

Dear Reviewers,

Thank you so much for your responses and your time assessing the manuscript. To address your concerns, 1. Hispanic was identified separately as in our hospital's demographics, Hispanic is an ethnicity, not a race. Thus, Hispanic/Latino patients are racially "White" but patients can denote if they are Hispanic or non-Hispanic. Our data table reflected this by separating ethnically Hispanic persons from other "White" persons. A comment has been included in the manuscript that addresses this as well. 2. Liver disease was screened by retrospective chart review looking for past documentation of the listed conditions. Data was not collected on severity, length of disease, etc. as we wanted to evaluate the relationships between outcomes and liver disease broadly. As an avenue for future research, looking more in-depth at liver disease in its relationship to COVID-19 would be very interesting, but was out of the main focus of this study. 3. The manuscript has been corrected to state "medical record numbers" instead of MRNs. 4. This is a very interesting point, as you are correct, some medications have been linked to LFT elevations. However, this study did not record medications patients received while in the hospital. As a variety of medications are being used for COVID treatment, some of the elevations seen may be confounded by medication side effect, however we are confident that due to the high statistical relationship of COVID and LFT elevations that this relationship is not due to medical side effects alone. A note of this has been made in the Discussion section of the manuscript. 5. This is also a great point. As we state in the revised manuscript, we hypothesize that the lack of linear relationship may be due to the aggressive treatment of patients with super elevated LFTs, leading to better outcomes. We hypothesize that super elevated LFTs would have been more likely to be concerned to medical professionals and that more aggressive medical treatment of these patients is very likely.