

Table 3 Standard "Management of suspected early-onset neonatal sepsis (EONS)" public consultation comments

ID	Country	How would you rate the overall quality of the standard "Management of suspected early-onset neonatal sepsis (EONS)"?	Do you have any recommendations on how to improve the standard "Management of suspected early-onset neonatal sepsis (EONS)" (e.g. rational, benefits, components)?		Is there any important evidence or useful guidelines you would recommend to be included in the standard "Management of suspected early-onset neonatal sepsis (EONS)"?		Do you think the standard "Management of suspected early-onset neonatal sepsis (EONS)" is relevant in your country?		Do you have any conflict of interest (e.g. financial support or consulting of industry)?		Please specify if you are responding as an individual or on behalf of an organisation.	
		Response	Response	Yes - Please make your recommendation(s) below.	Response	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Response	No - Please specify below why the standard is not relevant in your country.	Response	Yes - Please enter your conflict(s) of interest.		Response
1	Germany		3	Yes - Please make your recommendation(s) below.	Component 5 is outdated: Full term infants with more than one risk factor should be monitored and not treated if they are clinically healthy. I agree if you shorten the sentence to beginning an end to ensure that infants with suspicious clinical signs are treated. Component 6 is outdated: the probability of a positive blood culture for early-onset sepsis (not late-onset) is too low to have a sufficient positive predictive value. Component 7 is outdated: the current blood culture technique allows faster results than within 48h. The numbers should be 24 - 36h. All of these issues have been elaborated on by Richard Polin in this years JENS meeting. Component 16 has been disproven: surveillance does not predict germs nor their resistance in future cases of sepsis (abstract DGKJ, INSIST-study).	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	see above	No - Please specify below why the standard is not relevant in your country.	yes if updated	No		Individual
2	Czech Republic		4	No		No		Yes		No		Individual
3	Poland		5	No		No		Yes		No		Individual
4	Portugal		5	No		No		Yes		No		Associação Portuguesa de Enfermagem Pediátrica e Neonatal
5	Slovakia		5	No		No		Yes		No		Section of Nurses Working in Neonatology, part of the Slovak Association of Nurses and Midwives is an organizational unit of the Slovak Medical Society
6	Estonia		5	No		No		Yes		No		Estonian Perinatal Society
7	Romania		5	No		No		Yes		No		ANMCS
8	Kosovo		4	I don't know		I don't know		Yes		No		QKUK
9	Poland		4	Yes - Please make your recommendation(s) below.	Number 6 in the section for healthcare professionalist should be mark as a B high quality	No		No - Please specify below why the standard is not relevant in your country.	For several years in my country we have had standards updated every two years. The current version of 66 standards (also regarding EOS) was published in this year	No		Coalition for Premies
10	Hungary		5	No		I don't know		Yes		No		Melletted a helyem Egyesulet
11	Croatia		4	No		No		Yes		Yes - Please enter your conflict(s) of interest.	Cooperation with Nutricia and Thermo Fisher Scientific.	Croatian Society for Neonatology and Neonatal Intensive Medicine