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1 **Prevalence and antimicrobial resistance of *Salmonella* in retail foods in northern China**

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27 **Abstract**

28 A total of 387 retail meat, seafood and milk powder samples were collected from nine
29 cities in northern China in 2005 and screened for the presence of *Salmonella*. *Salmonella*
30 strains isolated were subjected to serotyping and antimicrobial susceptibility testing.
31 *Salmonella* was isolated from 81 (20.9%, 81/387) samples and classified into 23 serotypes.
32 The isolates were frequently resistant to sulfamethoxazole (86.4%),
33 sulfamethoxazole/trimethoprim (48.1%), nalidixic acid (30.9%), tetracycline (19.8%),
34 carboxybenzylpenicillin (17.3%), amoxicillin (17.3%) and ampicillin (16.0%). The multiple
35 resistance (resistance to ≥ 3 antibiotics) was found in 29.6% (n=24) isolates. Additionally, 4
36 isolates from chicken displayed the ACSSuTN_x profile, resistant to ampicillin,
37 chloramphenicol, streptomycin, sulfonamide, tetracycline and nalidixic acid, in particular,
38 strain HBS084 showing the resistance to as many as 20 antibiotics. *Salmonella* from chicken
39 showed the higher frequency of antimicrobial resistance. Our findings indicate that in
40 northern China food products of animal origin can be a source of exposure for consumers to
41 multiresistant *Salmonella* strains.

42 **Key Words:** *Salmonella*, Prevalence, Retail Meats, Antimicrobial resistance

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56 **1. Introduction**

57 *Salmonella* that includes more than 2500 different serotypes represents a leading cause of
58 foodborne infections worldwide (Chen et al., 2004; Magistrali et al., 2008; White et al., 2002).
59 The majority of the infections are associated with ingestion of contaminated foods such as
60 poultry, beef, pork, egg, milk, cheese, seafood, fruits, juice and vegetables (Brands et al.,
61 2005; Zhao et al., 2008).

62 *Salmonella* gastroenteritis is generally self-limiting illness, but severe cases in
63 immuno-compromised individuals, elderly persons or neonates, **and systemic infections may**
64 **require effective chemotherapy** (Lee et al., 1994). Currently the increasing prevalence of
65 multidrug resistance among *Salmonella* and resistance to clinically important antimicrobial
66 agents such as fluoroquinolones and third generation cephalosporins has also been an
67 emerging problem in China and other countries (Brands et al., 2005; Chao et al., 2007;
68 Gebreyes and Thakur, 2005). Additionally, **multidrug resistant** *Salmonella* have been isolated,
69 and they are in many serotypes, such as Agona, Anatum, Choleraesuis, Derby, Dublin,
70 Heidelberg, Kentucky, Newport, Pullorum, Schwarzengrund, Senftenberg, Typhimurium and
71 Uganda (Chen et al., 2004; Gebreyes et al., 2004; Gebreyes and Thakur, 2005; Pan et al.,
72 2009; Zhao et al., 2008). Therefore, the particular concern is severity of the multidrug
73 resistance in *Salmonella*. The levels of resistance are varied and influenced by antimicrobial
74 use to humans and animals, as well as the geographical differences. In China, a major
75 producer and consumer of animal source foods, the per capita consumption of meats and
76 seafood has increased significantly over the past century. With this increase in consumption
77 of food products of animal origin, it also comes the increased potential for exposure to
78 foodborne pathogens through the food chain. According to the foodborne diseases outbreaks
79 report **which** was released by the National Foodborne Diseases Surveillance Network in
80 China, during 1992-2005, among bacterial foodborne illness outbreaks, salmonellosis is the

81 second leading cause, and approximately 10-20% of the outbreaks were caused by *Salmonella*
82 annually (Chen et al., 2008; Liu et al., 2004; Liu et al., 2006; Liu et al., 2008).

