Author's response to reviews

Title: Evaluating carbapenem restriction practices at a private hospital in Manila, Philippines as a strategy for antimicrobial stewardship

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Author's response to reviews:

Reviewer reports:

Reviewer #1: Title: I find that the authors title "Implications for stewardship in low- and middle-income countries" has not been addressed, neither in the their study design nor in the discussion. Indeed, the word implications per se appears only in the title, and low- and middle-income countries are mentioned only in the background. Suggest to remove or rephrase this part of the title.

Thank you for suggesting this change. We agree that this portion of the title may be vague and have revised it.

Abstract -Methods: Please specify that the study was limited to 2016, not "from 2016", otherwise it is misleading.

We have added a date range to the methods to clarify this point (line 57).

Abstract - Conclusion - "Prior approval of restricted antimicrobials (PARA) is a component of antimicrobial stewardship in this institution." This is not a conclusion of your study since it is the default situation as mentioned in the background.

We agree with the reviewer that this statement is better suited to the background information. It has been removed from the Abstract Conclusions.
Discussion: would be interesting to have some more discussion over the distribution of pathogens detected, if it is what is expected or it is relative to the specific study context.

We agree that additional discussion to highlight the relevant organism identifications in this study is warranted. There is relatively limited surveillance data of clinical isolates, but we have referenced one data set from 2017 (line 252). The two most commonly identified organisms in our cohort were also the two most common in these national data.

Suggestion Table 2: I see you listed the organisms in an alphabetic order, but maybe ordering them based on the number of isolates they were detected in would make the reading of the table easier, and already highlight the main one. The same principle can be applied to the group Other. Up to the authors to decide though.

Thank you for this suggestion. We agree that ordering the organisms based on abundance is a more appropriate way to present these data and have revised Table 2.

Reviewer #2: This manuscript evaluates carbapenem restriction practice at one private hospital in Philippines. The manuscript is interesting and well written. The authors responded to all reviewer comments. I have some comments that I believe will refine the manuscript.

-Carbapenems are usually prescribed for hospitalized patients to treat antibiotic-resistant gram-negative bacteria. I suggest that the authors should focus in their manuscript about nosocomial infections. Any information about outpatients should be removed from the manuscript. (lines 96-97 "patients can often obtain antibiotics without a prescription", and line 99 "issues such as self-prescription").

We thank the reviewer for pointing out this potential inconsistency in the introduction. To clarify, we provided this information to offer broader context regarding the factors contributing to overall antibiotic resistance in countries such as the Philippines. Importantly, these factors likely drive the need for greater utilization of carbapenems in hospital settings, thus we feel they are still relevant to the manuscript. We have added a statement in the introduction to offer clarification on this point (line 102).
-many studies were published about the importance of carbapenem restriction and its benefits in controlling antimicrobial resistance. I suggest that the authors should mention this in the background section.

We agree that this type of study would provide valuable context. Two studies highlighting hospital stewardship programs have been referenced in the introduction (line 116), with additional detail provided in the discussion (line 240).

-lines 112-113: the study objective should be written at the end of the background section of the manuscript. I suggest to remove lines 112-113.

We have restructured the Introduction and Methods, and the objective is now stated in the final paragraph of the Introduction.

-lines 119-129 should be in the methods section under subheading ASP.

We have restructured the Methods section to include this information.

-add subheading in the methods section about the study setting; describe the private hospital in which you conducted your study.

Same response as to the previous comment.

-I suggest to mention what carbapenems are available in the study setting.

Thank you for pointing out this lack of detail; we have now listed the carbapenems by name in the methods (line 134).

-what is the percentage of MDRO in table 2?

The percentage of MDROs among the clinical isolates in this study was 44.0%. We have included this result after the reporting of data for Table 2 (line 191), and have also mentioned the criteria for MDRO identification in the Methods section (line 166).
-English language should be revised.

We have done additional editing for spelling and grammar.

Editorial comments

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1. titles of tables and graphs (including those in the appendices) should include information on place, time and study

We have written out “Prior Antimicrobial Restriction Approval (PARA)” in the titles for Tables, Figures, and Appendices. The study dates have also been specified.

2. Do not use abbreviations in the titles

Same response as for Comment #1.

3. If abbreviations are used within the table (e.g. in a column) you have to give the full text in the legend or you bring the abbreviation after the full text in the title between brackets

We have corrected COPD to Chronic Obstructive Pulmonary Disease (Table 1).

Some additional editorial comments. Please provide for all table titles the information to place and time and study name.

Thank you for the suggested changes. We have incorporated these for the title of each Table.