

Answering Reviewers

04480049

Conclusion: Minor revision

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Overall: 1) The manuscript will benefit from some language “polishing”, including improvement of English grammar and expressions, e.g. “cross the world” instead of across the world, “this type cases”, “had fevered with irregular heat type”, etc. Abstract: 2) 2nd sentence from the abstract – mechanism of what? Please be more specific. Case presentation: 3) Importantly, what SARS-CoV-2 tests were carried out to make the diagnosis and after that to conclude the COVID-19 convalescence phase? Please refer to the method, kits type, and type of testing. From the written, it seems that the diagnosis is based on "fever, cough and fatigue". 4) Comorbidities should be given. 5) Each case should be assessed separately including the important points of CARE checklist. Start with Patient A and include all relevant information: symptoms, history, clinical findings, tests, imaging methods, diagnosis, and therapy.

Response: We appreciate the reviewer very much for the comments and the suggestions to improve the manuscript.

1) We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have been submitted synchronously.

2) The definition of “mechanism” was: the mechanism of low-grade fever in convalescence. We are sorry for the ambiguity, therefore have revised the sentence in line 2-3, page 3 of our revised abstract in red font: **the mechanism and outcome of low-grade fever during COVID-19 convalescence are not completely clear.**

3) We thank the reviewer very much for the comments. Our three patients were confirmed according to the positive SARS-CoV-2 of oropharyngeal swab tests. We have revised the sentence in line 15-17, page 5 of our revised CASE PRESENTATION from patient A in red font: **COVID-19 was confirmed on February 7 by positive SARS-CoV-2 oropharyngeal swab test at our local Center for Disease**

Control (CDC); the sentence in line 12-13, page 6 of our revised CASE PRESENTATION from patient B in red font: COVID-19 was confirmed on February 5 by the positive SARS-CoV-2 oropharyngeal swab test at our local CDC; the sentence in line 5-6, page 7 of our revised CASE PRESENTATION from patient C in red font: COVID-19 was confirmed on February 3 by positive SARS-CoV-2 oropharyngeal swab test at our local CDC; and the sentence in line 3-4, page 11 of our revised FINAL DIAGNOSIS in red font: The three patients were confirmed with COVID-19 by positive SARS-CoV-2 oropharyngeal swab test at our local CDC.

Regrettably, the SARS-CoV-2 tests of all oropharyngeal swab samples were conducted and published by our local CDC rather than our hospital. We don't know the method, kits type, and type of testing. We have tried our best to obtain the information but failed.

According to document index, we define "convalescence" which refer to recovered the non-febrile phase without respiratory symptoms. We have added the description in the sentence in line 17-18, page 4 of our revised INTRODUCTION in red font: which refers to recovered non-febrile patients without respiratory symptoms; and the related reference: 5. Ling Y, Xu SB, Lin YX, Tian D, Zhu ZQ, Dai FH, Wu F, Song ZG, Huang W, Chen J, Hu BJ, Wang S, Mao EQ, Zhu L, Zhang WH, Lu HZ. Persistence and clearance of viral RNA in 2019 novel coronavirus disease rehabilitation patients. Chinese medical journal 2020. [PMID: 32118639 DOI: 10.1097/CM9.0000000000000774]

4) We thank the reviewer very much for the suggestions. Clinical conditions of the three patients had occurred in the onset stage and relieved during convalescence. We have added descriptions of the patient's conditions in revised Table 1 and Table S1 of supplementary file.

Table 1 Information of the three patients at different time points

	Patient A			Patient B			Patient C		
	Onset (02-07)	Normothermia (02-18)	Low-grade fever (02-23)	Onset (02-05)	Normothermia (02-14)	Low-grade fever (02-23)	Onset (02-03)	Normothermia (02-14)	Low-grade fever (02-24)
Age (years)		62			66			55	
Sex		Female			Female			Male	
Fever	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes
Cough	++	+	No	++	+	No	++	+	No
Expectoration	No	No	No	++	+	No	+	+	-
Anorexia	++	+	No	No	No	No	+	-	-
Fatigue	+	+	No	No	No	No	++	+	No
Pharyngalgia	No	No	No	Yes	No	No	Yes	No	No
Dyspnea	No	No	No	No	No	No	No	No	No
Diarrhoea	No	No	No	++	+	No	No	No	No
Constipation	No	No	No	No	No	No	+	No	No
Insomnia	+	+	No	No	No	No	+	No	No
WBC ($4\text{-}10 \times 10^9 / \text{L}$)	3.5	4.8	3.8	2.9	4.0	3.5	3.3	5.8	3.2
RBC ($3.5\text{-}5.5 \times 10^{12} / \text{L}$)	3.2	3.1	2.5	3.6	3.4	3.1	4.6	3.2	3.8
Hb (110-160 g / L)	97.0	89.0	73.0	112.0	105.0	96.0	145.0	99.0	115.0
NEUT ($2\text{-}7 \times 10^9 / \text{L}$)	1.7	2.2	1.8	1.7	2.7	1.8	2.2	3.8	1.1
LYM ($0.8\text{-}4 \times 10^9 / \text{L}$)	1.6	1.7	1.6	0.8	1.0	1.2	0.9	1.4	1.6
PCT (0.5-1.5 ng / ml)	NA	0.07	0.05	NA	0.11	0.05	NA	0.05	0.05
CRP ($\leq 10 \text{ mg / L}$)	3.4	0.9	0.8	7.2	1.6	0.8	68.7	0.8	0.8
SAA ($\leq 10 \text{ mg / L}$)	NA	10.3	9.0	NA	11.3	9.0	NA	8.2	9.1

