

May 10, 2020

Dear editor-in-chief,

Thank you for reviewing our manuscript entitled “Epidemiological and clinical characteristics of COVID-19 patients in Hengyang, Hunan province, China”. The comments were extremely valuable and helpful for improving the quality of the manuscript. We greatly appreciate the efforts dedicated to review our work, and we also sincerely apologize for the inconvenience we have brought to you due to our late reply.

We carefully revised our manuscript [according to the comments](#) and [the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision](#). We have also provided a clean version of the manuscript. We would like to thank the editors for providing precious suggestions.

Yours sincerely

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The responses to editor' comments are presented as follows:

Abstract

1.A small number of COVID-19 cases should one limitation in this study. Authors may add a limitation section in the study.

Thank you for your valuable comment. We have discussed the limitations of the study in the discussion section, including the number of samples and incomplete data on some tested items.

2.It may be not appropriate to say that it was a miracle since only 48 cases were treated.

Thanks for your suggestion. We've removed references to miracles from the article.

3. The fonts and line spacing were different throughout the paper. I feel that the paper was not completed yet.

Thank you. We have typeset the article to ensure that the font and line spacing meet the requirements of the journal. At the same time, several improvements have been made to the content of the article, such as Tables 1, 2, and 3 and Figures 1, 2.

4.Please summarize some key points in your abstract results section, and reduce the length.

Thanks for your precious comment. We have streamlined the results in abstract, so that the length of the abstract could be significantly reduced.

5. Abstract conclusion: please re-consider your conclusion from this study, and emphasize the key points and the message authors would like audience to know.

Thanks for your valuable comment. We have amended the conclusion in the abstract.

Introduction:

6. First line, it is “WHO” not “who”.

Thanks for your hint. We have corrected the mentioned error.

7. Clinical diagnostic criteria: no section of 2.2. Results:

Thanks for your comment. Based on the limitation of the length of the article, we have streamlined the lengthy introduction of clinical diagnostic criteria into new expressions: All diagnostic criteria, clinical classification, release isolation, and discharge standard related to COVID-19 are in line with the Diagnosis and Treatment Protocol for Novel Coronavirus Pneumonia(Trial Version 6) released by National Health Commission & State Administration of Traditional Chinese Medicine.

8. Table 1: Authors may describe the different characteristics by gender to provide more information. For age, the age range, mean age with SD are suggested. Are there more characteristics of the study population? Do you have migrant workers included in the occupation since 35% of them were farmers? These people may be rural-to-urban migrants.

Thanks for your valuable suggestion. We have described different demographic characteristics according to gender, clinical type, and whether there were basic diseases. Simultaneously, the status of workers was re-identified, and the majority of them were classified as rural migrant workers. Farmers were defined as people who were engaged in agriculture in rural areas of Hengyang.

9. Average visit time: please define the “visit time”.

Thanks for your comment. Average visit time was defined as the mean time from onset of symptoms to the first physician visit.

10. It may be interesting to compare the symptom, treatment and recovery between the patients with and without basic diseases.

Thanks for your precious suggestion. We compared the demographic characteristics of different genders, clinical types, and whether there were basic diseases.

11. Table 2: it would be interesting to see the gender and age differences of the symptoms.

Thanks you. We compared the occurrence of symptoms related to different genders, clinical types, and whether there were basic diseases.

12. Table 3: It would be interesting to compare the test results by age, gender, and with/without basic diseases.

Thanks for your valuable comment. We compared the effects of different genders, clinical classification and the presence or absence of basic diseases on the incidence of normal or abnormal laboratory results.

Discussion

13. Demographic characteristics: the discussion should not be a repeat of the results. Authors may discuss the differences compared with other studies, like studies in Wuhan.

We have discussed the differences compared with other studies, including studies related to outbreak of COVID-19 in Wuhan.

14.Susceptible population: authors did not provide any results related to the susceptible population. I suggest removing this section.

Thank you for your advice. We have deleted the discussion of the susceptible population.

15.Incubation period: it is not enough to just list the incubation period in the discussion.

Thanks for your valuable comment. We defined the incubation period in the results section, in which the incubation period was defined as the time from exposure to the onset of symptoms, which was estimated among patients who could provide the exact date of close contact with individuals from Wuhan and other epidemic areas with confirmed or suspected COVID-19 infection..

16.Visit and confirmation time: Please explain why the average time is shorter than the other studies.

Thank you for your advice. We explained the reason of shorter mean time in our study, which is related to the government and the public attach importance and technological progress.

17.Clinical classification: What the common type is?

Thanks for your comment. As corrected, the common type is moderate.

18.Basic disease: Please give more details of the complication of the patients with underlying diseases.

Due to space limitations, only detailed information could be provided for chronic hepatitis.

19.Clinical symptoms: It is important that the patients with COVID-19 can be asymptomatic and infectious. So it would very important to strengthen the testing and wearing the masks. Authors may discuss more about it.

Thank you. We referred to the literature, highlighting the important role of wearing masks.

20.Treatment effects: Authors may discuss the differences between the Chinese traditional medicine and the Western medicine. And add more results about the treatment if there is any.

Thank you for your advice. Because the patients with COVID-19 have been treated with combination of Chinese and Western medicine, further discussion of the differences between the Chinese traditional medicine and the Western medicine becomes difficult. This article does not discuss them in-depth. We supplemented the latest literature related to treatment process.

21. Add a section of limitations.

Thanks for your valuable comment. We have added a section of limitations to the discussion.

22.Language: Authors may go through the whole paper, revise the language, re-organize the discussion.

We have carefully revised the article, including language editing and re-organizing the discussion.

23.other

The number of cases showed in Figure 1 was 48. The original picture has been modified and verified.In addition, in the INTRODUCTION, the progress of Epidemiology of COVID-19 is introduced.