

Reviewer 1:

1. Excellent impressive work Organised and clear I have a few comments. For the 16 studies included in the review, two studies with the same author and publication date (Liu 2021) make a little confusing in the figures, especially when one of them got included.

Response: We thank the reviewer for the valuable comments. We have now added the reference number in the results part of each of the outcomes which makes it easier for the readers to understand which study is included for which outcome.

2. In discussion : page 8 line 259, regarding the quality of the studies, according to the table in the supplement, two studies showed good quality(Pokorska-Śpiwak et al. 2021 and Asserri 2021) .

Response: We have mentioned Pokorska-Śpiwak et al. 2021 as the only study not having retrospective design, we have now separated both the sentences and mentioned that most studies had higher risk of bias.

3. In supplementary material table 1: There is a need to standardise all the age to be in years

Response: We thank the reviewer for the valuable comments. As suggested, we have standardized all the age to be in years in supplementary table 1

4. table 2:there is a need for alignment of the cell so that it will be clear for the reader

Response: We thank the reviewer for the comment. As suggested, we have aligned the cell and replaced the symbol of stars to text to make it clearer for the readers

Reviewer 2:

I accepted this manuscript for publication

Response: We thank the reviewer for accepting the paper.

Reviewer 3:

1. Why a cut-off of 1954 was chosen in the database? Any special reason for selecting 1954? If yes, do mention it and rationalize the reason- please!

Response: We have actually searched without any lower limit to search which is nothing but from the inception of the database. However, mentioning as inception of the database was not clear and hence we have mentioned the year of inception of Medline which is 1964. We have wrongly mentioned it as 1954. We have corrected it now and also mentioned that it is the year of inception of database.

2. Authors say they have done Egger's test when studies number was more than 10. Any specific reason? Is that the rule? Can't we perform Egger's test if the number of pooled studies is less than 10?

Response: We thank the reviewer for the query. Yes, it is a standard recommendation in the Cochrane Handbook that the Egger's test can be performed only with at least 10 studies (as less than 10 means there is not enough power to detect publication bias); We have also cited the Cochrane's handbook as reference for this point.

3. Since clinical outcomes that is what matters finally, why authors have not applied a Trim and Fill technique when heterogeneity was substantial >75% on all clinical outcomes they looked for?

Response: We thank the reviewer for the comments. But trim and fill method is used to identify the effect of the publication bias on the outcomes. It is not a method to address heterogeneity in any way. Since, none of the clinical outcomes had significant publication bias, trim and fill method is not applicable here. We sincerely hope for reviewer's understanding in this regard.

4. It appears by reading the manuscript that COVID-19 causes higher HB vs. influenza. Please rephrase those statements appropriately.

Response: We have rephrased the statement as said by the reviewer.

5. Please remove all random numerals appearing at the bottom of figures 2-6, 12-14. 3. It is not clear from the figure of forest plots which arm belongs to COVID-19 and which arm to influenza. I assume the left of unity belongs to COVID-19 and the right of unity belongs to influenza by your figure legends only but it should be appropriately placed in all the figures as well.

Response: As suggested, all the random numerals are removed and the arms on both sides are named.