SARS-CoV-2 test

P

P

N

P

P

P

P

P

N

Abbreviations: ++: severe; +: mild or moderate; WBC: white blood cell; RBC: red blood cell; Hb: hemoglobin; NEUT: neutrophils; PLT: platelet; PCT: procalcitonin; NA: not available; CRP: C-reactive protein; SAA: serum amyloid A; P: positive; N: negative.

No comorbidity occurred during convalescence of all three patients. We have added descriptions of comorbidities in line 12-13, page 3 of our revised abstract in red font: All three patients had no other discomfort or comorbidities during low-grade process; the sentence in line 2-4, page 6 of our revised CASE PRESENTATION from patient A in red font: she developed low-grade fever for 3 days from February 23 to 25 without any other discomfort or comorbidities and her CT lesions had resolved; the sentence in line 18-19, page 6 of our revised CASE PRESENTATION from patient B in red font: She developed low-grade fever for 4 days from February 23 to 26 without other discomfort, comorbidities, or new CT lesions; the sentence in line 12-14, page 7 of our revised CASE PRESENTATION from patient C in red font: he developed low-grade fever for 3 days from February 24 to 26 without any other discomfort or comorbidities and his CT lesions resolved; and the sentence in line 9-10, page 11 of our revised OUTCOME AND FOLLOW-UP in red font: The three patients had no recurrence of low-grade fever, any other discomfort, or comorbidities.

5) Each case had been assessed separately item by item according to the CARE Checklist–2016. We have provided the CARE Checklist–2016 Form.

05378719

Conclusion: Minor revision

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

1. The table should provide some details related to clinical features 2. Figure 1 is unnecessary 3. Figure 2 needs a detailed description. How the CT images present

	97.0	89.0	73.0	112.0	105.0	96.0	145.0	99.0	115.0
NEUT ($2-7 \times 10^9 / L$)									
	1.7	2.2	1.8	1.7	2.7	1.8	2.2	3.8	1.1
LYM ($0.8-4 \times 10^9 / L$)									
	1.6	1.7	1.6	0.8	1.0	1.2	0.9	1.4	1.6
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CRP (≤ 10 mg / L)									
	3.4	0.9	0.8	7.2	1.6	0.8	68.7	0.8	0.8
SAA (≤ 10 mg / L)									
	NA	10.3	9.0	NA	11.3	9.0	NA	8.2	9.1
SARS-CoV-2 test									
	P	P	N	P	P	P	P	P	N

Abbreviations: ++: severe; +: mild or moderate; WBC: white blood cell; RBC: red blood cell; Hb: hemoglobin; NEUT: neutrophils; PLT: platelet; PCT: procalcitonin; NA: not available; CRP: C-reactive protein; SAA: serum amyloid A; P: positive; N: negative.

2. We appreciate very much the reviewer's suggestions for Figure 1. We have followed the reviewer's suggestions and deleted the Figure.

3. We appreciate very much the reviewer's suggestions for Figure 2. We have followed the reviewer's suggestions and added the detailed descriptions in CT images of all three patients from line 5, page 9 to line 4, page 10 of our revised Imaging examinations in red font:

Patient A: On February 5 (onset stage), ground-glass opacities (GGO) were seen in the posterior right lower lung. On February 13 (temperature returned to normal), the lesion was significantly enlarged solid shadows and blurred edges. On February 24 (low-grade fever stage during convalescence), the lesions had been absorbed and the density decreased.

