance mechanism of CRE is…

Page 8, line 14: NDM-1 and its minor variants, as (delete "as", replace with "a") a class B carbapenemase first clinically isolated from a patient at a hospital in New Delhi, India, have (delete "have", replace with "has since") has since been identified all over the world and always (delete "always", replace with "only") only detected in E.coli and K.pneumoniae

Page 8, line 20: As is known to all, (delete "as is known to all") NDM-1 producing K.pneumoniae are highly resistant pathogens with no effective beta-lactams, including recent ones such as ceftolozane tozabactam (delete "tozabactam", replace with "tazobactam") tazobactam and ceftazidime avibactam and the only one that works (delete "are", replace with "is") is aztreonam

Page 9, line 1: …several STs were (delete "were", replace with "are") are clearly related to specific bacteria, which were prevalence (delete "which were prevalence", replace with "and are prevalent") and are prevalent all over the world.

Page 9, line 12: Deeply and (delete "Deeply and", replace with "Importantly,") Importantly, children with CRE strains in fecal samples are considered as a high risk group, which can spread (add "CRE) CRE by intimate contact and travel.

Page 9, line 13: The origin of CRE isolates in these children remains unknown and it is the main drawback (delete "drawback", replace with "limitation," ) limitation that we don't know if the source of the described CRE carriage of (delete "of") in these children is not (delete "not") the result of an adult (delete "an adult") transmission in the community or in the hospital.

Page 9, line 16: Also we know that children are burden for (delete "are burden for", replace with "are at high risk for") are at high risk for multi-drug organism carriages (delete "carriages" replace with "carriage") carriage and further studies should be carried out to figure out (delete "figure out") evaluate the phenomenon of the original source of CRE strains.

In response to the lack of significance between the min, max and mean times of hospitalization for the CRE and non-CRE groups with recent hospital exposure; withholding this information because it does not fit with your presumption that recent hospital exposure is a risk factor is not appropriate in my opinion and should be included in the presented data. This could be included in your discussion (page 7, line 30) importantly showing that despite previous studies showing an increased risk of CRE carriage with hospital exposure, your study did not show the same. This interesting data presents itself for inclusion again in the final paragraph of your discussion when you state that the main limitation of this study is that you do not know the source of the CRE carriage, particularly because you show that it is not tightly linked to hospital exposure.
alone! Including this data also lends support to your final statement that children with hospital exposure should perhaps be screened for CRE at discharge, as this data would help to definitively establish where acquisition of CRE is truly occurring: hospital exposure or community exposure…or perhaps acquisition occurs in both environments but exposure to antibiotics is the true key to acquisition, not simply hospital exposure alone!

With these changes suggested above, I would be pleased to recommend your manuscript for publication.

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

Yes

**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.

No

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Not relevant to this manuscript

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