Dear Reviewer3,

Thank you for taking the time to peer review our study. We have taken your suggestions seriously and have revised the text.

We appreciate your time in reviewing our work.

This manuscript describes 3 cases of invasive *C. parapsilosis* infection among infants in a NICU. Appropriately, an infection control investigation was activated in response to this mini-outbreak and identified a likely source. The individual isolates appeared to be clonally related and generate biofilms in vitro. Although the investigation of this outbreak is thorough and complete, there is very little to this manuscript that is novel or unexpected. *C. parapsilosis* is well-documented to be present in hospital environments including NICUs, and horizontal transmission is likewise common and well documented. The fact that the source involved humidification units with standing water that did not undergo routine maintenance is neither surprising nor novel. Additionally, the manuscript suffers from atypical grammar and organizational flaws that make it difficult to read. Additional comments for consideration as follows:

Response

I appreciate your accurate remarks. As you say, *C. parapsilosis* is very common cause in nosocomial infection. Few studies have analyzed biofilm production capacity and morphology using scanning electron microscopy as a causative investigation of nosocomial infection of *C. parapsilosis*. In this study we revealed the morphology of the biofilm, which forms a large amount of extracellular matrix, was also characteristic, and we think it is important as a pathogenetic factor and pathological analysis in clinical isolates that have caused nosocomial infection. We believe this fact is important and needs to be reported.

1. Line 41, "Infections in a...NICU are fundamentally hospital-acquired infections...." This statement really applies only to late-onset infections. Early-onset infections are generally acquired from delivery and would not be amenable to environmental infection control. This is an important distinction.

   Response

I appreciate your accurate remarks. As you pointed out, we have corrected this sentence (Line 41-43).

2. Line 45, "...*C. parapsilosis* prone to produce more biofilms than other *Candida* species." This is an oversimplification and is misleading. *C. albicans*, for example, is well known to produce extensive biofilms. Additionally different isolates of the same species can also differ markedly in their biofilm production.

   Response
   I appreciate your accurate remarks. As you pointed out, we have corrected this sentence (Line 46-51).

3. Section 2.3 - How were the sites that were part of the environmental survey identified? Samples from the hands of the healthcare workers may have also been informative, particularly given the conclusion that this was the likely route of dissemination (which is also well documented in the literature).

   Response
   I appreciate your accurate remarks. We had taken the environmental survey from health care workers. And *C. parapsilosis* wasn't isolated from them. We added the fact to text (Line 83-85).

4. Summary statistics provided in section 3.1 (% male, average age of onset, average weight) are not needed when n=3.
   →response
   I appreciate your accurate remarks. As you pointed out, we have deleted words.

5. The Discussion is a series of topics that lack organization or theme. This section needs to be substantially revised and limited to putting the results in the context of current literature.

   Response
   I appreciate your accurate remarks. As you pointed out, we have modified our discussion significantly.