Patient B: On February 6 (onset stage), there were multiple irregular schistose GGO

in both lungs (mainly under the pleura) with consolidations and strip shadows. On February 16 (temperature returned to normal) the lesions were partially absorbed, the range reduced, and the density decreased. On February 24 (low-grade fever stage during convalescence), the lesions were further absorbed and were less dense.

Patient C: On February 3 (onset stage), small patchy GGO appeared in the right lung. On February 10 (temperature returned to normal), the lesions increased and enlarged, showing multiple irregular schistose GGO in both lungs (mainly under the pleura) and some strip shadows in the posterior left lower lung. On February 25 (low-grade fever stage during convalescence), the lesions were absorbed and reduced, with partial strip changes.

According to the reviewer's suggestions, we have revised the Figure.

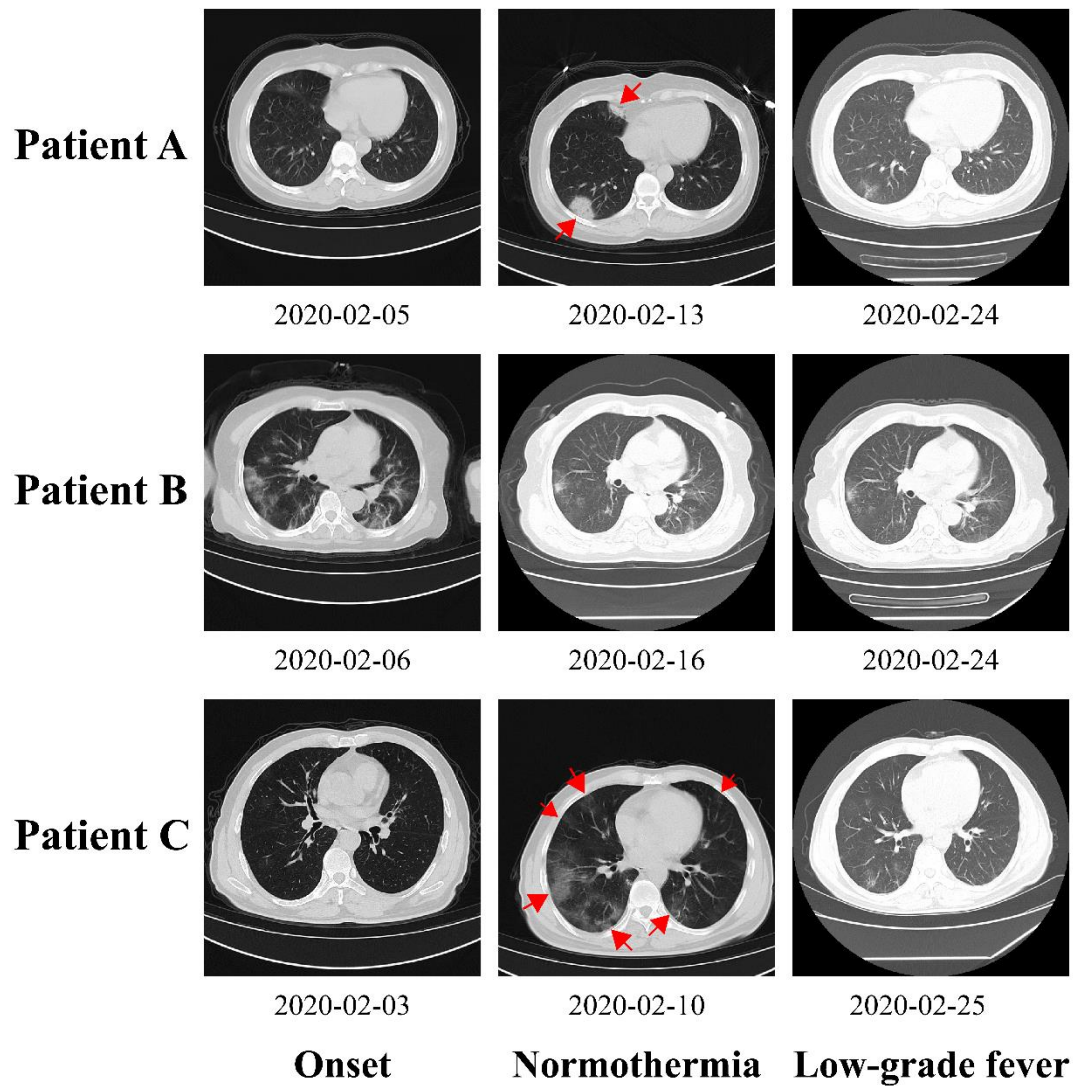


Figure 1 CT images of lesions in the three patients at different time points. New lesions appeared in patients A and C after temperature returned to normal. Lesions had resolved in all three patients when low-grade fever occurred. Red arrows indicate new lesions.

