

Thank you for your suggestion. We agree with you and have incorporated this suggestion throughout our paper.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors: Dear authors: I have now reviewed your paper and recognize your manuscript addresses the interesting research question. However, I can suggest several weaknesses in the manuscript.  
\*Method and design. \* Structural problem There are some problems in your manuscript.

Abstract

1. Abstract did not followed a logic and proper structured way. I suggest use a structured abstract to enhanced organized concepts.

→ Thanks for your kind review. We have clarified the abstract and changed it in a structured way.

2. Abstract is not informative.

→ Thank you for your suggestion. We have reflected on this comment by adding numerical results in the Abstract to deliver more information.

Introduction

3. The aim and objective is not clear.

4. The study need more explanation for rationalization. I found the structure of the manuscript difficult the follow, somehow disorganized and scattered. Therefore, I suggest that the author(s) be very precise and simple on what they wanted to say/what they aimed.

→ We have incorporated your comments by clarifying our purpose and adding sentences in our manuscript “Hence, the aim and rationale of this online survey study was to investigate the perception of the PHDKM about the management of AEs using east Asian traditional medicine (EATM) intervention after COVID-19 vaccination. This study is necessary to develop a strategy to increase the vaccination rate through the appropriate use of EATM intervention when new infectious diseases are pandemic in the future.”

5. Analytical strategy is ambiguous.

→ You have raised a crucial point; however, since this study is a survey study, the survey results were presented quantitatively and descriptively. In addition, the researchers' quantitative interpretation of the study results was added. Therefore, specific statistical methods were not used.

6. Priori power analysis, which is highly suggested in research was missed.

→ We agree with your assessment. But this study was intended to investigate the total number of phDKM of about 1,000 people, and since the response rate was 15%, we think the online survey response rate is rather satisfactory. Since the purpose of this study is to get a census, power analysis is not performed like most of the other survey studies. But instead, we tried to increase the response rate as much as possible.

## Results

7. There is a series of ambiguity related report frequency or percentage. All frequencies must be written as (n= ). I suggest reports the descriptive as below: 58.1% (n= 36). Also, the report of t test and F test are not standards.

→ Thanks for your kind review. We changed the abstract and manuscript's descriptive frequency and percentage per your suggestion. However, the t-test and F-test were not used in this paper, so that part was not modified.

8. Report three decimal places for p-values consistently.

→ Since no p-value was reported, this part was not modified.

9. Leave scale names (abbreviations) out of all sections except the measurement section. Report the concept(s) you are measuring. The exception to this rule is if you are specifically studying the properties of the scale in question rather than the concept(s) it measures.

→ Thanks for your kind review. We agree with you and have incorporated this suggestion throughout our paper.

10. Do not report the percentage without frequency

→ Thanks for your kind review. We agree with you and have incorporated this suggestion throughout our paper.

11. Put a leading zero for indices that can take values greater than plus 1 or lower than minus 1 such as means, standard deviations, b, beta, and standard error.

→ Thanks for your kind review. We agree with you and have incorporated this suggestion throughout our paper.

12. Do not put a leading zero for indices such as r, alpha, and p. However, journal rules may vary from this but they will then edit and change to their own liking.

→ Thanks for your kind review. We agree with you and changed the manuscript as reviewer's comments.

13. Report two decimal places in general but three for p values and one for percentage values

→ The general numerical value was set to two decimal places, and the p-value was modified to three decimal places.

14. The 95% CI must be added next to P values.

→ Thanks for your kind review. 95% CI was added next to the p-value.

15. The analysis procedure are not clear.

→ Thanks for your kind review. Since this study is a survey study, the survey results were presented quantitatively and descriptively. In addition, the researchers' quantitative interpretation of the study results was added. Therefore, specific statistical methods were not used.

Discussion 16. There are similar aspects that need to be addressed as in the Introduction

17. Furthermore, the manuscript would benefit from a further explanation of new intervention or possible related findings.

→ Thank you for your suggestion. We separated the discussion section and added the conclusion part, and wrote the conclusion.

“From a clinical perspective, Korean medicine public health doctors recommend herbal medicine and acupuncture for the adverse event of vaccination management. In order to increase the vaccination rate when a new infectious disease is prevalent, herbal medicine or acupuncture should be actively used to manage the side effects of vaccination. In terms of clinical research, prospective, controlled, and multi-site clinical research are needed. We need further research about what kind of herbal prescription is effective for each side effect.”

“Our research demonstrates a high prevalence of herbal medicine and acupuncture treatment usage by the PHDKM. PHDKMs are also highly intended to use herbal medicine and acupuncture to prevent and manage vaccination side effects. Hence, this study's results may serve as fundamental evidence for health professionals to consider using KM treatments when treating or preventing adverse events from vaccinating the pandemic of new infectious disease in the near future. We need prospective, controlled, multi-site clinical research to explore the value of herbal medicine in vaccination adverse effect management.”

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Please make the following changes:

1. Rewrite the manuscript's title.

→ Thank you for your suggestion. We changed our title to “Prevention and management of adverse events following COVID-19 vaccination using traditional Korean Medicine: An Online Survey of Public Health Doctors.”

2. Try to include the main numerical values in the abstract's result section.

→ Thanks for your kind review. We add primary numerical value in the abstract section.

3. Summarize the manuscript's background section with additional recent references.

→ Thanks for your kind revision. We add recent references on the effectiveness and geological distribution of vaccines.

4. The methodology section is well written and requires no further revision.

→ Thanks for your kind revision.

5. Take the subtitles out of the result section.

→ Thanks for your suggestion. However, in many papers, the subtitle is applied to improve the readability of the result section. So, unless there is a special opinion on the editorial board, we want to keep the subtitles.

6. The limitation, recommendation, and future prospects must be added to the discussion section of the manuscript.

→ Thank you for your suggestion. We separate ‘Limitation, recommendation, and future perspective’ part in the discussion section and add these explanations “From a clinical perspective, Korean medicine public health doctors recommend herbal medicine and acupuncture for the adverse event of vaccination management. In order to increase the vaccination rate when a new infectious disease is prevalent, herbal medicine or acupuncture should be actively used to manage the side effects of vaccination. In terms of clinical research, prospective, controlled, and multi-site clinical research are needed. We need further research about what kind of herbal prescription is effective for each side effect.”

7. Try to elaborate your conclusion.

Thank you for your suggestion. We added conclusion part and write conclusion clearly.

“Our research demonstrates a high prevalence of herbal medicine and acupuncture treatment usage by the PHDKM. PHDKMs are also highly intended to use herbal medicine and acupuncture to prevent and manage vaccination side effects. Hence, this study's results may serve as fundamental evidence for health professionals to consider using KM treatments when treating or preventing adverse events from vaccinating the pandemic of neo infectious disease in the near future. We need prospective, controlled, multi-site clinical research to explore the value of herbal medicine in vaccination adverse effect management.”

8. Some typos were discovered while reviewing. Thank you very much.

→ We confirmed these through English proofreading. Thank you

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is well written review highlighting attitudes and perceptions toward the prevention and management of adverse events following COVID-19 vaccination using traditional Korean Medicine. The language is okay. I have few comments. I request the authors to share what ingredients are used to make these herbal medicines. What are the side effects of these herbal medication?

Answer)

The reported herbal medicine in this study is described in Result 3.3.

The prescribed medicine varies depending on the symptoms or pattern diagnosis. The most common side effect of herbal medicines is drug-induced liver damage, and in most studies, the risk of drug-induced liver damage of herbal medicines prescribed by traditional medicine doctors is around 1%, and it is known that most of them recover when they stop taking them. We add this part in the discussion and its reference.