

**Re: Manuscript ID: 57258/57568**

**World Journal of Clinical Cases**

**Dear editor,**

Thank you for handling our manuscript. We are pleased to know that reviewers were generally positive about manuscript that might be considered for acceptance after minor revision. We added new data (new Fig. S6B) to show the levels of positive COVID-19 tests for typical US states that were less affected than New York and New Jersey, revised our manuscript and prepared a point-by-point response letter (see below). We hope that these changes made (highlighted texts) and responses provided could make our manuscript suitable for publication.

Best Regards

Sincerely yours,

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**Point-by-Point response**

**Reviewer 1 for 57568**

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: The article can be accepted for publication

**Response:** We have revised the manuscript and improved it further.

**Reviewer 2 for 57568**

Scientific Quality: Grade D (Fair)

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

Conclusion: Rejection

Specific Comments to Authors: The manuscript does not provide any new information. The information presented in the manuscript is available on different public websites. In short, the manuscript has a very limited added value.

**Response:** We may disagree with this reviewer in his/her evaluation. Although the basic data we utilized are available on different public websites, the conclusions we made are not self-evident. We systematically analyzed the 61 most affected countries and attempted to uncover why some countries are maintained in static-phase. Such

comprehensive analyses may inform these static-phase countries to contain the unprecedented public crisis. It should be pointed out that as of June 15, 2020, several countries of the 12 static-phase countries, i.e., the US, Sweden and Poland are still in static-phase, although our initial analyses were based on the data as of April 19, 2020.

In addition we also response to the comments of two reviewers towards the previous version of the manuscript (ID: 57258).

**Reviewer 1 for 57258**

### **SPECIFIC COMMENTS TO AUTHORS**

Dear author

Your manuscript is of an extreme importance and underlines a crucial issue for containing COVID-19 out-break. Keep the “Rt” index  $<$  to 1, has been the main organizing activity throughout Italy healthcare professionals and technicians of central government. Your statements are clear and well arranged and they will be useful for the ongoing restart phase. There is also another crucial point. “..On the other hand, daily new infections are proportional to total active infections and the secondary attack rate that could only be reduced by quarantine measures [6]. What China [4, 7], Italy [6] and Germany [8] have done for fighting against COVID-19 in these aspects may inform static-phase countries to optimize efforts”. If you wish to add something to what you correctly stated, it is primary to point out that major part of infection control has been made in hospitals, out of the “COVID area”. For example oncological and maternal-child outpatients hospital incomings were not stopped. As described and demonstrated in our Country, [9,10] only strict protocols, drawn and applied mainly from Clinical Departments, has permitted to avoid the major part of hospital infections, which are clearly the worst for potential to spreading.

9. Radiotherapy during COVID-19 pandemic. How to create a No fy zone: a Northern Italy experience Montesi G. Di Biase S. Chierchini S. et al. *La radiologia medica* (2020) 125:600–603 <https://doi.org/10.1007/s11547-020-01217-8>

10. Meattini I, Franco P, Belgioia L, et al. Radiation therapy during the coronavirus disease 2019 (covid-19) pandemic in Italy: aview of the nation's young oncologists. *ESMO Open* 2020;5:e000779. Doi:10.1136/esmooopen-2020-000779

**Response:** We thank this reviewer for his/her evaluation on our study and useful suggestion. We added a few sentences to state that infection in hospitals (nosocomial infection) is another factor accelerating the spread of COVID-19 and thus should be strictly controlled.

**Reviewer 2 for 57258**

### **SPECIFIC COMMENTS TO AUTHORS**

This study is very meaningful. In this article, Cheng LONG and colleagues analyzed more than 60 of the most affected countries and determined the epidemic characteristics of each country. Therefore, the study may have a guiding role in curbing the outbreak of COVID-19. First of all, is it representative to select only the

daily positive COVID-19 test levels in the two most affected US states (New York and New Jersey)? In addition, governments in some countries have very small interventions for COVID-19, and the number of positive COVID-19 cases is statistically very small. Has it caused a major outbreak of domestic COVID-19? However, considering this disease is an emergent issue now, urgent publication is acceptable.

**Response:** We thank this reviewer for pointing out these issues.

First, we analyzed the averaged level of positive COVID-19 tests in the US over time (Fig. 2E), which was close to that in Italy, and then highlighted the high level of positive tests in New York and New Jersey that serves as the supporting evidence rather than decisive data. Apparently, other states are usually lower than New York and New Jersey in the level of positive COVID-19 tests, as implicated from the newly added data in Fig. S6B. Second, for those countries with small number of positive COVID-19 cases, we did not investigate them further. We mainly focused on static-phase countries.