

Peer Review File

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Reviewer A

The manuscript is nice and formative. I suggest a revision from a native English speaker and to add and comment: Marino S, Pavone P, Marino L, Nunnari G, Ceccarelli M, Coppola C, Distefano C, Falsaperla R. SARS-CoV-2: The Impact of Co-Infections with Particular Reference to Mycoplasma pneumonia-A Clinical Review. *Microorganisms*. 2022 Sep 29;10(10):1936. doi: 10.3390/microorganisms10101936. PMID: 36296214; PMCID: PMC9610609.

Reply: We appreciate the reviewer's kind recommendation. We have invited a native English editor to modify the manuscript, especially the grammar and tone. Furthermore, we appreciate your recommendation to include a comment on the article by Marino et al., discussing the impact of co-infections with Mycoplasma pneumonia in the context of SARS-CoV-2. We have added a discussion on this topic in our revised manuscript (see Page 9, line 286-291).

Changes in the text: Thirdly, according to a systematic review conducted by Marino et al.(28), approximately 9% of infants hospitalized with COVID-19 exhibited co-infection with MP. Despite this significant prevalence, co-infection has been overlooked in the current training, leading to a critical knowledge gap. Therefore, it is imperative that future training addresses this gap to improve the comprehensive clinical diagnosis and treatment capacity.

Reviewer B

1. The highlighted information is inconsistent with that in Table 2.

Table 2 shows the difference in the total score among different levels of professional titles and hospital levels before and after the training. In the pre-training group, the total score varied across hospital levels, with scores of 66.6, 66.6, 71.7, and 73.3, respectively, showing an increase with higher grades of hospitals, although not statistically significant ($F=1.60$, $P=0.19$). A similar trend was observed among different levels of professional titles ($F=1.79$, $P=0.15$). In the post-training group, no significant difference was observed either in the professional title ($F=0.66$, $P=0.58$) or in the hospital level ($F=0.81$, $P=0.49$).

Reply: We appreciate the editor's careful review and kind reminder. I apologize for the inconsistency and have corrected it accordingly (see Page 8, line 211-216).

Changes in the text: In the pre-training group, the total score varied across professional titles, with scores of 66.6, 66.6, 71.7, and 73.3, respectively, showing an increase with higher levels of professional titles, although not statistically significant ($F=1.60$, $P=0.19$). A similar trend was observed among hospital levels ($F=1.79$, $P=0.15$).

2 Table 2

If N is the number of participants in pre-training group only, it is suggested also provide the number of post-training group.

If N is the number of participants in both pre- and post-training groups, it is suggested moving the N column out of pre-training group.

And please indicate what data are presented in the parenthesis, e.g., mean (SD)?

Table 2. Differences of the total score in different professional titles and hospital levels in

	Pre-training group			
	N	Total score	F	P
Overall	289	67.7 (17.1)		
Professional title ^a			1.60	0.19
Primary	94	66.6 (19.3)		
Intermediate	138	66.6 (14.7)		
Associate senior	42	71.7 (18.6)		
Senior	15	73.3 (18.5)		
Hospital level			1.79	0.15
Primary	35	62.7 (14.5)		
Secondary	74	66.2 (13.8)		
Tertiary	60	70.2 (12.8)		
Specialized	120	68.9 (21.0)		

^a Pediatricians in China are often classified as “primary”, “intermediate”, “associate senior”, and “specialization”.

Reply: We appreciate the editor’s kind reminder. We have moved the N column out of pre-training group and indicated what data are presented in the parenthesis (see Page 19, line 431). Changes in the text: Values are mean (SD).

3. If available, please update your reference list by including related literatures published within a year. Some of the references are outdated.

Reply: We appreciate the editor’s kind reminder. We have updated several outdated references to include recent literatures published within the past five years, specifically references 8, 9, 21, 22, 23, and 24 (see Page 12-13, line 339-345 and 383-397).

4. The article is generally fluent. Please check on the comments and suggestions below for improving the presentation.

Some Suggestions / Comments:

Line 21: “There were 289 participants performed pre- and post-tests...” (avoid using number to start a sentence)

Reply: Thank you for the editor’s feedback. We have revised the sentence as suggested to avoid starting with a number (see Page 2, line 55).

Line 25: “before-training” => “pre-training” (better to align with the use of “pre-training” across the whole paper)

Reply: Thank you for the editor’s feedback. We have replaced “before-training” with “pre-training” to align with the consistent usage throughout the paper (see Page 2, line 59).

Line 32, 276-277: “targeted to” => “targeting”

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 2, line 66).

Line 43: “can be” => “is”

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 3, line 71).

Line 61: please first define “COVID-19” (abbreviations have to be defined in both the Abstract and the Main Text.)

Reply: Thank you for the editor’s feedback. We have added a definition of “COVID-19” (coronavirus disease 2019) in the Main Text to ensure clarity for the reader (see Page 4, line 79).

Line 65: “has witnessed” => “witnessed” (simple past tense here)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 4, line 83).

Line 118: “There is no training program focusing on MPP for pediatricians been documented.” => “There is no documented training program focusing on MPP for pediatricians.” (presentation)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 5, line 136).

Line 149: “**E**valuation” (style issue, upper case)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 6, line 168).

Line 164, 165: “are expressed” => “were expressed” (simple past tense for Method and Result presentation)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 6, line 183-184).

Line 240: “where” => “in which”

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 8, line 258).

Line 243: please first define “WHO” (abbreviations have to be defined in both the Abstract and the Main Text.)

Reply: Thank you for the editor’s feedback. We have added a definition of “WHO” (World Health Organization) in the Main Text to ensure clarity for the reader (see Page 8, line 261-263).

Line 264: “can’t” => “cannot” (avoid contraction for formal writing)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 9, line 283).

Line 266: “are” => “were” (simple past tense for Method and Result presentation)

Reply: Thank you for the editor’s feedback. We have made the necessary change as suggested (see Page 9, line 285).