83 Historically, most studies on the prevalence and characterization of the antimicrobial
84 resistance in *Salmonella* have been restricted to the isolates from clinical and/or veterinary
85 sources (Khan et al., 2009; Randall et al., 2004). Information on the potential role of food
86 samples in dissemination of multidrug-resistant *Salmonella* in China is very limited. In the
87 present study, we reported prevalence, serotypes, and antibiotic resistance patterns of
88 *Salmonella* strains isolated from food products of animal origin in nine cities of Hebei
89 province in the northern China in 2005. Our overall aim was to clarify the correlation of the
90 antimicrobial resistance profiles, serotypes and isolation sources, and to identify the most
91 likely food sources responsible for human salmonellosis outbreak in China.

92

93 **2. Materials and methods**

94

95 *2.1. Collection of food samples and isolation of Salmonella*

96 *Salmonella* isolates were obtained through the National Active Food-borne Pathogens
97 Surveillance System. As shown in Table 1, a total of 387 food samples including pork (n=45),
98 chicken (n=120), beef (n=45), mutton (n=45), seafood (n=96) and milk powder (n=36) were
99 randomly collected in open-air markets and large supermarkets of nine surveillance points in
100 Hebei province, located in the northern part of China in 2005. The strains were
101 independently isolated from different and individual food samples.

102 *Salmonella* isolation and identification were performed as described previously (Chen et
103 al., 2004; Dziadkowiec et al., 1995), with some modifications. Briefly, each sample (25 g)
104 was placed in separate sterile plastic bags and washed with 225 ml buffered peptone water
105 (BPW) with shaking vigorously for 2 min. The rinse was incubated at 37°C in a water bath
106 with shaking at 100 rpm for 8 h, then 10 ml of buffered peptone water was added to 100 ml

107 selenite cystine broth at 37°C for 24 h. A loop of inoculum from the selenite cystine broth was
108 streaked onto bismuth sulfite agar and Hektoen enteric agar and incubated for 24 h at 37°C. A
109 minimum of two of presumptive *Salmonella* colonies were picked from each plate and
110 stabbed into triple sugar iron and lysine-iron agar slants, respectively, incubated for 24 h at
111 36°C. Isolates with positive slant reactions were then tested for agglutination with ATB ID
112 32E, which is a standardized system for the identification of *Enterobacteriaceae* and other
113 nonfastidious gram negative rods, and the result was determined automatically using the ATB
114 Expression system (BioMérieux, Lyon, France).

115 *Salmonella* isolates were stored in Luria-Bertani (LB) broth containing 15% glycerol at -
116 80°C until use.

117

118 2.2. Serotyping

119 According to the manufacturer's instructions, serotyping of *Salmonella* isolates was
120 carried out with the antisera available commercially (Difco, Detroit, MI, USA).

121

122 2.3. Susceptibility testing

123 A total of 28 antimicrobial agents currently used in the veterinary and medical therapy
124 were used. By the Kirby-Bauer disk diffusion method, the isolates were tested against
125 ampicillin (10 µg), piperacillin (100 µg), carboxybenzylpenicillin (100 µg), amoxicillin (20
126 µg), cefazolin (30 µg), cephalothin (30 µg), ceftriaxone (30 µg), cefoperazone (75 µg),
127 ceftazidime (30 µg), amoxicillin/clavulanic acid (20/10 µg), piperacillin/tazobactam (100/10
128 µg), ticarcillin/clavulanic acid (75/10 µg), ampicillin/sulbactam (10/10 µg),
129 cefoperazone/sulbactam (75/75 µg), aztreonam (30 µg), gentamicin (10 µg), amikacin (30 µg),
130 streptomycin (10 µg), tobramycin (10 µg), nitrofurantoin (300 µg), sulfamethoxazole (300
131 µg), sulfamethoxazole/trimethoprim (23.75/1.25 µg), nalidixic acid (30 µg), norfloxacin (10

132 μg), ciprofloxacin (5 μg), ofloxacin (5 μg), tetracycline (30 μg), chloramphenicol (30 μg).
133 The classes of the resistance level were defined as described by the Clinical and Laboratory
134 Standards Institute (CLSI, 2005) and indicated as susceptible (S), intermediate (I) or
135 resistance (R). *Escherichia coli* strain ATCC 25922 and ATCC 35218 were used as control
136 strains.

