

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "co infection of *Streptococcus suis* and *Nocardia asiatica* infection in the human central nervous system; A case report". Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The responds to the reviewer's comments are as flowing:

Responds to the peer-reviewer's comments:

Reviewer's code: 03818597

1. Response to comment:

title could be more interesting for example, co infection of *Streptococcus suis* and *Nocardia asiatica* infection in the human central nervous system; A case report. - *Nocardia* and *Streptococcus* should be stated with italic font in the manuscript.

Response: We have revised the title. Now, We have upload the changed manuscript.

2. Response to comment:

In abstract "The patient was treated with anti-infection treatment and sulfamethoxazole. He was discharged after his condition improved" should be revised, the "anti-infection treatment" was not common academic term.

Response: We have revised the abstract. Now, We have upload the changed manuscript.

3. Response to comment:

in introduction, the author need to discuss about previous human infection with *S. suis*.

Response: We have revised the introduction. Now, We have upload the changed manuscript.

4. Response to comment:

the sentence "This study was approved by the Ethics Committee of Liaocheng People's Hospital, and the publication of clinical data was approved by the patient's family [4,5]." not need citation and should be moved to case presentation.

Response: We have remove that sentence.

5. Response to comment:

the academic writing of the author was poor and manuscript was not well organized.

Response: We tried our best to improve the manuscript and made some changes in the manuscript according to the peer-reviewer's suggestion.

6. Response to comment:

the author declared "No pathogens were found by routine methods such as cerebrospinal fluid culture, blood culture and PCR", but what PCR?? PCR for which pathogen.

Response: pathogens were found by routine methods such as cerebrospinal fluid culture.

7. Response to comment:

history of patient was not reported.

Response: We supplemented the patient's illness history. Now, We have upload the

changed manuscript.

8.Response to comment:

who could CT of brain was clear but brain abscess was seen in MRI

Response: brain CT showed that showed diffuse brain edema and low-density lesions.

9.Response to comment:

treatment option should be stated with more details such as dosage and time course.

Response:We have modified the treatment plan in detail, and described the drug dosage and timing in detail.

10.Response to comment:

discuss about clinical outcomes of patients with brain abscess caused by *N. asiatica*.

Response:We have revised the manuscript.Now,We have upload the changed manuscript.

11.Response to comment:

conclusion should be stated in separate paragraph.

Response: We have revised the conclusion.

Reviewer's code: 05910422

1.Response to comment: it is mentioned that multiple CSF cultures were negative probably due antibiotic usage.....were the samples kept for extended incubation.

Response: Due to limited laboratory conditions, we did not store cerebrospinal fluid samples for a long time.

2.Response to comment:was a multiplex pcr (Bio fire film array) CSF and blood panel done for this patient.....it gives faster results....

Response: We have cultured the cerebrospinal fluid many times and found no pathogenic bacteria.

3.Response to comment:authors have mentioned very well the usefulness of next gen sequencing in clinical microbiology

Response: mNGS is more sensitive in evaluating the pathogens causing the infectious encephalitis and meningitis. It has advantages in accurate diagnosis of infectious encephalitis and meningitis.