Abaixo se apresentam as respostas aos comentários dos revisores, relativas ao manuscrito “Hospital-Acquired Urinary Tract Infections: results of a cohort study performed in an Internal Medicine Department”, conforme solicitado.

**Revisor 1 comentário 1:** “Bem estruturado, óptimo trabalho.”

Muito obrigada pelas palavras positivas. Não temos nada a acrescentar.

**Revisor 2 comentário 1:** “Positive: -  Unquestionable the importance of this subject; - Important message regarding placement of Foley catheters without indication, sometimes in the ER; -  Useful data about the involved infectious agents”

The first comments refer to the positive aspects of this manuscript. Thank you very much. We have nothing to add to this topic.

**Revisor 2 comentário 2:** “lack of clear indications for bladder catheterizations, these indications should be reinforced- hemodynamic monitoring, stage 3 o4 decubiti, etc.”

We do agree that it is one of the main important messages of this study, as many infections could be avoided if the indications were accomplished. We reinforced it, as suggested, in the discussion section of this manuscript.

We added the text marked in yellow.

“The authors of that study found a urinary catheterization rate of 20%, considering that in 25% of cases it would not be indicated.32 In this context it is very important to emphasise the need for judicious use of urinary catheters taking into account the formal clinical indications (acute urinary retention; need for accurate measurements of urinary output in critically ill patients; to assist in healing of open sacral or perineal wounds in incontinent patients; to improve comfort for end of life care if needed; patients requiring prolonged immobilization)1”

**Revisor 2 comentário 3: “**The presentation of the results shall probably be clear. Only 18 UTI's, could reinforce the resistance of the microorganisms. Not clear the relationship of the UTI's and the underlying pathology.

3.1

The comment about microorganisms resistance pattern is very pertinent. We reinforced that importance both in results and discussion sections of the manuscript.

We added the text marked in yellow.

Results”…CAUTI involved agents present a greater resistance profile, which requires the use of broad-spectrum antibiotics (table 3). Five in eleven CAUTI infections (45%) were due to multiresistant agents. The rate of carbapenem use was 22.2%.”

Discussion “…Such projects seem to be crucial to improve the quality of practices, including the adoption of prevention bundles as described in the literature.1,41

Finally, a particular attention should be given to the high rate of multidrugresistant infection in CAUTIs that determined the use of broad-spectrum antibiotics such as carbapenems. Urinary drainage systems are often reservoirs for multidrugresistant bacteria and a source of transmission to other patients.1 This data reinforces, once again, the absolute need for rational and careful use of bladder catheters.

The present study concerns data from a single centre and, therefore, its goal is not to directly generalize its results. …”

3.2

The data relating first diagnosis and iTU we have found didn´t add relevant information beyond what is mentioned in the first version of this manuscript. That is the reason why we didn’t include anything regarding the relation between UTIs and the underlying pathology in this revised version.

**Revisor 2 comentário 4: “**this was a an observational longitudinal study, I assume that means a prospective study?”

The cohort studies can be classified as prospective or retrospective based on when outcomes occurred in relation to the enrolment of the cohort.  In the case of this study, we called a historic cohort, which can also be called retrospective cohort, as the researchers/authors conceived the study and began identifying and enrolling subjects only after outcomes had occurred. All data were collected from the hospital medical charts.

To avoid doubts, we made the respective change in the manuscript.

We have changed: “We performed an observational longitudinal historic cohort study at the Internal Medicine Department of Cascais Hospital”

to

“We performed a retrospective cohort study at the Internal Medicine Department of Cascais Hospital.”

**Revisor 2 comentário 5: “**- Material and methods - I assume, Patients and methods.”

Although we consider the reviewer's comment relevant, we used the structure previously defined by the journal.

**Revisor 2 comentário 6:**  “- Scarce epidemiological information ? is it still Possible nowadays with all the computerized data, or people do not ask for urine analysis and/or cultures.”

We agree with the reviewer's relevant comment.

We have changed the sentence: “With this study it was possible to quantify and characterize the nosocomial urinary tract infections that occurred in patients admitted to an Internal Medicine Service of a Portuguese hospital, generating knowledge in a field in which it is scarce.”

To

“With this study it was possible to quantify and characterize the nosocomial urinary tract infections that occurred in patients admitted to an Internal Medicine Service of a Portuguese hospital.”

**Revisor 2 comentário 7: “**I am under the impression that this study has the obligation to transmit a stronger and clear message to the readers, more so about indications for foleys (these are clearer nowadays) and resistant organisms, including the carbapenem resistance.”

In total agreement with reviewer’s comment, we reinforced that message in conclusion section of this manuscript. The message related to folley indications was previously reinforced in the discussion.

We added the text marked in yellow.

“A significant part of the ITUaH identified in this study occurred in patients without indication for bladder catheter placement. A significant part of those infections were due to multidrugresistant bacteria, compelling the use of broad-sepctrum antibiotics.

These data reinforce the need to develop and implement strategies to prevent this type of hospital infection, in which to minimize the use of this medical invasive device is of major importance.”