

Dec. 22, 2020

Editor

WJCC

Dear Editor and Reviewers:

**RE: MS60383 Revision submission**

Thank you and the reviewers for the careful evaluation of our manuscript entitled “A review and rethinking of the risk factors for the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)” (ID: 60383). The editor and reviewers’ comments are all valuable and very helpful for us to revise and improve the quality of our paper. We have studied the comments carefully and have made corrections or additions accordingly. Revised portion are marked in red in the revised manuscript. Point-to-point response to editor and reviewer’s comments are provided. Also, as suggested in your decision letter for revision, we now arranged only author as corresponding author.

It is our hope that the revised manuscript is now acceptable.

Sincerely,

Qingping WU, MD, PhD

Enclosure: Point-to-point responses

Editors’ comment

1. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

**Response:** For the reference format within the article, we are sorry for our incorrect citation format. And in this revised version, we have corrected all the reference formats to meet the requirements of WJCC.

Responds to the reviewer’s comments:

Reviewer #1: 1. the manuscript's title should be more general.

**Response:** Thank you for the suggestion. We have modified the title as : “A review of the risk factors for the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which should be more general now.

2. authors should show the effect of socioeconomic situation on the transmission.

**Response:** Thank you very much for the reviewer's constructive suggestions and we agree with the reviewer's opinions. After searching electronic literature resources, we

found some studies on the influence of socio-economic factors on SARS-CoV-2 transmission. Now, we have added detailed description of effect of socioeconomic situation on the transmission, which were highlighted by using red colored text (page 14 lines 10, in the revised manuscript), which is also copied below.

### **Effect of Socioeconomic status on the transmission**

*It is widely believed that people of lower socioeconomic status are in much worse physical health condition and at higher risk of premature mortality than those of higher socioeconomic status, which is mostly because most people with high socioeconomic status have a good educational background, basic health knowledge and better health care services[87-88]. Looking back at the 2020 under the ravages of SARS-CoV-2, it is not hard to see that demographic and socioeconomic factors affect the spread of the virus. Data from the United States suggested that population density, gender ratio, low income and predominantly black communities were highly correlated with SARS-CoV-2-positive rates[89-90]. To date, as a country with a large population, India has the second highest number of infections after the United States. In India, the undeveloped health care system and the lack of medical supplies including respiratory ventilators and protective equipment have weakened the government's leadership and ability to respond to SARS-CoV-2[91-92]. Strict social distancing measures and the lockdown of workplaces shrank the social labor force and put people at risk of unemployment, so vulnerable groups with financial difficulties may neglect to comply with physical distance measures because they need to work to survive, thereby increasing the risk of SARS-CoV-2 transmission[93]. Conversely, heavy medical burden has also led to severe economic recession and crisis. The rise in health-care costs and drug prices have increased barriers for people with chronic and complex diseases, making this group of people at high risk of infection and disease progression during COVID-19 outbreaks. Additionally, the rapid progress of COVID-19 has exposed a serious problem that the majority of the world lack basic health care knowledge when facing infectious disease, for which they paid a painful price for their irrational and blind behavior, even in developed European countries[94-95].*

3. common clinical manifestations of the disease should be discussed more in detail.

**Response:** Many thanks for the reviewer's suggestions. Now, we have described the other manifestations of COVID-19, as copied below:

*Other respiratory symptoms include expectoration, stuffy nose and sore throat [44]. In addition, the appearance of patchy shadows or ground-glass shadows on chest X-rays or lung CT scans is also a hallmark of COVID-19. (page 9, lines 13-16 in the revised manuscript)*

*Actually, gastrointestinal symptoms, while not specific, were common in confirmed COVID-19 patients, and even some patients only presented with gastrointestinal discomfort without any respiratory abnormalities [48-49]. (page 9, lines 20-22 in the*

revised manuscript )

4. authors mainly used data from china while discussing about global situation. why?

**Response:** Thanks for your valuable comments and reminder. We have now added detailed description of global situation (Page 6 , lines 4-16 ) as copied below.

*Although the number of newly confirmed cases in China has showed a downward trend since February 2020, the international epidemic situation was not optimistic. Italy is the second country hit hard by SARS-CoV-2 after China, and SARS-CoV-2 quickly spread across Europe and North America[13]. In the face of the spreading epidemic, many countries, like those in Asia, have taken various measures to control its development, including social isolation, closing public places, and non-essential outdoor activities. However, the effectiveness of these non-drug interventions varies from region to region. The overloaded medical system and the irrational and blind behavior of some people made significantly limited the government's power and/or effectiveness in the battle against the epidemic[14-15]. In addition, although Africa has made significant progress in preventing and controlling infectious diseases since the Ebola outbreak in 2014-2016, the SARS-CoV-2 epidemic remains a huge challenge due to limited resources[16].*

5. panels are very exciting, but their relation with text is poor.

**Response:** Thank you very much for the reviewer's comments. We have re-written this part according to the Reviewer 's suggestion and linked the panels with the text.

*e.g., An outline of public health emergency of international concern (PHEIC) announced by WHO in the recent decade is listed in Panel 1 (page 5, lines 13-14)*

*Although SARSCoV-2 might be transmitted from bats via unknown intermediate hosts to infect humans, whether or not currently available existing animal models can accurately reflect the process of human infection with the virus remains to be determined [109]. (page 17, lines 17-20)*