137

138 2.4. Statistical analysis

139 The statistical package SPSS 13.0 (SPSS Inc., Chicago, IL, USA) was used, and the P
140 value less than 0.05 was considered significant.

141

142 Results and Discussion

143

144 3.1. Prevalence of *Salmonella* in retail food products

145 A total of 81 *Salmonella* isolates were recovered, representing 20.9% of samples tested
146 (Table 1). The prevalence of *Salmonella* in food products of other provinces in China was
147 2.32% in 2000 (Wang et al., 2002), 3.32% in 2001, and 3.55% in 2002 (Wang et al., 2004).
148 The relatively higher isolation rate (23.9%) from meats observed in the present study is
149 consistent with previous reports from China as well as other parts of the world (Chen et al.,
150 2004; Chao et al., 2007; Van et al., 2007; Zhao et al., 2008). These data can also support the
151 previous reports indicating that retail meat accounted for the largest percentage (10-60%) of
152 all food poisoning related outbreaks of *Salmonella* infections in China (Chen et al., 2008; Liu
153 et al., 2004; Liu et al., 2006; Liu et al., 2008). Moreover, we have also found the levels of
154 *Salmonella* contamination in seafood samples were much higher (20.8%), indicating another
155 potential cause of higher rate of enteric diseases. No *Salmonella* was isolated from milk
156 powder. Previous reports have also suggested that milk and its products accounted for less
157 than 5% of all food poisoning related outbreaks of *Salmonella* infections in China (Chen et al.,

158 2008; Liu et al., 2004; Liu et al., 2006; Liu et al., 2008).

159

160 3.2. Serotyping and antibiotics susceptibility

161 The results of the serotyping and antibiotic resistance tests of 81 *Salmonella* isolates are
162 shown in Table 2 and Table 3, respectively. The resistance to multiple antimicrobial agents
163 was predominantly seen in Derby, Indiana and Saintpaul serotypes (Table 5). Additionally,
164 resistant phenotypes appear to be associated with particular serotypes, for example, all
165 isolates of *S. Indiana* and *S. Saintpaul* isolates were multiresistant to five classes of antibiotics,
166 including β -lactams, sulfonamides, fluoroquinolones, chloramphenicol and tetracycline.
167 Due to the limited number of isolates from foods, it is difficult to assess evidently the
168 relationship between serotype and multiresistance.

169 Resistance to sulfamethoxazole, sulfamethoxazole/trimethoprim and nalidixic acid was
170 very common, this finding is in agreement with studies from China and other countries (Chen
171 et al., 2004; White et al., 2001; White et al., 2002; Pan et al., 2009; Van et al., 2007; Zhao et
172 al., 2008). Nalidixic acid resistance was especially prevalent in isolates from chicken meat.
173 Previous studies showed that *Salmonella* was predominant in chickens and particularly
174 resistant to quinolones including nalidixic acid since 2000 (Cheong et al., 2007; Padungtod
175 and Kaneene, 2006). These findings may not be surprising as trimethoprim in combination
176 with sulfamethoxazole has been used for 30 years in human and veterinary medicine
177 (Poros-Gluchowska and Markiewicz, 2003), and quinolones and fluoroquinolones have being
178 used broadly in veterinary medicine in China since 1980s (Chen et al., 2004).

