

ANSWERING REVIEWERS

REVIEWER #1

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This cross-sectional study investigated the prevalence of common emotional syndromes originating from pandemics and explored the mediating role of acute stress responses between fear of COVID-19 and conditions associated with emotional dysfunction. The study is innovative and has implications for future precision interventions and research on related issues. It is recommended that the introduction section and the descriptions of the two scales, IES-R and ESTAD, be simplified.

AUTHORS

Thank you very much for your approval and recommendation. We have simplified and reduced the length of the sections indicated without detracting from the key ideas that were intended to be conveyed:

- Introduction (pp. 5-7): 1,192 to 894 words.
- IES-R (pp. 9): 258 to 110 words.
- ESTAD (pp. 9): 137 to 87 words.

REVIEWER #2

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: -I accepted this manuscript for publication after answering the following questions: 1-This hyperarousal acute stress I during the acute phase of COVID-19 infection,,what about the chronic course 2-The relation between hyperarousal acute stress to the psychiatric disorders like depression,anxiety disorder,panic attacks ,,is associated or causative relation,,I need more clarification 3-This hyperarousal acute stress reaction has any impact on the course and prognosis of COVID-19 infection,,,like ICU stay,Connection to Mechanical Ventilation,,,long term COVID-19 sequale,,,more 1llustration?

AUTHORS

Thank you very much for your questions and suggestions. Please find our answers below as ordered by the reviewer:

1. The cross-sectional design of this study precludes ensuring that the results are stable over time. Furthermore, data collection was carried out exclusively during the period of mandatory confinement in Spain to study the psychological impact of this specific preventive measure. Since this was a

temporary rule, which is no longer being enforced, we cannot evaluate the follow-up of the cases under the same social and health conditions. However, the authors agree that checking the chronicity of symptoms is an important aim and will take this into account for future research.

2. The cross-sectional nature of this study prevents us from inferring causal relations. Nevertheless, the hypothesized model was constructed based on the literature and the previously reported causal order of the variables. In this sense, its results identify similar associations and predictive trends. This limitation is underscored in the discussion of the study (pp. 16):

“Whereas we believe that this study contributes to the evidence of psychopathological symptoms being linked to COVID-19, some limitations should be considered. Due to the cross-sectional study design, it is not possible to infer causal relations between the variables. In this sense, it is considered relevant to test longitudinally whether the persistence of high levels of acute stress, especially in its hyperarousal manifestation, predicts a worse prognosis of the reported psychopathology.”

In any case, our findings are very much in line with previous studies. This manuscript extends the literature on the relevant role of acute stress in better understanding the incidence of psychopathological syndromes in the face of fear of COVID-19. It also provides evidence on the early psychological impact of these events and their related factors, contributing to the construction of an empirical basis for the design of preventive and intervention strategies in a similar social-health context.

3. The question you raise is very interesting. This study was aimed at the healthy community population, so the authors regret that they cannot extrapolate their conclusions in this regard. However, a great impact of psychopathological symptoms on the manifestation, course, prognosis, and even mortality of physical diseases is observed in Health Psychology; for instance in cancer patients (i.e., DOI: [10.1038/s41380-019-0595-x](https://doi.org/10.1038/s41380-019-0595-x)). It would certainly be a very interesting question to address in future research. Thank you for sharing your concerns.