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Prof Dennis A Bloomfield

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Editors-in- Chief

World Journal of Clinical Cases

Manuscript Ref No: 61265

Manuscript Title: SARS-CoV-2, Surgeons and Surgical Masks.

Authors: Mohammad Ibrahim Khalil, Gouri R. Banik, Sarab Mansoor, Amani S. Alqahtani, Harunor Rashid.

Dear Editors,

Thank you for your favourable decision on our manuscript. We have now revised the manuscript as per the suggestions of the reviewer and the Science editor.

A point-by-point responses to the reviewer and the editor are provided below. All changes in the manuscript are shown in track changes.

We now think you will be able to accept the manuscript. Thank you.

Sincerely,

Dr Harunor Rashid, on behalf of the authors

National Centre for Immunisation Research and Surveillance, The Children's Hospital at

Westmead and the University of Sydney, NSW, Australia

Email: harunor.rashid@health.nsw.gov.au.

Responses to Reviewers

Reviewer`s 1 Comments	Authors' Responses
Comment 1. Title The authors' title is good. This title clearly and concisely outlines the main points of the research. (The authors don't need any revision on the title.)	Thank you for favorable your comment. Your comment is appreciated.
Comment 2. ABSTRACT On page 3, line 12: "Fourteen primary studies that provided data on COVID-19 infection or experience among surgeons..." The term "COVID-19 infection" may be incorrect. "SARS-CoV-2 infection" or simply "COVID-19" may be correct. The authors should revise this part. (In the Core tip section, the authors described "14 primary studies that provided data on COVID-19 among surgeons".)	Thank you for your comment. This has been changed to 'SARS-CoV-2 infection' to be more consistent with the title.
Comment 3. SEARCH STRATEGY On page 6, lines 19-22: " 'coronavirus\$.tw. practitioner\$.tw, health\$ or hospital\$ or clinical\$ or medical\$, health care worker\$" or hcw or doctor\$ or nurs\$ or "allied health\$" or dental or dentist\$.tw. intensivist\$ or anaesthetist\$ or anesthetist\$.tw." " \$ " should be corrected to " * ". As far as I searched the Lancet literature, it seemed that " * " was commonly used. Or the authors can simply delete " \$ " . In the BMJ literature, any " \$ " or " * " were not used. e.g.) Viner RM, et al. School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. Lancet Child Adolesc Health. 2020. " We searched using PubMed using search terms..."middle east respiratory syndrome*" [tw] OR "MERS-CoV" [tw] OR Mers [tw] OR "Middle Eastern Respiratory Syndrome*" [tw] OR "MERSCoV*" [tw] OR coronavirus [mh] OR Coronavirus Infections [mh] OR coronavirus* [tw]..." e.g.) Fan KS, et al. COVID-19 prevention and treatment information on the internet: a systematic analysis and quality assessment. BMJ Open. 2020. "...more search terms were used: 'Coronavirus', 'COVID 19', 'Stop getting Coronavirus', 'Corona Virus', 'How to treat coronavirus', 'Coronavirus safety tips', 'Drugs for coronavirus', 'Whatis self isolation coronavirus', 'China virus', 'Wuhan virus', 'Coronavirus Medicine' and 'COVID 19 prevention'.' were combined with terms on surgeon\$ or clinician\$ or	Thank you for the comment. This has been fixed by removing "\$" sign and consider that to be simpler for general readers.
Comment 4. DISCUSSION On page 10, lines 15-16: "Although the incidence of COVID-19 was higher among HCWs including surgeons, the incidence of severe or critical disease was lower than among general community." I agree with this fact. I am curious about the reason why mortality among HCWs was lower compared to the mortality in all patients. How do you think why it is? If you can mention the reason for this fact with reference to past literature, please describe it.	Thank you for your comment. This has been addressed in the last paragraph of page 10 and continues to page 11, where potential reasons with the references have been added: <i>"The rate of severe or critical disease was lower despite a higher incidence. This is not fully understood and is a subject of further review but could be due to a number of facts: a) relatively younger age of and</i>

	<i>lower incidence of pre-existing medical conditions among working HCWs ^[5, 35], b) their readier accessibility to the health care system ^[30], and c) their awareness of the disease course and knowledge when to seek help ^[36]. A study in the USA showed only 6% of HCWs were aged ≥65 years but approximately 40% of the fatal cases occurred in this age group ^[37].”</i>
Science editor's comments	Authors Responses
The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJCC. The corresponding author has published 3 articles in the BPG. 5 Issues raised: (1) The manuscript type needs to be changed to a minireview; (2) I found no “Author contribution” section. Please provide the author contributions; and (3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.	Thank you for your comment. The manuscript type has been changed to mini-review, Signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, Author contribution are enclosed, and the original figure document in power point are enclosed.