

1-You should highlight an outstanding finding which is "There was no difference in the application of Paxlovid in severe and non-severe patients", this important finding is of utmost importance in the ongoing real-life evaluation of the benefit (or lack of benefit) of this drug in different clinical scenarios.

Response: We are grateful for the suggestion. To be more transparent and following the reviewer's concerns, we have added a more detailed interpretation regarding the application of Paxlovid in severe and non-severe patients on page 10 as the following: No difference was observed in the application of Paxlovid in severe and non-severe patients, suggesting that application of Paxlovid did not benefit patients in terms of avoiding the development of severe COVID-19 in this study. This result is also highlighted in the abstract.

2-You should revise your statement: "diabetes, hypertension, coronary heart disease, respiratory diseases, and other comorbidities were not risk factors for the development of severe COVID-19 in elderly patients" as it contradicts your references e.g. Ref 30 that states: "As in previous studies, we found a high prevalence of comorbidities within these patients admitted to hospital for COVID-19. Previous conditions such as cardiovascular diseases, diabetes mellitus, hypertension, chronic lung diseases, obesity, cancer and chronic kidney disease have been associated with severe illness and mortality".

Response: We are grateful for the suggestion. The previous statement does lead to unnecessary misunderstandings. We revise the statement on page 11 as the following: Further analysis of the predictive factors of severe disease in elderly patients showed that among all the comorbidities, cerebral infarction was the only risk factor for the development of severe disease in elderly patients with COVID-19 in this study.

3-You have at least twice implied that vaccines could have shared in the reduction of mortality. However, you should consider that other factors could be much more important e.g. early treatment using NSAIDs PMID: 34822026 or other broad

spectrum antimicrobials PMID: 37326756 and you should mention other studies that argued the role of vaccines in mortality reduction e.g. PMID: 36301541 "ICU and hospital mortality were not associated with vaccinated status" not to mention that the mortality might be also associated with the improper use of some drugs e.g. glucocorticoids PMID: 33644693

Response: We sincerely appreciate the reviewer's professional suggestion. According to the reviewer's comment, we have added a more detailed interpretation regarding the role of the vaccine in this study on page 10 as the following: In this study, the severe infection group had lower vaccination rates than those without severe infection; however, the vaccination status was proven to be not significant in univariate and multivariate analysis of the development of severe infection in elderly patients with COVID-19 suggesting that vaccination status was associated with significantly lower risk of hospitalization for COVID-19 infection but not associated with the development of severe COVID-19 in elderly patients, which was similar with a previous observational study^[31].

We also added a reflection on the personalized management of COVID-19 on page 10 as the following: To personalize the clinical management of COVID-19, researchers are also reflecting on better therapeutic strategies, including early adoption of NSAIDs ^[32], application of the broad-spectrum antimicrobials^[33], and a personalized risk-benefit ratio for glucocorticoid use^[34].

4-Minor remarks a- Page 4, please add a reference after "they must have obtained Ct values of 35 for both the N gene and ORF gene for two consecutive COVID-19 tests " b- Page 5, please add a reference after "clinical classification criteria of the novel coronavirus pneumonia diagnosis and treatment protocol (Trial version 9)" and add critically severe after "and iv)" c- Page 10, please remove "These findings suggested that severe COVID-19 is more complex and requires more clinical intervention" as this is too obvious to be highlighted d- Page 11, please amend In a previous study to become in previous studies e- Page 12, please clarify the paragraph starting with "both at" as it's not clear what "both" is referring to

Response: We are grateful for the suggestion. We have added the corresponding content according to your reminder. According to the reviewer's minor remarks, we have made corresponding modifications. As for remark e, we revised the statement as the following: D-dimer was a risk factor for the development of severe COVID-19 in elderly patients both at the overall level and stratified by sex, age, vaccination, chronic respiratory disease, hypertension, diabetes mellitus, coronary heart disease, cerebral infarction, chronic kidney disease, immune system disease, neoplastic disease, neurodegenerative disease, other comorbidities, the use of Paxlovid, and the use of Lianhua Qingwen granules levels.