

Peer Review File

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Reviewer A

1) *How will country-based mitigation measures influence the course of the COVID-19 epidemic?*

Response: For country-based mitigation measures, the governments cannot minimize both deaths from coronavirus disease 2019 (COVID-19) and the economic impact of viral spread. Keeping mortality as low as possible will be the highest priority for individuals; hence governments must put in place measures to ameliorate the inevitable economic downturn [1]. In our revised draft, we have added a few sentences which highlight that how country-based mitigation measures influence the course of the COVID-19 epidemic. In manuscript: Lines 331-334.

Furthermore, thanks to the Chinese government's strong control measures, the COVID-19 epidemic in China has been contained, resulting in a rapid decline in the incidence and number of cases. It is also the main reason for the low number of COVID-19 cases in this paper.

Reference

1. Anderson, R.M., et al., How will country-based mitigation measures influence the course of the COVID-19 epidemic? *Lancet*, 2020. 395(10228): p. 931-934.

2) *Is it compared with the genetic, epidemiological and clinical characteristics of SARS and MERS? Are there any special measures in terms of diagnosis and potential intervention?*

Response: Thank you for your kind comment. The comparisons of SARS and MERS are not the main contents of this paper; therefore, these contents are not contained in

this manuscript.

About the diagnosis and potential intervention, we add some comments in the revised draft of our manuscript, as “Real-time PCR is used as a diagnostic tool using a nasal swab, tracheal aspirate, or bronchoalveolar lavage samples. Computed tomography findings are important for both diagnosis and follow-up. To date, there is no evidence of any effective treatment for COVID-19. The main therapies being used to treat the disease are antiviral drugs and respiratory therapy and mechanical ventilators[2, 3]. Furthermore, numerous vaccines are underway for COVID-19 [4].”.
In manuscript: Lines 251-257.

References

2. Pascarella, G., et al., COVID-19 diagnosis and management: a comprehensive review. *Journal of Internal Medicine*, 2020. 288(2): p. 192-206.
3. Wiersinga, W.J., et al., Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19): A Review. *JAMA*, 2020. 324(8): p. 782-793.
4. TofailAhmed Raja, A., A. Alshamsan, and A. Al-Jedai, Status of the Current COVID-19 Vaccine Candidates: Implications in the Saudi Population. *Saudi pharmaceutical journal: SPJ: the official publication of the Saudi Pharmaceutical Society*, 2020: p. 10.1016/j.jsps.2020.10.019.

3) *Did all patients undergo all laboratory tests such as lactate dehydrogenase, IL-6 and serum ferritin? The role of these findings in predicting hospital death may be underestimated.*

Response: All the patients enrolled in the current study undergo laboratory tests such as lactate dehydrogenase, IL-6, and serum ferritin. However, there is no hospital death reported within the enrolled patients in this study.

4) *There have been many studies on COVID-19. What is the difference between this study and previous studies? What is the innovation? These need to be described in the*

introduction.

Response: Thank you for your suggestion. The new comments at the end of the introduction of our revised manuscript were described, as “To the best of our knowledge, there are few reports regarding the comparison of clinical features and treatment between COVID-19 patients and those with infectious pneumonia caused by other pathogens. Furthermore, previous studies didn’t distinguish COVID-19 cases from other febrile patients with clinical examinations. This study was designed to retrospectively review and analyze the pathogen spectrum, clinical characteristics, laboratory parameters, and treatment of all suspected COVID-19 patients recruited in the isolation ward of our hospital. By comparing confirmed COVID-19 and non-COVID-19 patients, we provide new insight into the differential diagnosis and treatment of suspected COVID-19 patients during the ongoing pandemic. This study distinguishes COVID-19 cases from other febrile patients with clinical examinations”.

In manuscript: Lines 81-91.

5) *At the time of writing this report, most of the confirmed patients have not been discharged. How to estimate the mortality rate?*

Response: All our patients have been discharged from hospital, and the data have been renewed. Furthermore, there is no death in our enrolled patients.

6) *There are many uncertainties in retrospective research, which increase the deviation of research results. How to explain and solve this problem?*

Response: We have thoroughly described those uncertainties in the limitation section of our revised draft. We have also suggested that how to solve these problems. In manuscript: 335-344.

7) *What are the risk factors for death of adult COVID-19 hospitalized patients? Is it related to age, D-dimer, and SOFA score at admission?*

Response: In the current study, we didn’t report any deaths at the time of admission or when they are discharged.

8) *The number of patient samples in this study is too small, and a large sample study should be added for verification.*

Response: Thank you for your suggestion. We do agree with the reviewer, so we have done our best to compile the information of all patients admitted (514 cases) in the isolation ward of our hospital from January 23 to May 23 (In China, with the control of the epidemic, the hospital's response strategy is also being adjusted, and the isolation ward has been closed on May 18, 2020), supplemented all relevant data and re-tabulated, the relevant modified information is reflected in the red modified text of the entire article. We hope that this quantity is sufficient to justify the finding of our current study.

9) *What are the clinical characteristics of patients diagnosed with COVID-19 after multiple negative nucleic acid tests of the COVID-19 nasopharyngeal swab?*

Response: There are numerous clinical characteristics of patients diagnosed with COVID-19 after multiple negative nucleic acid tests of the COVID-19 nasopharyngeal swab. Compared with other discharged patients, no clinical characteristics or indicators were found to reliably predict the risk of a patient being positive for SARS-CoV-2, nor were any specific drugs or treatments associated with SARS-CoV-2 reactivation. However, whether there are clinical symptoms or not, such patients are admitted to the hospital, provided medicine treatment, monitored for physical changes, and regularly tested for nucleic acid conversion. Most of the cases reported in the literature did not present clinical symptoms or CT findings. However, some patients still had symptoms, such as fever, cough, and fatigue, and there were no reliable clinical features or indicators to predict the risk of being re-positive for SARS-CoV-2. Although there have been no reports of discharged patients infecting others, there is no conclusive evidence that they are not contagious. The occurrence of false-negative nucleic acid tests should be minimized by careful optimization of specimen collection and test reagent performance [5-7].

References

5. An, J., et al., Clinical characteristics of recovered COVID-19 patients with re-detectable positive RNA test. *Annals of Translational Medicine*; Vol 8, No 17 (September 2020): *Annals of Translational Medicine*, 2020.
6. Li, Y., et al., Clinical characteristics, cause analysis and infectivity of COVID-19 nucleic acid repositive patients: A literature review. *Journal of Medical Virology*, 2020. n/a(n/a).
7. Wu, J., et al., Clinical characteristics and outcomes of discharged COVID-19 patients with reoccurrence of SARS-CoV-2 RNA. *Future Virology*, 2020. 15(10): p. 663-671.

Reviewer B

I think this is an important issue that needs to be addressed. The sentence " The most common manifestations of COVID-19 were ground-glass opacities (91%) and other viral infections (52%), but COVID-19 patients often showed involvement of both lungs and more lobes ($p < 0.05$). " is not very clear. I recommend you to review the English.

Response: We appreciate the reviewer for reading our manuscript and his/her positive comments on our manuscript. Further, we have thoroughly revised the language of our manuscript and make the necessary correction.

In manuscript: For the mentioned sentence, the corrections are made in lines 42-44, for other language corrections, the changes have been made throughout the manuscript.