

Reviewer #1:

- 1) Major point Papers with only text and no figures or tables are difficult for readers to read. The readers would like to know to what extent it affects the severity in, for example, diabetics. It, therefore, should be changed to make it easier for readers to read. **We have created an illustration regarding the pathophysiology of liver injury in COVID-19 to allow ease of understanding for our readers. We thank the reviewer for this great suggestion.**
- 2) Minor points You should put the reference number not after the period but before the period. **We have changed all the reference numbers to appear before the periods.**
- 3) P4 Non-alcoholic steatohepatitis → non-alcoholic steatohepatitis Ds-dimer → D-dimer P7 Endoscopic retrograde cholangiopancreatography (ERCP) → endoscopic retrograde cholangiopancreatography What's the meaning of CLD? P11 compounding factor → confounding factor P16 **The above grammar and spelling changes were made.**
- 4) Conclusion is too long. **We have trimmed the conclusion by one paragraph.**

Reviewer #2

1. The discussion about the SAR-COV-2 variants does not yield any significant insights regarding their differential effects on liver injury (pg.6). Can the authors include the data of liver injury from patients with the original strain for comparison? Given the limited number of studies in this topic (two studies to be precise), I'm not certain if this section should be included in this review. **We have done an extensive review on this topic and were only able to find 2 articles discussing liver injury with the Omicron variant of COVID-19. Though minimal literature on this topic exists, we believe that it is important to include as Omicron is the predominant variant at this time and would interest our readers.**
2. This review lacks synthesis of the data from previous studies. Are there any common mechanisms that promote liver injury upon COVID-19 infection from the risk factors presented in the review? A drawing/diagram of models explaining how SAR-CoV-2 commonly affects liver function and induces its injury could be helpful for readers' visualization. This illustration could highlight what we know and what we need to know to improve our understanding of the relationship between COVID-19 and liver pathophysiology. **We thank the author for this great suggestion. We have created an illustration regarding the pathophysiology of liver injury in COVID-19 to allow ease of understanding for our readers.**
3. The authors focus on mostly studies in 2020-21 (see reference), while the knowledge in this field is fast evolving. The authors should pay more attention to more recently published work. **We have reviewed our sources and have included an additional 6 articles in our review dating between late 2021 to present.**