<p align="center" style="color:red">Response to Reviewer #1</p>

Dear reviewer,

Thanks for your corrections and recommendations.

1- Regarding your notes ***about formatting, language polishing and typesetting mistakes*** in the main manuscript.

   Response: I resolved it according to your recommendations and journal formatting requirements.

2- "Although, the mortality rate is out of the study scope. But, I want to ask you, is you have an explanation for your relatively low mortality rate of the hospitalized COVID-19 patients in comparison with other study such as in a recent study in the USA https://academic.oup.com/cid/article/72/10/e558/5898276?login=true."

   Response: This variation can be explained by differences in patient characteristics, such as age distribution, the underlying baseline rate of chronic disease, or genetic susceptibility to a more severe disease course among patients with COVID-19. In addition, some of the recent reports on COVID-19 report outcomes in the general population, whereas others describe disease-specific populations, such as patients with renal disease or with inflammatory bowel disease. Furthermore, this variation could also be explained by a higher risk of infection due to differences in occupational exposure. For instance, working with more people of more generations per workplace or have a profession with more close physical contact to other people. This will increase transmission of infection and mortality rates.

   In addition, the follow-up time in which mortality is assessed is important. Some reports choose Day 28 mortality while others report on in-hospital mortality until discharge, which is longer than 28 days in many COVID-19 cases. Finally, difference may result from death before confirmed diagnosis.