179 In the present study, less than 5% of strains were resistant to first generation (cefazolin
180 and cephalothin) and third-generation cephalosporins (ceftazadime). Other reports describe a
181 decreasing susceptibility of *Salmonella* strains from food products and veterinary sources to
182 these antimicrobials (Chao et al., 2007; Pan et al., 2009).

183 In the current study, *Salmonella* isolated from chicken showed a greater degree of
184 multiresistance than that from seafood and other meats ($p=0.0002$) (Table 4, 5). It was
185 observed that 9 isolates, 8 from chicken and 1 from seafood, were resistant to at least 10
186 antimicrobials, including 4 isolates (HBS121, HBS145, HBS138, HBS084) from chicken
187 revealing the ACSSuTNx profile (resistance to ampicillin, chloramphenicol, streptomycin,
188 sulfonamide, tetracycline, and nalidixic acid). Interestingly, strain HBS084, of which serotype
189 is Indiana, showed the resistance to as many as 20 antibiotics (Table 5).

190 In conclusion, food products of animal origin may pose a risk in serving as reservoirs
191 and disseminating resistant *Salmonella* in Hebei province of China. To reduce the risk of
192 *Salmonella* infection, this will require close cooperation between sectors involved in food
193 hygiene, prevention and control of diseases transmitted from animals to humans, hospital
194 infection control, resistance monitoring and prudent use of antimicrobials in humans and
195 animals. Additionally, consumers should be very careful for high-risk foods, and take proper
196 care for prevention of the growth of the microorganisms, e.g., short-term refrigerated storage
197 of perishable foods and cooking before consumption. For better understanding of *Salmonella*
198 contamination sources and prevention strategies, a large-scale future study is required in
199 particular endemic areas with samples collected from the consumers, retail food shops,
200 food-processing plants as well as from other natural sources. Therefore a holistic management
201 approach may be needed to significantly reduce the overall burden of *Salmonella* on human
202 health.

203

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209

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286

287 **Table captions**

288 Table 1. Occurrence of *Salmonella* in selected food samples in Hebei province, China, in
289 2005

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291 Table 2 *Salmonella* serotypes isolated from the food products in Hebei province, China in
292 2005

293

294 Table 3. Percentages of *Salmonella* isolates resistant to each antimicrobial from various food
295 sources

296

297 Table 4. Occurrence of antimicrobial drug resistance in *Salmonella* isolates by source of
298 isolation, Hebei province, China in 2005

299

300 Table 5. Antibiotic resistance, and serotype of all multiresistant *Salmonella* isolates

301 ^a Source abbreviations are as follows: a, pork; b, beef; c, chicken; d, mutton; e, seafood.

302 ^b AMP, ampicillin; PIP, piperacillin; AM, carboxybenzylpenicillin; AMX, amoxicillin; CFZ,
303 cefazolin; CEP, cephalothin, CRO, ceftriaxone; CFP, cefoperazone; CAZ, ceftazidime; AUG,
304 amoxicillin/clavulanic acid; PIP/TA, piperacillin/tazobactam; TICC/CA, ticarcillin/Clavulanic
305 acid, AMC/SU, ampicillin/sulbactam; CFP/SU, cefoperazone/Sulbactam; AZT, aztreonam;
306 GEN, gentamicin; AMI, amikacin; STR, streptomycin; TOB, tobramycin; FT, nitrofurantoin;
307 SMX, sulfamethoxazole; SXT, trimethoprim-sulfamethoxazole; NAL, nalidixic acid; NOR,
308 norfloxacin; CIP, ciprofloxacin; OFL, ofloxacin; TET, tetracycline; CHL, chloramphenicol.

