

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear authors, greetings of the day , with interest i read your papaer and found it well wlitened and publishble, good luck

Thank you for your positive remarks on our manuscript.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

Thank you for the opportunity to review this interesting letter. Given the high burden created by COVID-19 disease world-wide, addressing its long-term effects is of major importance.

Thank you for your positive and useful comments on our manuscript.

The authors describe this issue well and comprehensively. Their main message is well understood and summarized.

I have few suggestions for the authors:

1. I think the authors should emphasize more on COVID-19 vaccines (which most healthcare systems spent large resources on). Studies have showed better disease outcomes among vaccinated patients and lower rate of infectivity – to stop the spread of the pandemic – and as a result also lowering the rate of long COVID-19 sequela. The authors should use the following work, which include a good example for evidence on the vaccine's effects: <https://doi.org/10.1371/journal.pone.0268050>

In addition, few studies already showed that vaccines might have a direct effect on long COVID, and more research is needed to assess for this correlation.

Reviewer is accurate in suggesting that we mention vaccines, which undoubtedly decrease the burden of disease, mainly through decreasing the possibility of severe disease, hospitalization and death. Following their suggestion, we have added a relevant statement “The effectiveness of vaccines in preventing severe disease, hospitalization and

death, has been repeatedly proven, however they have a much lesser effect in preventing disease transmission (REF)".

However, findings from recent studies indicate that vaccination doesn't prevent long covid, therefore since data remain conflicting, we would prefer to refrain from discussing this particular point.

2. Is there currently any published registries or cohorts related to long COVID-19? I think the authors can give examples of such for the readers for further reading.

Patient-led studies and local cohorts are increasingly reported. To the best of our knowledge, patient registries are not yet established. This is also why we consider it important to underline the need to address long-term health sequelae from an international and multidisciplinary point of view. This is also in line with the goals of Long Covid Europe, the European network of long covid patient associations (https://longcovid europe.org/?page_id=139).

Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please discuss and comment on at least one related article published in World Journal of Clinical Cases.

Thank you for your positive review of our manuscript. A related article published in the World Journal of Clinical Cases (<https://pubmed.ncbi.nlm.nih.gov/32874970>) has been added as follows: "Despite significant progress in research and knowledge during the pandemic, several gaps remain, including the extent and severity of long-term health sequelae due to COVID-19 (REF)."