4. We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have been submitted synchronously.

Answering Revision

Dear Dr. Hu,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your Manuscript NO.: 55515 basically meet the publishing requirements of the World Journal of Clinical Cases. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not based on the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Response: We appreciate the editor's work about the manuscript. We are also grateful to the reviewers for their questions which are valuable in improving the manuscript.

In order for you to publish a high-quality academic article in the World Journal of Clinical Cases, lead the development of the discipline, and attract more readers, the first author and corresponding author are requested to follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication. **Please note that you have only two chances for revising the manuscript.**

Step 1: Please select revise this manuscript or not

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on the "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

Step 2: Key points of revising the manuscript

(1) *Scientific quality*: Please resolve all issues in the manuscript based on the peer review report and make a point-to-point response to the issues raised in the peer review report.

Response: We thank the assessment of scientific quality and have made the point-to-point response to the issues raised in the peer review report.

(2) *Language quality:* Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Response: We thank the assessment of language quality and have completed language editing again based on one of the recommended companies. The language editing certificate have been submitted synchronously.

(3) *Special requirements for figures:* Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). The requirements for the figures and figure legends include: (A) All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes; (B) For line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes; (C) Please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor; and (D) In consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images.

Response: We thank the reminding of special requirements for figures and have redrafted the figure using PowerPoint (PPT). In order to obtain the optimized figure, we had also used Adobe Illustrator (AI) to redraft the figure. We have submitted the original documents of PPT and AI together. All original documents are editable. Our figure is 1200dpi.

(4) *Special requirements for tables:* Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). Please verify that the tables are referred to in the text by their respective Roman numerals and that the numbering order is correct, and format the tables. Please verify that there are no missing or multiple spaces in the text and tables, *e.g.* before or after parentheses, between words, or before or after symbols like +, ×, ±, <, >, ≥, and ≤. Please verify that the special words or letters in the text and tables are correct, *e.g.* *P* (uppercase), *n* (lowercase), *via*, *vs* (lowercase, no punctuation), *in vivo*, *in vitro*, and *et al* (no punctuation) are italicized.

Response: We thank the reminding of special requirements for tables and had revised the table based on the reviewers' comments.

(5) *Special requirements for references:* Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. The author should provide the first page of the paper without PMID and DOI numbers. NOTE: The PMID is required, and NOT the PMCID; the PMID number can be found at <https://pubmed.ncbi.nlm.nih.gov>. (Please begin with PMID:) The DOI number can be found at <http://www.crossref.org/SimpleTextQuery/>. (Please begin with DOI: 10.**).

Please verify that the references are cited by Arabic numerals in square brackets and superscripted in the text, and that the numbering order is correct. There should be no space between the bracket and the preceding word or the following punctuation. When references in the text and tables are cited with author name(s), it is necessary to manually verify that the name(s) is consistent with the first author's surname in the corresponding reference list.

Response: We thank the reminding of special requirements for references and had revised the citations of all references.

(6) *Special requirements for article highlights:* If your manuscript is an original study (basic study or clinical study), meta-analysis, systemic review, the “article highlights” section should be provided. Detailed writing requirements for “article highlights” can be found in the Guidelines and Requirements for Manuscript Revision.

Response: We thank the reminding of special requirements for article highlights. Our manuscript is a case report rather than original study (basic study or clinical study), meta-analysis, or systemic review.

(7) *Ethical documents*: Please double check the accuracy of all ethical documents and verify the completeness of the documents according to the type of manuscript.

Response: We have checked the accuracy of all ethical documents and verify the completeness of the documents again.

(8) *Approved grant application form(s) or funding agency copy of any approval document(s)*: If your manuscript has supportive foundations, the approved grant application form(s) or funding agency copy of any approval document(s) must be provided.

Response: We have submitted the approved grant application forms.

Step 3: Manuscript revision deadline

We request that you submit your revision in no more than **14 days**.

Step 4: Verify the accuracy of general information for your manuscript

Name of journal: World Journal of Clinical Cases

Manuscript NO.: 55515

Column: Case Report

Title: Low-grade fever in convalescence of COVID-19: Three cases report

Authors: shu fan zhuang, jia Hu, Nan Qiao, Zhi Hui Lan, Jun Yu Lai, Jian Guang Wu and Xiao Yong Wu

Response: Please revise the information of Authors: Shu-Fan Zhuang, Jia Hu, Nan Qiao, Zhi-Hui Lan, Jun-Yu Lai, Jian-Guang Wu and Xiao-Yong Wu.