309

Table 1. Occurrence of *Salmonella* in selected food samples in Hebei province of China, 2005

Food type	No. of positive samples/ No. of total sample (%)
Retail meat	61/255 (23.9)
Pork	12/45 (26.7)
Chicken	19/120 (15.8)
Beef	15/45 (33.3)
Mutton	15/45 (33.3)
Seafood	20/96 (20.8)
Milk powder	0/36 (0)
Total	81/387 (20.9)

Table 2 *Salmonella* serotypes isolated from the food products in Hebei province, China in 2005

Serotype	No.	%
Agona	11	13.6
Senftenberg	8	9.9
Meleagridis	7	8.6
Derby	7	8.6
Irumu	6	7.4
Choleraesuis	5	6.2
London	4	4.9
Enteritidis	4	4.9
Manhattan	4	4.9
Saintpaul	3	3.7
Indiana	3	3.7
Sinstorf	3	3.7
Newlands	2	2.5
Abony	2	2.5
Muenster	2	2.5
Calabar	2	2.5
Poona	2	2.5
Anatum	1	1.2
Bredene	1	1.2
Kingston	1	1.2
Thompson	1	1.2
Montevideo	1	1.2
Untypable	1	1.2
Total	81	100%

Table 3. Percentages of *Salmonella* isolates resistant to each antimicrobial from various food sources

Antibiotic	Number of resistant and intermediate susceptibility isolates (%) from:											
	Pork (n=12)		Chicken (n=19)		Beef (n=15)		Mutton (n=15)		Seafood (n=20)		All sources (n=81)	
β-Lactams												
Ampicillin	2 (16.7)	0	9 (47.4)	0	0	0	0	0	2 (10.0)	0	13 (16.0)	0
Piperacillin	1 (8.3)	3 (25.0)	7 (36.8)	4 (21.1)	0	1 (6.7)	0	1 (6.7)	3 (15.0)	6 (30.0)	11 (13.6)	15 (18.5)
Carboxybenzylpenicillin	2 (16.7)	7 (58.3)	9 (47.4)	8 (42.1)	0	9 (60.0)	1 (6.7)	7 (46.7)	2 (10.0)	14 (70.0)	14 (17.3)	45 (55.6)
Amoxicillin	2 (16.7)	0	9 (47.4)	0	1 (6.7)	0	0	0.0	2 (10.0)	0	14 (17.3)	0
Cefazolin	0	0	1 (5.3)	1 (5.3)	1 (6.7)	0	0	0	0	0	2 (2.5)	1 (1.2)
Cephalothin	0	1 (8.3)	1 (5.3)	0	0	0	0	0	0	1 (5.0)	1 (1.2)	2 (2.5)
Ceftriaxone	0	0	0	2 (10.5)	0	0	0	0	0	0	0	2 (2.5)
