OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Life-threatening SARS-CoV-2 Infection in Children: A Single-center Case Series"

Author(s): Sedigheh Rafiei Tabatabaei, Abdollah Karimi, Shahnaz Armin, Seyed Alireza Fahimzad, Roxana Mansour Ghanaie, Saeed Sadr, Mitra Khalili, Amirhossein Hosseini, Hojjat Derakhshanfar, Mina Alibeik, Mehrdad Yasaei

Review Timeline:

Submit Date: 19 Jul 2020
Revised Date: 5 Dec 2020
Accepted Date: 6 Dec 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0)

26 Jul 2020

Dear AE<
Thank you for asking me to review this paper, I read this manuscript ,due to significant objection in scientific writing, introduction, a way that authors described the patients,COVID-19 diagnosis, hospital course and treatment;
It is not suitable for publication so I reject this manuscript.
Comments to the Author;
- It is good to see that you have taken interest in a topic of current interest amidst the ongoing Covid 19 pandemic.
- Your study exposes a brief history of 9 pediatric cases encountered in your hospital and died with suggestion to COVID .
I have a list of objections related to the manuscript which are listed below.
1. There is no structural style for this scientific writing.
2. English writing is very weak.
3. I do not understand what are you going to sat in this manuscript; a list of mortality cases for mortality club or a warning of severity of COVID-19 in a non-scientific journal.
4. In your manuscript shows" all these children with the worst outcomes tended to have co-morbidities" ;it is a proven fact ,these patients also had poor outcome with sepsis even

without COVID-19.
5. In introduction;there is no aim for this manuscript and the COVID-19 was thought to be present in pediatric patients less severe but recent reports rejected this.
6. Your case presentation does not explain the patients' history and presenting signs and their progress in the hospital course.
7. Two patients had positive PCR(according to table 2; two patients but in the discussion was written 3?!) and others seem to be diagnosed with chest CT scan findings ?! chest ct scan findings gives us a suggestion for a probable diagnosis of COVID-19 that positive laboratory findings support this diagnosis.
8. In table 2,we have CBC,lymphocyte count,ESR and CRP (with 1+ or 3+ sign?!), isn't there anything important in their laboratory data?
Because of those I mention above, this article is not suitable for publication and I reject it. I am waiting for your better work in COVID.
Thanks.

REFEREE: Reviewer | **Revision** (0) 31 Jul 2020

Dear AE,
Comments for the authors:
1- The cases reported in this manuscript ,all had underlying condition that predispose them to opportunistic pulmonary infections. CT scan finding of opportunistic pulmonary infections can be resemble to Covid-19 and so, except for the PCR positive cases ,we cannot consider other case as Covid-19 only according to CT finding. Also, any kind of pulmonary infections ( ) can lead to death in presence of the mentioned underlying condition therefor the manuscript did not have considerable new information .
2- We can consider patients as probable COVID 19 cases, based on typical CT-scan findings defined by RSNA guideline but some of cases that was mentioned in this manuscript did not have the typical findings. (Radiological Society of North America Expert Consensus Statement on Reporting Chest CT Findings Related to COVID-19)
3- Finally, I recommend to report only PCR positive cases and patients with typical CT-scan findings and analyze the results based on these cases.
Thanks.

REFEREE: Reviewer | **Revision** (0) 2 Aug 2020

Dear AE,
Comments for the authors:
- No proper English writing and grammar
- Poor methodology and analysis
- Poor description of each case and their complete documents and history
- Poor laboratory testing (like ABGs, LFTs, Procalcitonin, influenza PCR, blood culture, D-dimer, IL-6 level, CK, LDH, PT, PTT, INR, ...)
- Incomplete information about PCR testing and its methods
- No information about EKG and echocardiography
- Poor discussion
- Incorrect data making big bios
- Only 4 cases had (+) hx of contact but without any Interpretation about the contacts, like

close contact, contact source, time, incubation period, …)
- Only 2 patents had positive PCR (done only for one time)
- Also, the radiological reports are incomplete and that many of these findings may be due to changes after resuscitating the patient or due to infection.
- Thus, before relating this radiologic finding to COVID-19, it is important to consider that radiologic manifestations from various pathogens may have a similar impression and should be ruled out, first.
Thanks.

REFEREE: Reviewer | **Revision** (0) 18 Aug 2020

Dear AE,
Thank you for referring this article to me to review
I think the article has some problems:
1. reporting mortalities just based on radiographic appearance might be prone to over estimation.
2. for those cases with just abnormal CT ,you need to have at least positive serology or a strong epidemiologic link with a PCR positive relative,otherwise it's hard to believe their death due to COVID
3. structure of the article should be revised totally.
Thanks.

REFEREE: Reviewer | **Revision** (0) 22 Aug 2020

Dear AE,
The authors should indicate on what basis these 9 cases were selected and how.
Regards

REFEREE: Associate Editor | **Revision** (0) 22 Aug 2020

Dear EIC,
This manuscript has been reviewed by reviews whose comments are appended.
Some found aspects of the work interesting, but there are significant objections to the manuscript being published in its current form. Therefore, I am rejecting it.
There are several shortcomings in the method and study design, make interpretation of the results difficult and in my opinion, the authors would not draw the study aim from obtained results. I recommend to report only PCR positive cases and patients with typical CT-scan findings and reanalyze the results based on these cases.
Thanks

REFEREE: EIC | **Revision** (0) 24 Aug 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor in-chief

The opinions of reviewers on our article "**COVID-19 in Iranian Children and adolescents: A Mortality Report in A Tertiary Pediatric Center"** were considered and revision was performed on the article as much as possible. As it is mentioned in the manuscript, due to the importance of the COVID-19 mortality, both probable and definite cases are described in this study. Unfortunately, the positive PCR test in this study is few that could be explained by lack of test sensitivity and technical errors in the time of patient admissions. The table of paraclinical findings are updated based on the archived document of the patients.

