

## Review Form 1.7

Journal Name:	<a href="#">Asian Journal of Research in Infectious Diseases</a>
Manuscript Number:	Ms_AJRID_95266
Title of the Manuscript:	Urinary Tract Infection Associated with Carbapenemase-producing Escherichia coli and Klebsiella pneumoniae
Type of the Article	Original Research Article

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajrid.com/index.php/AJRID/editorial-policy> )

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory REVISION comments</b></p> <p><b>1. Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</p> <p><b>2. Is the title of the article suitable?</b> (If not please suggest an alternative title)</p> <p><b>3. Is the abstract of the article comprehensive?</b></p> <p><b>4. Are subsections and structure of the manuscript appropriate?</b></p> <p><b>5. Do you think the manuscript is scientifically correct?</b></p> <p><b>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></p> <p><b><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></b></p>	<p>1. The Manuscript covers a topic of current concern, namely antimicrobial resistance in general and carbapenamase producing enterobacteriales</p> <p>2. Yes</p> <p>3. Yes: covers introduction , methods, results and conclusion</p> <p>4. The Subsections are appropriate however, in the methods section, there is need to re arrange the flow of tests: To show the order of experiments as opposed to current numbering:</p> <p>2.2.4 PCR Mix Components</p> <p>2.2.4 (5) Cycling Conditions</p> <p>2.2.3 Loading Samples and Running an Agarose Gel.</p> <p>In view of presence of multiple carbapenamase genes, show genes by isolate</p> <p>5. Manuscript ; Scientifically correct: The findings seem to be focused to inform the need for Antimicrobial Susceptibility Testing and Surveillance</p> <p>I therefore identify several areas that need to be attended to</p> <p>(a) The Syndrome of Urinary Tract Infection (infection of the tract from base of the Urinary bladder upwards), requires focus on the type of sample to be collected, against this the interpretation of significant bacteriuria will be made</p> <p>Accordingly; the wording "itching, blister and ulcer formation in the genital are" should not be part of this work</p> <p>(b) The study site should be described by function, location including the Country</p> <p>(c) Study period</p> <p>(d) The isolates, what was the source sample and selection criteria?</p> <p>(e) The routine Microbiological tests; do these reflect the methods recommended for surveillance-to enable sharing of data (sorry, I have not accessed the documents)</p> <p>(f) What controls were used during the PCR reaction?</p> <p>(g) In the Discussion section, there is reference to transformation as possible transfer of genetic material, but the references cited (27,28; 27 refers to Plasmid transfer. 28 seems to be focusing on Incidene of CRE infection in China)</p> <p>(h) The blaOXA-48 gene is acquired in isolates that may or may not have Virulence traits (references 36,37,38) but the author seems to infer linkage of the resistance gene with virulence traits "virulence has been linked to the presence of bla<sub>OXA-48</sub> in clinical <i>E. coli</i> and <i>K. pneumoniae</i> isolates"</p> <p>(i) The entire section below is not clear "Although, blaIPM 66.7 % was reported in this finding, notably this genes are not commonly reported among <i>E. coli</i> and <i>K. pneumoniae</i> but the co-existence of Amber class A, B and D are known to confer resistance to oxyiminocephalosporins (ceftriaoxone and</p>	

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	<p>ceftazidime) and cephamycins (cefoxitin), and transfer of the resistance has been confirmed by transconjugation [43, 44, 45]. Therefore, it should be noted that Carbapenemase reservoirs in healthcare workers, patients", or the hospital environment may be a principle mode of spread in nosocomial outbreaks".</p> <p>6. Majority of references are relatively recent</p>	
<p><b>Minor</b> REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>		
<p><b>Optional/General</b> comments</p>	<p>Please improve on the content , methods to be reported as already carried out The presence of multiple carbapenamase genesgenes in 11 of 12 isolates, requires a table of all 12 isolates and respective genes detected. Also discuss the finding</p>	

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

**Reviewer Details:**

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