Cefoperazone	0	0	0	2 (10.5)	0	0	0	0	0	2 (10.0)	0	4 (4.9)
Ceftazadime	1 (8.3)	0	1 (5.3)	0	0	0	0	0	0	0	2 (2.5)	0
Amoxicillin-clavulanate	0	0	2 (10.5)	2 (10.5)	0	0	0	0	0	0	2 (2.5)	2 (2.5)
Piperacillin/tazobactam	0	1 (8.3)	0	0	0	1 (6.7)	0	3 (20.0)	0	7 (35.0)	0	12 (14.8)
Ticarcillin/ clavulanic acid	0	0	0	1 (5.3)	0	0	0	0	1 (5.0)	0	1 (1.2)	1 (1.2)
Ampicillin/Sulbactam	0	0	3 (15.8)	6 (31.6)	0	0	0	0	1 (5.0)	0	4 (4.9)	6 (7.4)
Cefoperazone/Sulbactam	0	0	0	1 (5.3)	0	0	0	0	0	2 (10.0)	0	3 (3.7)
Aztreonam	0	0	0	0	0	0	0	0	0	0	0	0
Aminoglycosides												
Gentamicin	0	0	6 (31.6)	0	0	0	0	0	1 (5.0)	0	7 (8.6)	0
Amikacin	0	0	3 (15.8)	0	0	0	0	0	0	0	3 (3.7)	0
Streptomycin	0	6 (50.0)	7 (36.8)	7 (36.8)	0	7 (46.7)	1 (6.7)	7 (46.7)	1 (5.0)	2 (10.0)	9 (11.1)	29 (35.8)
Tobramycin	0	1 (8.3)	7 (36.8)	0	0	0	0	0	1 (5.0)	1 (5.0)	8 (9.9)	2 (2.5)
Nitrofurans												
Nitrofurantoin	0	4 (33.3)	4 (21.1)	4 (21.1)	0	1 (6.7)	0	3 (20.0)	1 (5.0)	2 (10.0)	5 (6.2)	14 (17.3)
Sulfonamides												
Sulfamethoxazole	10 (83.3)	0	17 (89.5)	2 (10.5)	13 (86.7)	1 (6.7)	11 (73.3)	1 (6.7)	19 (95.0)	0	70 (86.4)	4 (4.9)
Trimethoprim-sulfamethoxazole	6 (50.0)	0	11 (57.9)	0	5 (33.3)	0	4 (26.7)	1 (6.7)	13 (65.0)	0	39 (48.1)	1 (1.2)
Quinolones and fluoroquinolone												
Nalidixic acid	6 (50.0)	1 (8.3)	14 (73.7)	1 (5.3)	1 (6.7)	1 (6.7)	1 (6.7)	1 (6.7)	3 (15.0)	3 (15.0)	25 (30.9)	7 (8.6)
Norfloxacin	0	0	8 (42.1)	0	0	0	0	0	0	0	8 (9.9)	0
Ciprofloxacin	0	0	8 (42.1)	0	0	0	0	0	0	1 (5.0)	8 (9.9)	1 (1.2)
Ofloxacin	0	0	5 (26.3)	2 (10.5)	0	0	0	0	0	0	5 (6.2)	2 (2.5)
Tetracycline	4 (33.3)	0	9 (47.4)	1 (5.3)	0	1 (6.7)	1 (6.7)	0	2 (10.0)	0	16 (19.8)	2 (2.5)
Chloramphenicol	2 (16.7)	1 (8.3)	8 (42.1)	0	0	0	0	0	0	2 (10.0)	10 (12.3)	3 (3.7)

