

**Dear Editors and Reviewers,**

Re: manuscript ID: 76142 and Title: Recurrent herpes zoster in a rheumatoid arthritis patient treated with tofacitinib: A case report

Thank you for your letter and for the reviewers' comments concerning our manuscript. Those comments are all valuable and very helpful for revising and improving our paper. We tried our best to improve the manuscript and made some changes in the manuscript, which we hope the correction meet with approval. The responds to the reviewer's comments are as following:

**Responds to Reviewer 1**

1. Language definitely needs correction to make it worth publishing.

Thank you for your pertinent suggestion. We have polished the manuscript through Filipodia Publishing company, and the certificate will be submitted as supplementary materials.

**Responds to Reviewer 2**

1. Page 5: History of past illness 'Because the patient did not inform the dermatologist of her history of RA or inform the rheumatologist of her HZ diagnosis, tofacitinib was continued'. It is the duty of the clinicians to get a comprehensive medical history of the patients. A patient who was followed up with RA for three years should have clinical records. How can you justify this? It is not ethical for the patient to be pointed as responsible for not coming up with the history, specially an elderly. need to revise this sentence.

Thank you for your questions. We attach great importance to your comments. The patient did admit that she had concealed her previous medical history, which led to the continuation of oral tofacitinib in the treatment of rheumatoid arthritis after the first occurrence of herpes zoster. We believe that this case is also a lesson to warn clinicians that it is necessary to repeatedly ask the patient's medical history in detail. We apologize for this. For unnecessary trouble, we deleted the description in the original manuscript.

2. 'At present, her RA is stable;.- This case report is a retrospective summary

of events. thus, needs to be completed in past tense.

Thanks for the reviewer' s suggestions, I will revise this sentence to the past tense according to your comment.

3. laboratory examination: better be presented as 'summary of investigations' : what is the explanation for elevated monocytes?

Thank you for your questions. In acute infection,elevated monocyte may occur, and this patient was in the acute phase of herpes zoster, consistent with the patient's condition.

4. Was an ESR performed?

The patient was not performed ESR at the time of admission, because the patient insisted on ESR test every three months due to rheumatoid arthritis, and no abnormality was found.

5. How was reactivation of RA excluded?

In clinical work, the indicators to judge RA activity include the number and degree of joint pain and swelling, inflammatory indicators (such as ESR, CRP), duration of morning stiffness, etc. Disease activity score in 28 joints (DAS28) is most commonly used. According to the patient's normal ESR and no joint tenderness and swelling, we do not consider RA reactivation.

6. 'urine routine and immune function, and other examinations were normal.' The meaning of the sentence is not clear and incomplete. what is meant by other examinations?

Thank you for your comments. Urine routine is mainly to test the color, pH, protein, glucose, white blood cells and red blood cells in urine.Immune function include humoral immunity and cellular immunity.Humoral immunity include immunoglobulin (Ig)A, IgM and IgG levels,complement 3 and 5.Cellular immunity include CD3,CD4,CD8 levels.The above examinations of this patient were normal.Other examinations include anti-HIV, rheumatoid factor and so on.I will revise the examinations in this manuscript in detail.

7. Were Retroviral studies done on this patient?

The patient's HIV test was negative and we did not write it into the laboratory examinations. I will added it to this manuscript.

8. How did you exclude persistent immunosuppression with the age and RA as the causality of HZ reactivation?

On admission,the cellular immunity and humoral immunity test of this patient were normal,include immunoglobulin (Ig)A, IgM and IgG levels,CD3,CD4,CD8 levels and so on.Therefore, we believe that the cause of VZV reactivation is not the persistent immunosuppression due to RA and age,but the tofacitinib-induced abnormal immune reaction.

9. Was COVID-19 excluded in this patient?

Yes, every patient will be tested for nucleic acid and antibody of COVID-19 on admission. Only those who are negative can be admitted to the dermatology ward for treatment. If they are positive, they will be treated in the COVID-19 designated hospital.

10. suggest to refer the case description and discussion and cite, ' Munasinghe, B. M., Fernando, U., Mathurageethan, M., & Sritharan, D. (2022). Reactivation of varicella-zoster virus following mRNA COVID-19 vaccination in a patient with moderately differentiated adenocarcinoma of rectum: A case report. SAGE open medical case reports, 10, 2050313X221077737. <https://doi.org/10.1177/2050313X221077737>

Thank you for your comments. This is a very good article. I have benefited a lot from reading it. This article tells me how to write a good case report, which is worth discussing and citing. I will refer this article to make some modifications to my manuscript.

11. OUTCOME AND FOLLOW-UP:The fact that the patient did not develop post-herpetic neuralgia needs to be mentioned as pain resolved within 3 months.

The patient was not contacted by telephone when we submitted this manuscript, so we wrote that the patient was lost to follow-up after 3 mo.Recently, we contacted the patient again through the rheumatologist,there

is no post-herpetic neuralgia. Therefore, the follow-up time has been far more than 3 months. I will modify this part of the manuscript, and delete the sentence 'The patient was lost to follow-up after 3 mo'.

12. Discussion: satisfactory. suggest the following reference which provides a good analysis of recurrent HZ: 'Shiraki K, Toyama N, Daikoku T, Yajima M. Herpes zoster and recurrent herpes zoster. In Open forum infectious diseases 2017 Jan 1 (Vol. 4, No. 1). Oxford University Press.

Thank you for your recommendation. This is a very good article. This article provides a good analysis of recurrent herpes zoster and is worth citing.

### **Responds to Editors**

1. I have revised the manuscript according to the reviewers' comments.

2. I will provide the original figure documents, and prepare and arrange the figures using PowerPoint. I will add the copyright information to the bottom right-hand side of the picture.

We would like to thank the editors and reviewers again for taking the time to review our manuscript.