Reply to reviewers:

To reviewer 1:

1. As the sensitivity of PCR testing were questionable due to previous studies which are mentioned in our article at the beginning of the outbreak and lack of facility to repeat the test, diagnosis was made based on clinical and radiologic features.
2. At the beginning of the outbreak, when these cases passed away with typical clinical courses, access to serologic tests was so little. It is logical to link suspicious or typical clinical course to the pandemic condition.
3. The structure of article is revised as much as possible now.

To reviewer 2:

1. English writing problems are revised and corrected now
2. This is a case series article about mortality of COVID-19. The methodology and discussion are written based on these studies structure.
3. More available laboratory data are updated in Laboratory table now.
4. Samples for PCR test were obtained from oropharynx mostly, unfortunately repeating the samples was not possible in that time
5. No arrhythmia was seen in the patients. Also except the patient with congenital heart disease echocardiography revealed no abnormality.
6. Some revisions are now done in discussion part
7. Contact sources for the mentioned patients are described as possible. They were all suspicion cases and had nonspecific symptoms.
8. ECG for patient who had arrhythmia are described in the text. Also abnormal echocardiography results are mentioned.
9. Lack of PCR test kit did not permit test rechecking. Also sensitivity of our test was low at that time due to sampling errors and PCR kits as mentioned in the discussion.
10. At the beginning of the outbreak, when these cases passed away with typical clinical courses, access to serologic tests was so little. It is logical to link suspicious or typical clinical course to the pandemic condition.

To reviewer 3:

Based on the clinical features and progression of the disease and typical CT scan findings, and due to pandemic of COVID19, these patients were considered as definite or suspected cases and reported as COVID19 mortality in our center.

To reviewer 4:

1. This is a case series article about mortality of COVID-19. The methodology and discussion are written based on these studies structure.
2. English writing problems are revised and corrected now
3. As a new pandemic condition, mortality reports especially in pediatric group who thought to have less involvement, and illustrating the clinical features of these patients, will help to clinical course of this infection.
4. This article shows that most mortality in pediatric group would occur in patients with comorbidity. It was not a proven fact that time.
5. Still COVID-19 is less severe in pediatric patients, although there are fewer studies in pediatric field that adults.
6. All the available data of the patients are summarized in manuscript or tables
7. As it is mentioned in the manuscript, 2 patients with positive PCR were defined as definite cases and other ones were considered as probable cases based on the national guidelines.
8. Other available laboratory data are now listed in the table of paraclinic findings.

To reviewer 5:

As it is mentioned in the manuscript, 2 patients with positive PCR were defined as definite cases and other ones were considered as probable cases based on the national guidelines.

Kind Regards

Mehrdad Yasaei

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (1) 20 Nov 2020

Dear EIC,
The overall presentation of the manuscript improved after amendments; however, still, some comments should be considered in the new submission.
Title:
- Clinical characteristics, laboratory findings, and radiologic features of children with fatal SARS-CoV-2 infection admitted in Mofid's children hospital, a single-center case series
- Keywords should be added after the abstract part.
Case presentation:
- Some additional data should be provided:
first: time-interval between the onset of symptoms and admission.
second: time-interval between admission date and the start of anti-COVID-19 treatment, and third, time-interval between admission date and death.
- Spell out abbreviations used in the column headings in Table 2.
- Figure legends are inaccurate. Reconsider figure descriptions by consult with the radiologist advisor. For example, in figure 4, (bilateral minimal pleural effusion) also, diffuse involvement is not visible in the illustrated images.
- In figure 3, round/linear consolidations are not visible. Collapse consolidation with air-bronchogram is also evident in figure 1. Typical halo-sign is not visible in figure 2, so, if there are better images, replace them.
- Limitations should be added at the end of the discussion part, starting with these sentences: "This study has some limitations ..."
Thanks

REFEREE: EIC | **Revision** (1) 24 Nov 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor in-chief

The opinions of reviewers on our article “**COVID-19 in Iranian Children and adolescents: A Mortality Report in A Tertiary Pediatric Center”** were considered and revision was performed on the article as much as possible. The title changed as requested. The time intervals of symptom occurrence, treatment initiation and death added in cases discerptions. Radiologic findings were consulted with radiologist again. Unfortunately, no better quality images are available right now. Also limitation is now added in the article.

Kind Regards

Mehrdad Yasaei

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (2) 3 Dec 2020

Dear author,
Please change the title to "Life-threatening SARS-CoV-2 infection in children: a single-center case series" after that resubmit it.
It is accepted.
Thanks

OPEN PEER REVIEW

Revision (3)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor in-chief

The opinions of reviewers on our article “**COVID-19 in Iranian Children and adolescents: A Mortality Report in A Tertiary Pediatric Center”** were considered and the title has been changed to “Life threatening SARS-CoV-2 Infection in Children: A Single-center Case Series” as requested.

Kind Regards

Mehrdad Yasaei

OPEN PEER REVIEW

Revision (3)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (3) 6 Dec 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.