Table 4. Occurrence of antimicrobial drug resistance in *Salmonella* isolates by source of isolation, Hebei province, China in 2005

Number of antibiotic	Number (%) of resistant to from:					
	Pork (n=12)	Chicken (n=19)	Beef (n=15)	Mutton (n=15)	Sesfood (n=20)	All sources (n=81)
0	2 (16.7)	0	0	3 (20.0)	0	5 (6.2)
1	1 (8.3)	2 (10.5)	8 (53.3)	8 (53.3)	5 (25.0)	24 (29.6)
2	4 (33.3)	6 (31.6)	6 (40.0)	2 (13.3)	9 (45.0)	27 (33.3)
3	1 (8.3)	1 (5.3)	1 (6.7)	1 (6.7)	2 (10.0)	6 (7.4)
4	2 (16.7)	1 (5.3)	0	1 (6.7)	1 (5.0)	5 (6.2)
5-9	2 (16.7)	1 (5.3)	0	0	1 (5.0)	4 (4.9)
10 or + drugs	0	8 (42.1)	0	0	1 (5.0)	9 (11.1)

Table 5. Antibiotic resistance, and serotype of all multiresistant *Salmonella* isolates

Isolate	Source ^a	Serotype	Resistance or intermediate susceptibility ^b to:																												
			AMP	PIP	AM	AMX	CFZ	CEP	CRO	CFP	CAZ	AMX/CA	PIP/TA	TICC/CA	AMC/SU	CFP/SU	AZT	GEN	AMK	STR	TOB	FT	SMX	SXT	NAL	NOR	CIP	OFL	TET	CHL	
HBS002	a	Newlands(e1)		I	I																		R	R	R					R	
HBS017	a	Derby(B)			I							I								R			R	R						R	
HBS029	a	London(e1)			I					R										I	I	I	R	R	I						
HBS012	a	Derby(B)	R	I	R	R																	I	R	R	R			R	I	
HBS010	a	Derby(B)	R	R	R	R														I		I	I	R	R					R	
HBS057	b	Irumu(c1)				R																	R	R							
HBS099	c	Meleagridis(e1)			I		I		I											I		R	R	R	R					R	
HBS163	c	Senftenberg(e1)	R	R	R	R								I								R	R	R						R	
HBS121	c	Saintpaul(B)	R	I	R	R					R		I		R			R		R	R		R	R	R	R	R	R	R	R	R
HBS136	c	Saintpaul(B)	R	I	R	R					I		R								R		R	R	R	R	R	R	R	R	R
HBS143	c	Saintpaul(B)	R	R	R	R							I				R	R	I	R	I	R	R		R	R			R	R	
HBS117	c	Agona(B)	R	R	R	R							I									R	R	R	R	R	R	R	R	R	R
HBS145	c	Agona(B)	R	R	R	R							I				R	R	R	R		R	R	R	R	R	R	R	I	R	R
HBS138	c	Indiana(B)	R	R	R	R					I		I	R			R		R	R	R	R	R	R	R	R	R	R	R	R	R
HBS146	c	Indiana(B)	R	R	R	R								I			R	R	I	R	I	R	R	R	R	R	R	R	I	R	R
HBS084	c	Indiana(B)	R	R	R	R	R	R	I	I	R	R		R	I		R			R	R	R	R	R	R	R	R	R	R	R	R
HBS511	c	Untypable																		I		R	R							R	
HBS219	d	Meleagridis(e1)		I	R							I											R	R							
HBS196	d	Enteritidis(D)										I								R		R	I	R						R	
HBS339	e	Derby (B)			I							I								R		R	R	R						R	
HBS363	e	Agona (B)		R	I		I	I			I			I									R	R							
HBS357	e	Senftenberg(e1)		I																		I	R	R	R						I
HBS380	e	Montevideo(c1)	R	R	R	R								I		R			R	I	I	R		R					R		
HBS371	e	Choleraesuis(c1)	R	R	R	R						I	R	R						R	R	R	R	R	I		I		R	I	

^a Source abbreviations are as follows: a, pork; b, beef; c, chicken; d, mutton; e, seafood.

^b AMP, ampicillin; PIP, piperacillin; AM, carboxybenzylpenicillin; AMX, amoxicillin; CFZ, cefazolin; CEP, cephalothin, CRO, ceftriaxone; CFP, cefoperazone; CAZ, ceftazidime; AUG, amoxicillin/clavulanic acid; PIP/TA, piperacillin/tazobactam; TICC/CA, ticarcillin/Clavulanic acid, AMC/SU, ampicillin/sulbactam; CFP/SU, cefoperazone/Sulbactam; AZT, aztreonam; GEN, gentamicin; AMI, amikacin; STR, streptomycin; TOB, tobramycin; FT, nitrofurantoin; SMX, sulfamethoxazole; SXT, trimethoprim-sulfamethoxazole; NAL, nalidixic acid; NOR, norfloxacin; CIP, ciprofloxacin; OFL, ofloxacin; TET, tetracycline; CHL, chloramphenicol.

Dear Dr. Luca Cocolin,

Thank you very much for your letter of Jul 13, 2010 regarding our manuscript entitled **“Prevalence and characterization of antimicrobial resistance and integron of *Salmonella* from retail foods in northern China” (No.: FOOD-D-10-00233R1).**

According to your criticism and suggestions, we have prepared a revised manuscript. Revised portions are marked in red in the paper.

The main corrections in the paper and the responses to the reviewer's comments are as follows:

1. Reviewer #1: This revised manuscript presents data on the prevalence of *Salmonella* spp. in raw meat, seafood, and milk powder sampled at retail level in 2005 in northern China.