Corresponding author: jia Hu, PhD, Attending Doctor, PhD, Academic Research, Department of Gastroenterology, the Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine, Nanchang, Department of Gastroenterology, the Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine, 445 Bayi Road, Nanchang ., Nanchang City 330006, Jiangxi province, China. 356529216003@email.ncu.edu.cn

Response: Please revise the information of Corresponding author: Jia Hu, PhD, Attending Doctor, PhD, Academic Research, Department of Gastroenterology, the Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine, Nanchang, Department of Gastroenterology, the Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine, 445 Bayi Road, Nanchang, Nanchang City 330006, Jiangxi province, China. 356529216003@email.ncu.edu.cn

Telephone: +86-0791-88221335

Received Date: 2020-03-21

First decision: 2020-04-24

Step 5: Peer-review report(s)

The authors must resolve all issues in the manuscript based on peer-review report(s) and make a point-to point response to the issues raised in the peer-review report(s) which listed below:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Overall: 1) The manuscript will benefit from some

language “polishing”, including improvement of English grammar and expressions, e.g. “cross the world” instead of across the world, “this type cases”, “had fevered with irregular heat type”, etc. Abstract: 2) 2nd sentence from the abstract – mechanism of what? Please be more specific. Case presentation: 3) Importantly, what SARS-CoV-2 tests were carried out to make the diagnosis and after that to conclude the COVID-19 convalescence phase? Please refer to the method, kits type, and type of testing. From the written, it seems that the diagnosis is based on "fever, cough and fatigue". 4) Comorbidities should be given. 5) Each case should be assessed separately including the important points of CARE checklist. Start with Patient A and include all relevant information: symptoms, history, clinical findings, tests, imaging methods, diagnosis, and therapy.

Response: We appreciate the reviewer very much for the comments and the suggestions to improve the manuscript.

1) We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have been submitted synchronously.

2) The definition of “mechanism” was: the mechanism of low-grade fever in convalescence. We are sorry for the ambiguity, therefore have revised the sentence in line 2-3, page 3 of our revised abstract in red font: **the mechanism and outcome of low-grade fever during COVID-19 convalescence are not completely clear.**

3) We thank the reviewer very much for the comments. Our three patients were confirmed according to the positive SARS-CoV-2 of oropharyngeal swab tests. We have revised the sentence in line 15-17, page 5 of our revised CASE PRESENTATION from patient A in red font: **COVID-19 was confirmed on February 7 by positive SARS-CoV-2 oropharyngeal swab test at our local Center for Disease Control (CDC);** the sentence in line 12-13, page 6 of our revised CASE PRESENTATION from patient B in red font: **COVID-19 was confirmed on February 5 by the positive SARS-CoV-2 oropharyngeal swab test at our local CDC;** the sentence in line 5-6, page 7 of our revised CASE PRESENTATION from patient C in red font: **COVID-19 was confirmed on February 3 by positive SARS-CoV-2 oropharyngeal swab test at our local CDC;** and the sentence in line 3-4, page 11 of our

revised FINAL DIAGNOSIS in red font: The three patients were confirmed with COVID-19 by positive SARS-CoV-2 oropharyngeal swab test at our local CDC.

Regrettably, the SARS-CoV-2 tests of all oropharyngeal swab samples were conducted and published by our local CDC rather than our hospital. We don't know the method, kits type, and type of testing. We have tried our best to obtain the information but failed.

According to document index, we define "convalescence" which refer to recovered the non-febrile phase without respiratory symptoms. We have added the description in the sentence in line 17-18, page 4 of our revised INTRODUCTION in red font: **which refers to recovered non-febrile patients without respiratory symptoms; and the related reference: 5. Ling Y, Xu SB, Lin YX, Tian D, Zhu ZQ, Dai FH, Wu F, Song ZG, Huang W, Chen J, Hu BJ, Wang S, Mao EQ, Zhu L, Zhang WH, Lu HZ. Persistence and clearance of viral RNA in 2019 novel coronavirus disease rehabilitation patients. Chinese medical journal 2020. [PMID: 32118639 DOI: 10.1097/CM9.0000000000000774]**

4) We thank the reviewer very much for the suggestions. Clinical conditions of the three patients had occurred in the onset stage and relieved during convalescence. We have added descriptions of the patient's conditions in revised Table 1 and Table S1 of supplementary file.

