

## **Response to Reviewers**

Dear Reviewers:

Thank you for dedicating your valuable time in reviewing our manuscript and providing insightful suggestions on it that have helped us improve our manuscript. We have read through your comments carefully and tried our best to revise the manuscript accordingly.

Revisions in the manuscript are shown in red font.

Thank you for allowing us to submit a revised copy of the manuscript; we highly appreciate your time and consideration.

Sincerely,

Qiong Chen

*The instructions are as follows:*

Reviewer 1#:

1. **The title of the manuscript is confusing so modified it.**

**Response:** The title has been revised according to your request.

2. **How was calculated the viral load of SARS-CoV-2 from the CT value?**

**Response:** Thank you for this question. Unfortunately, we cannot directly calculate viral load from the Ct value. Upon reviewing relevant literature, we found some studies that showed a linear correlation between Ct values and viral loads; therefore, we speculated that Ct values can be used for evaluating and comparing viral loads among patients. We have revised and added these points to paragraph 3 of the Introduction and Discussion sections. Corresponding literature has also been added to the reference list.

3. On what basis do you group the CT value into the low Ct group (Ct values < 25), medium Ct group (Ct values 25-34.99), and high Ct group (Ct values ≥ 35)?

**Response:** Some studies considered Ct values of <25 as high viral loads. Because patients with high viral loads require more time to clear the virus, we considered a Ct value of <25 as a low Ct value. According to the Diagnosis and Treatment Protocol for Novel Coronavirus Pneumonia (Trial Version 9) of China, the standard for dissolution in our region was a Ct value of ≥35. Moreover, a study found that at a PCR Ct value of 35, the infectious virus was no longer isolated from samples. Based on the above studies, patients with Ct values of <25 were included in the low Ct group and those with Ct values of ≥35 were included in the high Ct group. Patients with Ct values ranging 25-34.99 were included in the moderate Ct group. We have revised paragraph 3 of the Discussion section and added corresponding literature to the reference list.

4. Improved the presentation of the table. Removed grammatical mistakes from the manuscript.

**Response:**

The revised manuscript has been substantially corrected and revised to improve clarity and readability and eliminate grammatical errors. Also, we have got our manuscript proofread by a native English speaker. We hope that the revised manuscript is now suitable for publication in the *World Journal of Clinical Cases*.