The editor of the journal asked to convert this manuscript to a short communication during the revision process. Although the manuscript has been shortened during revision, it still exceeds 4000 words, the maximum length for a short communication paper.

For being able to meet the goal of shortening, I would suggest to divide the paper. The part covering information on class 1 integrons and the conjugation and transformation experiments could be taken out and published later separately. This manuscript could then focus on prevalence of *Salmonella*, serotyping and antimicrobial susceptibility.

Following this approach, the following parts should be taken out of the manuscript:

Lines 30-31: second part of the sentence starting from "PCR for class 1..."

Line 39 (last word) till the end of the second sentence in line 42.

Lines 83-86

Parts addressing integrons from line 87 to line 96.

Lines 121-123

Lines 147-183

Lines 240-267

Table 6

Response: We agreed with reviewer's kind advice/suggestions. We have deleted the part covering information on class 1 integrons and the conjugation and transformation experiments accordingly.

2. The title of the manuscript accordingly could be changed to "Prevalence and antimicrobial resistance of *Salmonella* in retail foods in northern China".

Response: Taking into account of the reviewer's instruction, in this revised manuscript we have changed the title of the manuscript to "Prevalence and antimicrobial resistance of *Salmonella* in retail foods in northern China".(see Title)

3. Recommendations for the remaining text:

General comment

There is still some need for improvement of the English language in this manuscript. However, the text is in most cases well understandable and I guess the problem can be solved during the language editing process for this paper.

For example, the second sentence of the abstract in lines 29-30 reads now "*Salmonella* isolated was subjected to the serotyping (and) antimicrobial susceptibility test." More adequate would be to write e.g. "Salmonella strains isolated were subjected to serotyping and antimicrobial susceptibility testing." Being not a native speaker myself I would like to leave the details to the language experts.

Response: According to the reviewer's suggestions, we have corrected this sentence. (see page 2, line 29-30). We have also invited a professor, who is a proficient English speaker, to go through the manuscript; and the English has been polished. (see page 3, line 68, 79; page 4, line 83, 102; page 5, line 115; page 6, line 155)

I sincerely hope that the quality of the paper can be further improved by the language experts. Thank you very much for the language experts concerning forthcoming manuscript language editing process for this paper.

4. Line 62-63: Please change the second part of the sentence as follows: "..., and systemic infections may require effective chemotherapy."

Response: According to the reviewer's suggestion, we have changed the second part of the sentence into "and systemic infections may require effective chemotherapy." (see page 3, line 63-64)

5. Line 201: Please replace "the" by "another"

Response: According to the reviewer's good instruction, in this revised manuscript, we have replace "the" by "another". (see line 154, page 6)

6. Lines 216-217: Please rewrite as follows: "Resistance to sulfamethoxazole, sulfamethoxazole/trimethoprim and nalidixic acid was very common, this finding is in agreement with studies from China and other countries"

Lines 219-222: Please rewrite as follows: "Nalidixic acid resistance was especially prevalent in isolates from chicken meat. Previous studies showed that Salmonella was predominant in chickens and particularly resistant to quinolones including nalidixic acid since 2000"

Lines 227-230: Please rewrite as follows: "In the present study, less than 5% of strains were resistant to first generation (cefazolin and cephalothin) and third-generation cephalosporins (ceftazadime). Other reports describe a decreasing susceptibility of Salmonella strains from food products and veterinary sources to these antimicrobials"

Response: Following the suggestion of the reviewer, we have revised these sentences. (see page 8, line 169-170; 172-174; 179-182)

With the above-mentioned revisions performed, we believe that the newly prepared manuscript is in accordance with the requirements of IJFM. So we re-submit the manuscript to your journal.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that these revisions are satisfactory.

Thank you very much for your advice and kind consideration.

Yours sincerely,

Lei Shi

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