

Editor's Comments:

There are some elements of plagiarism rose by a reviewer and questioned the authenticity of the work. I checked independently such suspicion particularly in the section antimicrobial susceptibility tests (word for word for 3/4 of the paragraph). In addition, there are some issues in the method section:

- (i) The authors describe the study as cross-sectional study yet the study was conducted involving one abattoir and did not described from where the animals were coming from - from one far or many farms across a section.
- (ii) The authors did not describe the selection criteria for febrile patients for whom they collected samples. Where they also been randomized and if so how?
- (iii) The authors also mentioned the animals selected randomly yet to do not describe randomization procedure. Some 150 fecal samples were collected and yet do not say from 150 different animals etc.
- (iv) The authors did not define susceptibility and resistance in terms drug concentration levels The authors need to present antimicrobial activities on a bar chart for different level of antimicrobial susceptibility.
- (v) There should be some explanation as to why complete susceptibility for microbial organisms to antimicrobials in animals and not in human. Is it that the cattle (animals) are not exposed to antimicrobials in the environments such as food feeds etc. This would be more relevant in terms of control of antimicrobial use
- (vi) The conclusion do not necessarily reflect the findings.

Author's Feedback

We thank the editor for the comments.

There are some elements look like plagiarism because we followed the same instruction how to perform the standard method. To avoid of plagiarism in the section antimicrobial susceptibility tests; we have modified the text.

- (i) In this study, the animals were coming from various farms across the city. We have revised the text accordingly.

Line 73: Cattle slaughtered at Chiang Mai abattoir were bred from various farms across the city.

- (ii) The selection criteria for febrile patients is fever with axillary temperature over 37°C or clinical evidence of sepsis. We have revised the text as follows:

Line 84-86: Prior to treatment with antimicrobial agent, 110 blood samples from admitted patients with fever (axillary temperature>37°C) or clinical evidence of sepsis at Chiang Mai provincial hospital were collected during the period from June to September 2017.

- (iii) Only healthy animals were selected for fecal collection and 150 fecal samples were collected from different animals. We have revised the text accordingly.

Line 71-73: One hundred fifty fecal samples from 150 healthy cattle, collected from June to September 2017, were obtained from Chiang Mai municipal slaughter

house complex. Each fecal sample was collected from one cow, and approximately 5 to 10 samples were taken each day

- (iv) We thank the editor for the comment. However, in this study, antibiotic susceptibility testing was performed using disk diffusion method which is simple and practical and has been well-standardized. This method the commercially-prepared, fixed concentration of paper antibiotic disks were used. The antimicrobial activities were then determined based on zone of inhibitions in comparison with CLSI critical points. Since we did not prepare dilutions of antibiotics, therefore we could not present the results in bar-chart.

- (v) We have revised the text to include the explanation of complete susceptibility for microbial organisms to antimicrobials in animals and not in human.

Line 239-241: The possible reason behind the result is that the type of feed for traditional cattle farming in Thailand was naturally growing grass; therefore, the cattle are rarely exposed to antimicrobial agents. On the other hand, one of Salmonella isolates from human isolates conferred resistance to amoxycillin/clavulinic acid, ceftazidime ceftriaxone and ciprofloxacin.

- (vi) We have revised the text as recommended.