

Dear Editors,

Thank you for considering our manuscript for publication.

We have carefully addressed all reviewers' comments/suggestions, and this has significantly improved the overall quality of the article.

Please, see below responses for each of the comments/suggestions raised by the reviewers.

**1) Science Editor:** Recommend for potential acceptance. 1 Scientific quality: The manuscript is a minireview that provides comparisons on three clinically relevant coronaviruses, SARS-CoV, MERS-CoV and the most recent novel coronavirus SARS-CoV2. The topic is in the scope of WJCID. (1) Classification: A, B, C and E. (2) Summary of the peer-review report: The reviewer#00506601 thinks this is a well written paper and will be a useful contribution to the literature but do have a couple of suggestions; The reviewer#00504271 also thinks this review is timely for physicians to read when the knowledge of COVID-19 is being accumulated; The reviewer#00504864 recommends approval of this manuscript after major changes; However, the reviewer#04598322 thinks there have been many similar reviews published, the authors present little novel knowledge here. (3) Format: Three tables and one figure. 33 references were cited, including 19 references published in the last three years. No self-citation. 2 Language evaluation: 2A and 2B. The authors are from Canada. 3 Academic norms and rules: The authors signed the conflict-of-interest disclosure form and Copyright license agreement. No academic misconduct was found in the CrossCheck investigation and the Bing search. 4 Supplementary comments: (1) Unsolicited manuscript. (2) Without financial support. (3) Corresponding author has not published articles in WJCID.

Ans: Thanks for the opportunity to write for the WJCID. We appreciate your feedback.

**2) Editorial Office Director:** Recommend for potential acceptance. 1 Scientific quality: I have checked the comments written by the science editor. I basically agree with the science editor. The topic of coronavirus disease-19 is in the scope of WJCID. This is a well written paper that provides comparisons on three clinically relevant coronaviruses, SARS-CoV, MERS-CoV and the most recent novel coronavirus SARS-CoV2. The questions raised by the reviewers should be answered. There are 1 figure and 3 tables in the manuscript. Thirty-three references were cited, including eleven references published in the last three years. No self-citation. 2 Language evaluation: I agree with the comments written by the science editor. 3 Academic norms and rules: I have checked the documents including the conflict-of-interest disclosure form and copyright license agreement, which are qualified. No academic misconduct was found in the CrossCheck investigation and the Bing search. 4 Others: (1) Without financial support. (2) Unsolicited manuscript.

Ans: Thanks for the opportunity to write for the WJCID. We appreciate your feedback.

**3) Company Editor-in-Chief:** I have reviewed the Peer-Review Report, the full text of the manuscript and the relevant ethics documents, all of which have met the basic publishing requirements, and the manuscript is conditionally accepted with minor revisions.

Ans: Thanks for the opportunity to write for the WJCID. We appreciate your feedback.

#### **4 Peer-review report**

##### **Reviewer #1**

This is a well written paper that provides comparisons on three clinically relevant coronaviruses, SARS-CoV, MERS-CoV and the most recent novel coronavirus SARS-CoV2. I think that this manuscript will be a useful contribution to the literature but do have a couple of suggestions. Page 4, 1st paragraph. The authors use the word” wholesome” to suggest a strong or robust response to the epidemic. Wholesome is define as good health or physical wellbeing which does not work in these sentences. I suggest they change the word wholesome to strong or robust. I think these words will get their meaning across.

Ans: Thanks for your feedback. The word wholesome has been changed in line 77-82 to clarify the statement.

On page 13, the authors list all the countries affected by March 13,2020. Notably Turkey and Yemen are not listed as having cases. Given their proximity to countries with cases suggest that a poor public health infrastructure or lack of testing may be the cause for theses two countries no reporting cases. I would like to see this discussed after the table.

Ans: Thanks for your feedback. We have expanded the section on global spread of SARS-CoV, MERS-CoV, and SARS-CoV2 with a new figure (Fig 2) and improved on the discussion in this section.

On page 20 the authors discuss a clinical trial to test the efficacy of Remdesivir. They might also mention to current trial testing hydroxychloroquine in the United States.

Ans: We have now extensively discussed clinical trials of chloroquine and hydroxychloroquine and other treatment modalities from line 316-362. Thanks to your useful feedback.

