

Reviewer 1:

You have to consider that both Covid-19 infection and general anaesthesia complicate preferentially with pulmonary diseases, besides that a pre-existing severe viral pneumonia is an important risk factor of a stormy post-operative. Also the increased incidence of thrombo-embolic events is associated with an overt Covid-18 pathology. Different is the situation when the viral infection is without important signs. Besides an overt pre-existing infection affects post-operative deeper than a post-operative acquired disease, because its most severe signs have a latency period of some days.

Author: We have discussed both symptomatic and asymptomatic COVID infection in our discussion section. However, the details are not provided in the reviewed articles and accordingly, it is difficult to analyze it statistically.

*The respiratory compromise because of the COVID-19 infection in the perioperative period acts as a second hit phenomenon as the cytokines are already flared up by the traumatic hip fracture [18, 20, 24]. Prolonged recumbency, poor immunity and multiple comorbidities in the elderly individuals are also detrimental [43, 44].*

Reviewer 2:

The manuscript is a well written report on comparative data of hip fractures pre-covid and during pandemic, analyzing outcome in covid positive and covid negative patients compared to historical. Complete analysis of literature and institutional data was provided concluding that there is no difference between the covid-positive and covid-negative and pre covid survival. References are updated, tables appropriate. Conclusions: it can be published in the present form.

Author: Thank you