Table 1 Information of the three patients at different time points

	Patient A			Patient B			Patient C		
	Onset (02-07)	Normothermia (02-18)	Low-grade fever (02-23)	Onset (02-05)	Normothermia (02-14)	Low-grade fever (02-23)	Onset (02-03)	Normothermia (02-14)	Low-grade fever (02-24)
Age (years)		62			66			55	
Sex		Female			Female			Male	

Fever									
Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	
Cough									
++	+	No	++	+	No	++	+	No	
Expectoration									
No	No	No	++	+	No	+	+	-	
Anorexia									
++	+	No	No	No	No	+	-	-	
Fatigue									
+	+	No	No	No	No	++	+	No	
Pharyngalgia									
No	No	No	Yes	No	No	Yes	No	No	
Dyspnea									
No	No	No	No	No	No	No	No	No	
Diarrhoea									
No	No	No	++	+	No	No	No	No	
Constipation									
No	No	No	No	No	No	+	No	No	
Insomnia									
+	+	No	No	No	No	+	No	No	
WBC ($4\text{-}10 \times 10^9 / \text{L}$)									
3.5	4.8	3.8	2.9	4.0	3.5	3.3	5.8	3.2	
RBC ($3.5\text{-}5.5 \times 10^{12} / \text{L}$)									
3.2	3.1	2.5	3.6	3.4	3.1	4.6	3.2	3.8	
Hb (110-160 g / L)									
97.0	89.0	73.0	112.0	105.0	96.0	145.0	99.0	115.0	
NEUT ($2\text{-}7 \times 10^9 / \text{L}$)									
1.7	2.2	1.8	1.7	2.7	1.8	2.2	3.8	1.1	
LYM ($0.8\text{-}4 \times 10^9 / \text{L}$)									
1.6	1.7	1.6	0.8	1.0	1.2	0.9	1.4	1.6	
PCT (0.5-1.5 ng / ml)									
NA	0.07	0.05	NA	0.11	0.05	NA	0.05	0.05	
CRP ($\leq 10 \text{ mg / L}$)									
3.4	0.9	0.8	7.2	1.6	0.8	68.7	0.8	0.8	
SAA ($\leq 10 \text{ mg / L}$)									
NA	10.3	9.0	NA	11.3	9.0	NA	8.2	9.1	
SARS-CoV-2 test									
P	P	N	P	P	P	P	P	N	

Abbreviations: ++: severe; +: mild or moderate; WBC: white blood cell; RBC: red blood cell; Hb: hemoglobin; NEUT: neutrophils; PLT: platelet; PCT: procalcitonin; NA: not available; CRP: C-reactive protein; SAA: serum amyloid A; P: positive; N: negative.

No comorbidity occurred during convalescence of all three patients. We have added descriptions of comorbidities in line 12-13, page 3 of our revised abstract in red font: All three patients had no other discomfort or comorbidities during low-grade process; the sentence in line 2-4, page 6 of our revised CASE PRESENTATION from patient A in red font: she developed low-grade fever for 3 days from February 23 to 25 without any other discomfort or comorbidities and her CT lesions had resolved; the sentence in line 18-19, page 6 of our revised CASE PRESENTATION from patient B in red font: She developed low-grade fever for 4 days from February 23 to 26 without other discomfort, comorbidities, or new CT lesions; the sentence in line 12-14, page 7 of our revised CASE PRESENTATION from patient C in red font: he developed low-grade fever for 3 days from February 24 to 26 without any other discomfort or comorbidities and his CT lesions resolved; and the sentence in line 9-10, page 11 of our revised OUTCOME AND FOLLOW-UP in red font: The three patients had no recurrence of low-grade fever, any other discomfort, or comorbidities.

5) Each case had been assessed separately item by item according to the CARE Checklist–2016. We have provided the CARE Checklist–2016 Form.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. The table should provide some details related to clinical features 2. Figure 1 is unnecessary 3. Figure 2 needs a detailed description. How the CT images present different information on different time points. 4. The manuscript can be benefited from revisions for grammar and clarity of sentences

Response: Thank you very much for the reviewer's comments on our manuscript.

1. We have added descriptions of details related to clinical features of the three patients in revised Table 1 and Table S1 of supplementary file.

