

ANSWERING REVIEWERS

Reviewer 1

Dear reviewer,

We are grateful for the great evaluation of our manuscript. The comments you made on our manuscript were very important to the improvement of its quality and we are grateful for your crucial help. We have performed the changes according your suggestions and we have added the admission criteria for admission to this study.

Best Regards,

Fabrício Freire de Melo

Professor, PhD

Reviewer 2

Dear reviewer,

The comments you made on our manuscript were very important to the improvement of its quality and we are grateful for your crucial help. Here are the point-to-point changes according your suggestions:

1.with the disease and its severity is crucial for the establishment of strategies aiming at disease control. I think not only disease control but also remedy. – **We have rephrased this excerpt and in order to follow your suggestion.**
2. Please add reference here: ‘The incubation period for COVID-19 is generally within 14 days following exposure, and the onset of symptoms occurs more often four-to-five days after inoculation’. – **We added the references.**
3. ‘smell and taste disorders; use medical words. – **We rephrased this excerpt.**
4. Add few other references should add validate, “Efforts have been directed towards the understanding of the relationship between

comorbidities and the severity and mortality in SARS-CoV-2 infection. In this sense, studies have shown that diabetes, hypertension, obesity, and cardiovascular disease are important risk factors for severity and mortality^[14].” For instance, - **We added the new references you suggested.**

5. At the end of the intro part, further outcome can also be added, “This study reports, for the first time, a negative association between cough and death among severely ill SARS-CoV-2-infected patients” - **We added further outcome.**
6. What is your inclusion and exclusion criteria? Mention clearly. - **We mentioned the inclusion criteria clearly.**
7. Map of the study area with the number of patients from each city can be added. - **A map of the study region was elaborated**
8. I think with and without comorbidities effect on clinical features should take under consideration. - **We appreciate your suggestion and it would be very interesting. Unfortunately, this was not the aim of this study and it was not possible to perform this analysis.**
9. Lots of very important clinical parameters are missing such as sugar level, d-dimer, creatinine, ferritin, troponin, SGPT, ESR, ESR, uric acid etc - **Unfortunately, we did not have access to these informations.**
10. Patients were vaccinated or not? Why blood group were not considered? - **We have added this information.**
11. % of patients with low/high/normal levels of clinical parameters value vs clinical parameters is required - **We have added this information.**
12. I think with and without comorbidities effect on clinical features needs to be analyzed. - **We appreciate your suggestion and it would be very interesting. Unfortunately, this was not the aim of this study and it was not possible to perform this analysis.**

13. Reference value should be placed to the table where the measured value presented. - **We have added this information.**
14. “66 (57.3%) patients had hypertension, 32 (27.8%) diabetes, 23 (20%) cardiovascular disease, 15 (13%) obesity, 12 (10.4%) chronic kidney disease, 4 (3.4%) chronic obstructive pulmonary disease (COPD) and 1 had (0.8%) autoimmune diseases” rewrite the sentence clearly. - **We rephrased this excerpt.**
15. Authors need to add odds ratio (ORs) to show protective and serous factors. - **Due to the small sample, we chose to do not add this information.**
16. Authors must provide regression equations for model - **We have added this information.**
17. Duration of the underlying medical conditions of patients is missing - **Unfortunately, we do not have this information.**
18. I will suggest the authors to use backward binary logistic regression or forward binary logistic regression to get best fit (optimal model). I mean what about logistic regression? Forward or backward? Needs to be clarified. - **We have added this information.**
19. Authors need to calculate G statistics (-2log likelihood). - **This analysis could have resulted in various biases. Therefore, we chose to not perform it.**
20. Did you calculate length of recovery from covid at ICU? I mean when patients were covid negative with or without comorbidities. I think it will be better to explore those. - **The data available in this study did not allow this analysis.**
21. How about their medication during staying at hospital? Why don't you add those in the manuscript? - **Each physician was allowed to choose the therapies he judged necessary to the treatment of the patients. In this sense, there were no treatment patterns to allow this analysis.**

22. Why negative and positive association was observed? Justify that not only with the previous report but also with the mechanism. You can prepare scheme. - **We appreciate your suggestion and it would be very interesting. Unfortunately, this was not the aim of this study and it was not possible to perform this analysis.**
23. Author mentioned in the conclusion that This study shows some differences in the clinical and epidemiological profiles of COVID-19 patients when compared. What do you mean by some differences? Specify those. **This excerpt was rephrased in order to clarify this idea.**

Best Regards,

Fabrício Freire de Melo

Professor, PhD