

## Reviewer 1

1. On page 1, in “Approximately 15% of patients will eventually have respiratory compromise...” the word “will” should be changed to “would.”

Ans: Page 1, Line 5 corrected

2. “SARS-CoV2” and/or “SARS COV-2” should be unified throughout the text.

Ans: Corrected throughout document

3. Please explain shortly what the ACE2 protein/receptor is and where it is expressed somewhere close to the very beginning of the SARS-CoV2 hepatotropism section.

Ans: Page 3, paragraph 2

4. Abbreviations like ULN, IL, TNF, GI, etc. should be expanded whenever they occur in the text for the 1st time.

Ans: Corrected throughout document

5. On pages 5/6, “The tocilizumab” should be changed to “Tocilizumab.”

Ans: Page 6, paragraph 4, line 6 corrected

6. On page 7, kindly please provide some references for the line “Multiple lines of evidence, such as findings from international registries, sizable observational cohorts, and population-level data, have all been used to support this”

Ans: Page 8, paragraph 1, line 5, references 40, 41 included

7. On page 9, kindly please provide some references for “...intestinal permeability and dysbiosis linked to cirrhosis...”

Ans: Page 10, paragraph 2, line 8, references 52, 53 included

8. I would recommend moving the paragraph about how “it is still unclear how the highly frequent Omicron variation affects patients with CLD and cirrhosis” somewhere higher, closer to the beginning of the review (as some kind of a disclaimer).

Ans: Done

9. On page 11, “to have drank” should be changed to “to have drunk”

Ans: Page 11, paragraph 2, line 6

10. On page 13, please clarify “SARS and CoV-2 infections”

Ans: Done

11. Are there any studies dealing with whether different stages of N/MAFLD (i.e., steatosis, steatohepatitis, fibrosis) differentially affect the course and/or outcomes of COVID-19? If so, please clarify shortly

Ans: Page 14, paragraph 2 included

12. On page 14, “A very little” should be changed to “very little”

Ans: Page 14, paragraph 2, line 1 corrected

13. On page 15, kindly please provide some references and/or supporting evidence for “Possibly these persistent antigens cause immune dysfunction and low-grade persistent inflammation”

Ans: Page 15, paragraph 3, line 2, reference 68 included

14. On page 15, please rewrite “Effects of COVID Already mRNA vaccines” for clarity

Ans: Page 15, paragraph 4, line 1 corrected

15. I would suggest expanding the conclusion a bit so as to include the information on which liver disease has the most impact on the course/and or outcomes of COVID-19, and vice versa, etc. I would also recommend shortly mentioning further research directions in Conclusion

Ans: Page 16 included

16. Please rescale Figure 1 so as to avoid the disruption of long words, e.g. “Dysregulated”, etc. Also, “underlaying” should be changed to “underlying

Ans: Done

## **Reviewer 2**

1. The authors are invited to report how they retrieved and selected the literature

Ans: Page 2 included

2. The role of ACE receptor and treatment should be better clarified, considering the extensive discussion in the beginning of pandemic. The manuscript would take great advantage of a picture detailing the various aspects involved in this tricky relationship.

Ans: Page 3, paragraph 2

3. The chapter of COVID-19 and Liver cirrhosis largely duplicates the one of Chronic liver disease and COVID-19 – in a few cases, same wording. I would greatly suggest to have them merged in a single chapter. 4) Always quote COVID in capital letters 5) COVID-19 and Liver Cirrhosis: the first line is missing something 6) COVID-19 and Autoimmune hepatitis: first line should start as “Very little....”

Ans: Done