Table 1 Information of the three patients at different time points

	Patient A			Patient B			Patient C		
	Onset (02-07)	Normothermia (02-18)	Low-grade fever (02-23)	Onset (02-05)	Normothermia (02-14)	Low-grade fever (02-23)	Onset (02-03)	Normothermia (02-14)	Low-grade fever (02-24)
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Sex	Female			Female			Male		
Fever	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes
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Expectoration	No	No	No	++	+	No	+	+	-
Anorexia	++	+	No	No	No	No	+	-	-
Fatigue	+	+	No	No	No	No	++	+	No
Pharyngalgia	No	No	No	Yes	No	No	Yes	No	No
Dyspnea	No	No	No	No	No	No	No	No	No
Diarrhoea	No	No	No	++	+	No	No	No	No
Constipation	No	No	No	No	No	No	+	No	No
Insomnia	+	+	No	No	No	No	+	No	No
WBC ($4\text{-}10 \times 10^9 / \text{L}$)	3.5	4.8	3.8	2.9	4.0	3.5	3.3	5.8	3.2
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PCT (0.5-1.5 ng / ml)	NA	0.07	0.05	NA	0.11	0.05	NA	0.05	0.05
CRP ($\leq 10 \text{ mg} / \text{L}$)	3.4	0.9	0.8	7.2	1.6	0.8	68.7	0.8	0.8
SAA ($\leq 10 \text{ mg} / \text{L}$)	NA	10.3	9.0	NA	11.3	9.0	NA	8.2	9.1
SARS-CoV-2 test									

Abbreviations: ++: severe; +: mild or moderate; WBC: white blood cell; RBC: red blood cell; Hb: hemoglobin; NEUT: neutrophils; PLT: platelet; PCT: procalcitonin; NA: not available; CRP: C-reactive protein; SAA: serum amyloid A; P: positive; N: negative.

2. We appreciate very much the reviewer's suggestions for Figure 1. We have followed the reviewer's suggestions and deleted the Figure.

3. We appreciate very much the reviewer's suggestions for Figure 2. We have followed the reviewer's suggestions and added the detailed descriptions in CT images of all three patients from line 5, page 9 to line 4, page 10 of our revised Imaging examinations in red font:

Patient A: On February 5 (onset stage), ground-glass opacities (GGO) were seen in the posterior right lower lung. On February 13 (temperature returned to normal), the lesion was significantly enlarged solid shadows and blurred edges. On February 24 (low-grade fever stage during convalescence), the lesions had been absorbed and the density decreased.

Patient B: On February 6 (onset stage), there were multiple irregular schistose GGO in both lungs (mainly under the pleura) with consolidations and strip shadows. On February 16 (temperature returned to normal) the lesions were partially absorbed, the range reduced, and the density decreased. On February 24 (low-grade fever stage during convalescence), the lesions were further absorbed and were less dense.

Patient C: On February 3 (onset stage), small patchy GGO appeared in the right lung.

On February 10 (temperature returned to normal), the lesions increased and enlarged, showing multiple irregular schistose GGO in both lungs (mainly under the pleura) and some strip shadows in the posterior left lower lung. On February 25 (low-grade fever stage during convalescence), the lesions were absorbed and reduced, with partial strip changes.

According to the reviewer’s suggestions, we have revised the Figure.

