Dear Editors and Reviewers,

Thank you for your kind letter on May 3 and for the reviewers’ comments concerning our manuscript entitled “More attention should be paid to diabetes-associated hospital infections” (Manuscript No: 95176). Those comments are all valuable and very helpful for improving our paper. We have studied comments carefully and have made corrections which we hope meet with approval. The revised portions have been highlighted with yellow color in the revised manuscript.

Here below are our point-by-point responses to the issues raised in the peer-review report(s).

1. Reviewers’ comments:
   Reviewer #1:
   Scientific Quality: Grade D (Fair)
   Language Quality: Grade B (Minor language polishing)
   Conclusion: Major revision
   Specific Comments to Authors:
   The manuscript entitled "More attention should be paid to diabetes-associated hospital infections" was reviewed. This paper is about the relevance of diabetes in hospital infections. As a clinician, I understand the intention of this paper, but the paper is not very strong. There is a lot of speculation. For example, the authors also state that nosocomial bloodstream infections and diabetes are INDIRECTLY related. If we focus on the relationship between DM and nosocomial infections, how can we prove a strong association? It is not mentioned.
   Response: Thank you for your comments and suggestions.
   In the paragraph” IS DM A RISK FACTOR?”, we have added a discussion
on their relationship between diabetes mellitus (DM) and infections as follows: “The microenvironment shaped by DM triggers molecular changes in key components of the defense system, including neutrophils, natural killer cells, and macrophages, thereby affecting innate immunity[8]. Concurrently, hyperglycemia disrupts cytokine equilibrium, inhibiting the adaptive immune response against invading pathogens, and further increasing the susceptibility of diabetic patients to microbial infections[8].”

We have cited a literature to illustrate this point that hyperglycemia increases the toxic potential among bacteria in our revised manuscript as follows: “Genito et al [12] revealed that co-infection with Staphylococcus aureus and Pseudomonas aeruginosa in diabetic mice enhanced virulence potential.”

We have also added some references and discussion in our revised manuscript as follows:

“Meta-analyses corroborate the established association between HAIs and DM prevalence [13, 14].”

“During the coronavirus disease 2019 (COVID-19) pandemic, patients with DM experienced a more severe disease course and heightened mortality rates[15]. Poor blood glucose management in patients with diabetes often precipitates recurrent infections, consequently escalating disability rates[10]. Therefore, heightened vigilance is imperative for preventing HAIs in hospitalized diabetic patients.”

The revised portions have been highlighted with yellow color in the revised manuscript.

Secondly, many of the important papers listed in the references of this paper are outdated. For example 11, 15 and 18. these are just examples. There are other papers as well. Could more recent papers have been chosen as references?

Response: Thank you for your comments and suggestions. We are sorry to have selected some outdated references, and have made some modifications
according to your valuable comments, including:

Reference 11 has been deleted according to your suggestion, and the following two references have been chosen to demonstrate the same point:


Reference 15 has been deleted according to your suggestion, and another reference has been chosen as follows:


Reference 18 has been deleted according to your suggestion, and another reference has been chosen as follows:


Additionally, other outdated references have been changed as follows:

Reference 14 has been deleted, and another reference has been chosen as follows:

Reference 24 has not been deleted, and been changed to another two references which are both meta-analyses as follows:


Reference 44 has been deleted, and another reference has been chosen as follows:


The revised portions have been highlighted with yellow color in the revised manuscript.

Some of the programs mentioned by the authors (NUTI, HCAPs, etc.) have plausible descriptions. However, they have little direct relevance to diabetes. The choice of retrospective papers is also not very convincing. Could a more relevant and robust description have been made?

Response: Thank you for your comments and suggestions. We have made some modifications according to your valuable comments as follows:

Firstly, in the discussion section of nosocomial urinary tract infections (NUTIs), we have added some references, and discussed their relationship between fungal infections and DM. Additionally, we have added some references including a cross-sectional studies and a case-control study to
enrich the evidence in the revised manuscript as follows:

“The American College of Radiology has explicitly identified DM as a risk factor for acute pyelonephritis[18]. Evidence from a cross-sectional study conducted in Pakistan involving 1,074 participants revealed a significantly elevated incidence of NUTIs among diabetic individuals compared to the non-diabetic group[19].”

“However, a case-control study involving 7,295 hospitalized patients with indwelling urinary catheters ≥ 60 years reported DM as an independent risk factor for CAUTIs[22].”

