

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 64269

Title: Prevalence and clinical characteristics of COVID-19 infection in inpatients with

schizophrenia in Wuhan, China

Reviewer's code: 02445209 **Position:** Editorial Board

Academic degree: N/A, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: China

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-15 07:01

Reviewer performed review: 2021-02-19 05:19

Review time: 3 Days and 22 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Dear authors, I have a few comments on your manuscript:

- In Introduction, at the end of this part of manuscript, there is a very long sentence: "Therefore, the resources for managing this COVID-19 epidemic are very limited... might be expected". The sentence is dysgramatic. I also found other mistakes in English. Your manuscript should be re-reviewed by a native speaker of English. E.g. in 2.1 Demographics and clinical features: There should be "The first two SCZ patients were diagnosed..." (the word "were" is missing). In Funding: There should be "This work was supported by Sanming Project..." (the word "by" is missing). Table 1: There should be "Non-severe", not "Non-severe".

Answer: Thank you very much for such careful reviewing. First, we have corrected this long sentence to "Therefore, in the large mental health hospitals in China, the resources for managing this COVID-19 epidemic are very limited, and these SCZ inpatients are expected to be highly contagious". In addition, our manuscript has been be re-reviewed by a native speaker of English. The mistakes that the reviewer mentioned, together with any other mistakes have been corrected throughout the whole manuscript.

- The part Methods and materials should be immediately after Introduction, before Results. The position of Methods and materials at the end of the manuscript is very non-standard.

Answer: This point is very excellent. As suggested, we have re-positioned the part "Methods and Materials", which is immediately after Introduction now.

- 2.1 Demographic and clinical features: In the first sentence you write "By February 29...", the year should be stated, probably 2020.



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Answer: Thank you very much for such careful reviewing. Yes, it is "February 29, 2020", which has been corrected as suggested by the reviewer.

- You should give more informations about the organisation of the hospital. How many wards are there in the hospital? How many patients are hospitalized at one ward? Do the patients meet each other among rooms or wards? If one patient is infected with COVID-19, does he or she have an equal opportunity to infect all other patients in the hospital, or is the risk of infection increased only in some patients, e.g. in the same room or at the same ward? The organization of the hospital and contacts among individual patients could have influenced your study results related to infected patients.

Answer: These point are very excellent. As suggested, we have given more information about the organization of the hospital, which have been added to the Methods section on page 5, showing as: "There were 8 wards in the hospital. In one ward, there were 10 rooms with 60~80 hospitalized patients. The patients met each other among rooms in one ward. If one patient was infected with COVID-19, he or she had an equal opportunity to infect all other patients in the same room or at the same ward. Once a patient was found to have symptoms of fever or infection, the entire room was isolated on the spot. Then, the fever patient was transferred to a separate ward for isolation treatment, and other patients in the ward where the fever patient was located were isolated and observed in the room for 14 days.

".

- I am missing the data on the possible change of mental clinical state in the infected patients. Was there any change in their symptoms of schizophrenia at the time of their infection?

Answer: This point is very excellent. Unfortunately, we did not collect the data on the possible change of mental clinical state in the infected patients, which has been added as one of the



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limitation of this study on page 15, showing as "Fifth, there is lack of the data on the possible change of mental clinical state in the infected patients. Hence, we did not know whether there was any change in their symptoms of schizophrenia at the time of their infection".

- Discussion: The cough frequency may have been low because of the sedative influence of antipsychotic medication.

Answer: This point is very excellent, which has been added to the Discussion section on page 12, showing as: "While the most common symptom of fever in 82% of our COVID-19 pneumonia patients was consistent with the 89% community rate, cough frequency (31%), which was much less than the community rate of 68%, might have contributed to the relatively lower contagion rate in these hospitalized patients [1-6]. Moreover, the cough frequency may have been low because of the sedative influence of antipsychotic medication".

- Conclusion: At the end of this part of manuscript, in the sentence "These infected patients were older...": You write "...had a greater smoking rate..." In my opinion, it should be "...had a lesser smoking rate..." In the last sentence, you write that smoking may be protective from COVID-19 infection.

Answer: Thank you very much for such careful reviewing. Indeed, it should be "... had a lesser smoking rate....", which has been changed to "lesser smoking rate"