

We would like to thank the reviewers for their valuable suggestions and the opportunity to revise our manuscript (Manuscript ID: [antibiotics-3970907]).

We sincerely appreciate the time and effort the reviewers have taken to evaluate our manuscript. We have carefully considered their comments and suggestions, and have revised the manuscript based on their feedback. The English language of the manuscript has been revised for clarity and readability. All changes are highlighted.

Reviewer 1		
	Questions	Response
1	<i>The total number of strains over a period of four years was 85, of which only 20 were determined to be ST. This study identified a limited number of STs, which does not fully show the molecular epidemiological characteristics in the region. All 83 strains should be classified by ST.</i>	We appreciate the reviewer's insightful comment. We fully agree that a higher proportion of isolates characterized by MLST would provide a more comprehensive overview of the molecular epidemiology of <i>S. pneumoniae</i> in our region. In this study, MLST was performed on a selected subset of invasive isolates with reduced penicillin susceptibility. The remaining isolates were not typed due to funding limitations. We have added a sentence in subsection 3.6. Study limitations (Page 11, Lines 366-370) to acknowledge this limitation and to clarify that further studies, including MLST of all isolates, are warranted.
2.	<i>In this study for MIC, the guidelines of the European Committee on Antimicrobial Susceptibility Testing (EUCAST) 2025. Regarding penicillin resistance, various notations are used as follows. Line 77, reduced susceptibility to penicillin (PRSP) ; Line 156, increased exposure penicillin susceptibility (I category); Line 158, penicillin-resistant isolates (R category); In Figure 3, reduced penicillin susceptibility (PRSP), Orange bars: increased exposure; red bars: resistant. These notations should be standardized.</i>	We thank the reviewer for this valuable comment. <i>Reduced susceptibility to penicillin</i> was defined as isolates classified as susceptible, increased exposure (I) or resistant (R), in accordance with the EUCAST, 2025 guidelines. To clarify this, we have added a sentence in the <i>Materials and Methods, Study Setting</i> (Page 11, Lines 391-393). To avoid confusion, we have removed the non-standard abbreviation PRSP from the text and now use only the full term — <i>reduced susceptibility to penicillin</i>.
3.	<i>The EUCAST guidelines only include categories S and R, but what is the basis for the MIC levels in Category "I"?</i>	While we understand the concern, we respectfully disagree and would like to clarify that, according to the EUCAST 2025 guidelines, isolates with MIC values above 0.06 mg/L are classified as <i>I</i> (susceptible, increased exposure) or <i>R</i> (resistant). The interpretation depends on the type of clinical specimen i.e., whether the isolate originates from meningitis or from non-meningeal infections. To clarify this, we have added an explanatory sentence on page 12, Line 401. Our study followed these definitions, and the reported categorization is therefore consistent with current EUCAST standards. As noted in the EUCAST v. 15.0 (<i>Note 15</i>), the <i>I</i> category is not explicitly listed in the tables for simplicity and is interpreted as values between the <i>S</i> and <i>R</i> breakpoints. We hope this clarifies the reviewer's point and confirms the validity of our reported results. https://www.eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Breakpoint_tables/v_15.0_Breakpoint_Tables.pdf