Secondly, in the discussion section of health care-associated pneumonias (HCAPs), we have added some references, including one prospective study and two meta-analyses in the revised manuscript as follows:

“A prospective longitudinal study in ICUs identified a strong correlation between DM and heightened mortality rates from HAPs [30]. A retrospective observational epidemiological study in Spain demonstrated a higher incidence of pneumonia in patients with type 2 diabetes mellitus (T2DM) compared to those without T2DM[31].”

“Moreover, Hu et al[35] conducted a meta-analysis of articles from Jan 1996 to Aug 2022, revealing that multidrug-resistant (MDR) bacteria-induced VAPs were not associated with DM. Similarly, another meta-analysis including 11 studies on VAPs after cardiac surgery concluded that the occurrence of VAPs was not associated with DM[36].”

Finally, in the discussion section of surgical site infections (SSIs), we have added some references, including one descriptive observation and two prospective studies in the revised manuscript as follows:

“Similarly, in China, a prospective survey of 2,605 ICU patients reported that the incidence of catheter-related BSIs (CRBSIs) in diabetic patients was 4.32 times higher than that in non-diabetic patients[49]. Furthermore, a recent descriptive cross-sectional study among patients with COVID-19 revealed that patients with DM were at a higher risk of developing NBSIs[50]. A
prospective registry study in Germany collected data on the long-term survival of 1,975 patients with sepsis, identifying DM as a predictor of shorter survival[51].”

We hope these more relevant and robust description which we have made could meet with your approval, and the revised portions have been highlighted with yellow color in the revised manuscript.

2. Editorial Office’s comments. Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are provided below:

(1) Science Editor:

1 Scientific quality: The authors submitted an editorial that more attention should be paid to hospital-acquired infections associated with diabetes.

(1) Classification: Grade D.

(2) Summary of the Peer-Review Report: The authors state that nosocomial bloodstream infections are indirectly related to diabetes. If we focus on the relationship between diabetes and nosocomial infections, how do we prove that there is a strong link between the two? This is not mentioned. Secondly, many of the important papers listed in the references of this paper are outdated. For example 11, 15 and 18. these are just examples. There are other papers as well. Could more recent papers have been chosen as references? Some of the programs mentioned by the authors (NUTI, HCAPs, etc.) have plausible descriptions. However, they have little direct relevance to diabetes. The choice of retrospective papers is also not very convincing. Could a more relevant and robust description have been made? The questions raised by the reviewers should be answered.

(3) References recommendations: The reviewer didn’t request the authors to cite improper references published by him/herself.

(4) Manuscript Type: After verification, the manuscript type is "Editorial ".

2 Specific comments

(1) The language classification is Grade B. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

(2) Please revise the reference formatting. The reference does not require superscripts, please modify it. The correct format is "the spleen hilum[3]". To ensure the accuracy of the references, please use "Edit References by Auto-Analyser" (https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx) to edit the references of the manuscript.

(3) Figures. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript. Uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Original figure documents. In the meantime, authors should provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor, and upload it to the file destination of “Image File” in the F6Publishing system.

(4) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM,
Response: Thank you for your positive comments.

Firstly, we have studied the summary of the Peer-Review Report carefully and have made corrections which we hope meet with approval. We have also already done point-by-point responses to the issues raised in the peer-review report(s) which have been listed in this “95176-Answering Reviewers” document.

Secondly, we have sent our revised manuscript to a professional English language editing company to polish the manuscript, and have uploaded a new language certificate along with our revised manuscript.

Finally, we have revised the reference formatting in the text of revised manuscript according to your comments. The second-level subtitles have also
been corrected to be in bold according to your comments. Additionally, “Edit References by AutoAnalyser” has been used to edit the references of the revised manuscript according to your comments. The article which this editorial discussed has been listed in the references list (Ref. 7), which has been cited in the correct format according to the comments of company editor-in-chief as follows:


We have uploaded the signed the Copyright License Agreement (CLA) and the filled ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF) to the F6Publishing system according to your comments.

The revised portions have been highlighted with yellow color in the revised manuscript.

(2) Company Editor-in-Chief:

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Diabetes, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. The author(s) must submit the revised manuscript online through the Intelligent Manuscript Form Editor in F6Publishing system.

Response: Thank you for your positive comments and suggestions. We have studied comments carefully and have made corrections which we hope meet with approval. The revised portions have been highlighted with yellow color in the revised manuscript. Our point-by-point responses to the issues raised
in the peer-review report(s) have also listed in this “95176-Answering Reviewers” document. Our revised manuscript has also been submitted online through the Intelligent Manuscript Form Editor in F6Publishing system.

Thank the reviewers and the editors again for the effort in shaping our manuscript.

Best Regards

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