

**Dear Editor,**

We have revised our manuscript accordingly.

We made the manuscript checked by a native speaker. Also, for grammatical errors, Grammarly program was used.

Our statistics checked by our statistics professor at our university.

We could not afford to have certificates for statistics and language.

Thanks for your help and understanding.

Our responses to reviewers are below.

Best regards;

Öner Özdemir, MD

Reviewer #1:

**-Specific Comments to Authors:** The data that has been obtained is extensive but not enough analysis has been conducted. Few correlation studies would help to strengthen the conclusions. The correlation studies need to have the r values and their significance.

**-Some correlation statistics are performed and added into the text.**

The discussion is too extensive and wordy to obtain a clear picture of what the authors wish to convey.

**-Discussion reviewed again**

The figures are too amateur and need to be represented in a more professional way.

**-Figures have been reviewed and corrected,**

Reviewer #2:

**Specific Comments to Authors:** Authors need to expand to discuss risk for SAH PMID: 35340712 and risk for stroke PMID: 35762309. If the above are addressed and references included, paper would be of interest.

**-These two references added to the article as numbers of 30 and 31.**



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## **JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS**

The present study investigated the course, laboratory, and clinical findings of COVID-19 among 414 asthmatic children. The results showed that there was a correlation between the severity of COVID-19 and asthma symptoms, as well as the course of the disease. Although the study was overall well conducted. There are some limitations of the study. 1. The analysis of the data was not comprehensive and intensive which made the study mainly descriptive.

**-Yes, thank you for definition.**

2. The discussion was quite insufficient to reveal the internal link and potential mechanisms shared by the COVID-19 and asthma.

**-At the end of discussion, the pathophysiologic link and potential mechanisms shared by the COVID-19 development in atopic and nonatopic asthma are briefly mentioned (in 3 paragraphs). Thus, it would be helpful for a better understanding of the results of the study and the discussion.**



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## JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

In this retrospective study, the authors retrospectively evaluated the course, laboratory, and clinical findings of COVID-19 among 414 asthmatic children followed up from the pediatric allergy outpatient clinic and known to have had COVID-19. They concluded that there was a correlation between the severity of COVID-19 and asthma symptoms, as well as the course of the disease. There are several issues that I would like to bring to your attention. 1. Some grammar mistakes are present, English editing is recommended.

**-English in the text is checked by a native speaker. Grammarly® Premium was used to improve writing.**

2. This study only enrolled patients with asthma. Therefore, it might not be able to compare the severity of COVID-19 in patients with or without asthma.

**-Yes. In this study, we compared subgroups of asthma patients such as atopic/allergic asthma and vaccinated asthma patients with asthma patients in general. In the previous tables, 'control' group indeed included the rest of the asthma patients. Therefore, the word 'control' is changed to others (other asthma atopic/vaccinated patients). In this study, there was no real control group without asthma from the beginning. We regretfully realized that our use of the term 'control group' in the main text and in some tables led to misunderstanding.**

3. Univariate and multivariate analysis might be used to evaluate the correlation between the severity of COVID-19 and asthma symptoms, as well as the course of the disease.

**- Our statistician professor utilized 'Cramer's V' to understand the strength of the relationship between two variables in tables 1-4.**