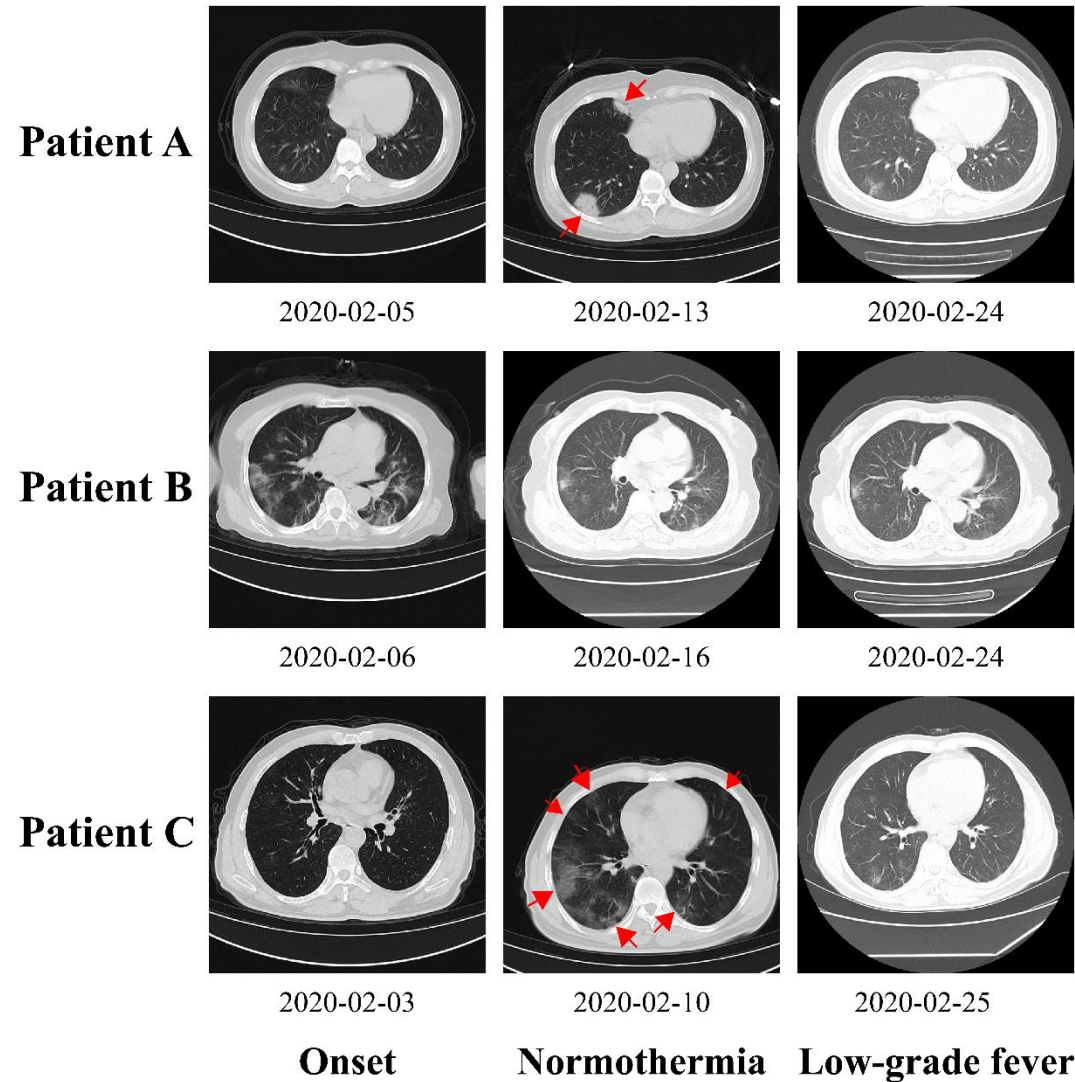


Figure 1 CT images of lesions in the three patients at different time points. New lesions appeared in patients A and C after temperature returned to normal. Lesions

had resolved in all three patients when low-grade fever occurred. Red arrows indicate new lesions.

4. We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have been submitted synchronously.

Step 6: Editorial Office's comments

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

(1) *Science Editor*: 1 Scientific quality: The manuscript describes a case report of low-grade fever in convalescence of COVID-19. The topic is within the scope of the WJCC. (1) Classification: Grade D and Grade C; (2) Summary of the Peer-Review Report: The reviewer#04480049 thinks the manuscript will be benefit from some language polishing. Importantly, what SARS-CoV-2 tests are carried out to make the diagnosis and after that to conclude the COVID-19 convalescence phase? Each case should be assessed separately including the important points of CARE checklist. The reviewer#05378719 thinks the manuscript can be benefited from extensive revisions for grammar. The table should include the clinical features and the figures need description so that readers could understand. (3) Format: There are 2 figures and 1 table. A total of 16 references are cited, including 14 references published in the last 3 years. There is no self-citation. 2 Language evaluation: Classification: Grade C and Grade C. A language editing certificate issued by CACTUS was provided. 3 Academic norms and rules: The authors did not provide the Conflict-of-Interest Disclosure Form and the CARE Checklist–2016. The authors signed the Copyright License Agreement and the Signed Informed Consent Form. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the Emergency Special Project on Prevention and Treatment of COVID-19 with Traditional Chinese Medicine. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>; (2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s). 6 Re-review: Required. 7 Recommendation: Conditional acceptance. (Han Zhang)

Response: We appreciate the editor's work about the manuscript.

(1) We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have also been submitted synchronously.

(2) We have submitted required accompanying documents according to the received list (including the approved grant application forms). We welcome any reminders or suggestions if there are still incomplete materials.

(2) Editorial Office Director: I have checked the comments written by the science editor. COVID-19 case report.

Response: We appreciate the editor's work about the manuscript.

(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 of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: We appreciate the editor's work about the manuscript. We have conducted language editing again based on one of the professional English language editing companies recommended by editors. The language editing certificate have also been submitted synchronously.

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Response: We appreciate the editor’s work about the manuscript. We have tried our best to revise the manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format to meet the accepted standards.

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Best regards,

Lian-Sheng Ma, Company Editor-in-Chief, Editorial Office

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Response: We appreciate the editor's work about the manuscript. We have submitted required accompanying documents according to the received list (including the approved grant application forms). We welcome any reminders or suggestions if there are still incomplete materials.

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