##### **Reviewer #2**

The manuscript-review entitled “Coronavirus Disease-19 (COVID-19) Compared to other Epidemic Coronavirus Diseases and the Flu” describes the differences between SARS-CoV, MERS-CoV, and SARS-CoV2. It discusses the coronavirus outbreaks and their severity, disease fatality, pathogen novelty, ease of transmission, geographical range, and outbreak preparedness. In the end, provides recommendations on the control of SARS-CoV2 infection based on the mode of transmission of the coronaviruses. I recommend approval of this manuscript after major changes  
Comments: - In the last phrase of page 5 you wrote “More than 87% of cases were aged 30 to 79 years and 2% less than 19 years of age, and 3.8 healthcare personnel were infected. Finally”. is this 3.8%? please correct it.

Ans: Thanks for your correction. Yes, it is 3.8% and has been corrected on line 120.

In the prior last phrase of page 13 you wrote “The basic reproductive number ( $R_0$ ) for SARS and COVID-19 is similar (3 and 3.2 respectively) and MERS is  $<1$ ”. I believe  $R_0$  of COVID-19 is much higher than 3.2 it some where between 4 and 7. Could you double check this information and correct it as appropriate?

Ans: The  $R_0$  indicated is consistent with the cited published paper (ref #17)

- In page 14 you wrote “Although the initial symptoms of both COVID-19 and the flu are associated with acute respiratory infection and distress (Table 3), the global burden of the flu is higher than the burden of all three deadly coronaviruses put together.” I believe that is the opposite the global burden of COVID-19 is much higher than flu. It has much higher mortal rate 30-40 time higher than flu. Already caused the shutdown of the socio-economic activities’ world wide, caused more severe illness than flu and spread much faster than flu. Please correct this paragraph properly and mention that COVID-19 is not flu

Ans: Thanks for this constructive feedback. We agree with the reviewer and have revised the paragraph accordingly in line 196-209.

- In characteristics factors of Table 3, add pandemic for COVID-19

Ans: Thank you, this has been added to Table 2.

- In the last phrase of page 15 that ended in the beginning of page 16 you wrote “For example, if we consider the estimate on February 6, 2020 from Table 1, 638 deaths divided by 31,439 confirmed cases  $\times 100$ , we get a CFR of 2%.” The CFR of COVID-19 is about 3.4%, it has to be calculated based on number of died versus recovered ( $\frac{\#died}{\#recovered + \#died} \times 100$ ). Please correct this information.

Ans: Thanks to your useful feedback. The phrase has been revised on line 240-245.

- In page 20 include information about Chloroquine as drug that works well against COVID-19.

Ans: We have now extensively discussed clinical trials of chloroquine and hydroxychloroquine and other treatment modalities from line 316-362. Thanks to your useful feedback.

### Reviewer #3

The manuscript by Ayukekbong et al. reviewed the COVID-19. Under the pandemic of SARS-CoV2 infection, this review is timely for physicians to read when the knowledge of COVID-19 is being accumulated. p. 14. The authors compared COVID-19 with seasonal flu. The comparison of the clinical symptom between two virus infection was clearly described. However, the spread of COVID-19 should be compared with the last pandemic of Flu A/H1N1pdm in 2009, and this

should be described some in the text. Minor points: p. 3, l. 2. “DNA sequencing ---” should be “nucleotide sequencing ---.”

Ans: Thanks to your useful feedback. DNA sequencing has been changed to nucleotide sequencing on line 49 and a text has been added on line 223-228.

#### **Reviewer #4**

In this minireview, the authors compared the epidemiology, biological features, virulence and containment strategy of COVID-19 with other coronavirus diseases and flu. Since there have been many similar reviews published, and the authors present little novel knowledge here, I cannot recommend it for publication. Please see the following publications: Overlapping and discrete aspects of the pathology and pathogenesis of the emerging human pathogenic coronaviruses SARS-CoV, MERS-CoV, and 2019-nCoV. The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: what lessons have we learned? Systematic Comparison of Two Animal-to-Human Transmitted Human Coronaviruses: SARS-CoV-2 and SARS-CoV. The deadly coronaviruses: The 2003 SARS pandemic and the 2020 novel coronavirus epidemic in China. Can we contain the COVID-19 outbreak with the same measures as for SARS? A systematic review of lopinavir therapy for SARS coronavirus and MERS coronavirus-A possible reference for coronavirus disease-19 treatment option. From SARS-CoV to 2019-nCoV Outbreak: Similarities in the Early Epidemics and Prediction of Future Trends.

Ans: We thank the review of the feedback which has helped to improve the revised version of the manuscript. We have improved the area on treatment modalities (clinical trials) and public health infection prevention interventions for the control of the pandemic.