**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 "**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:

Peer Review

International Journal of Infection
Article DOI: https://doi.org/10.5812/iji.116891
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# Peer Review Report for "Fatality Case in a Tuberculous Meningoencephalitis Patient Coinfected with COVID-19"

**Author(s):** Badrul Munir, Benny Arie Pradana, Widodo Mardi Santoso, Ria Damayanti, Catur Ari Setianto, Samiah Rachmawati

**Review Timeline:**

| | |
|---|---|
| Submit Date: | 8 Jun 2021 |
| Revised Date: | 9 Nov 2021 |
| Accepted Date: | 20 Dec 2021 |

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

13 Sep 2021

Dear AE
This is a case report, and the authors have described coinfection of COVID-19 in TB meningoencephalitis.
I suggest that the following be corrected.
1- It is better to explain the prevalence of tuberculosis in that region (Indonesia) in the introduction part.
2- Was the patient examined for resistant tuberculosis? (x pert MTB,..) Considering that the patient had a history of previous treatment and extrapulmonary tuberculosis.

3- Why were corticosteroids not administered to the patient in the initial admission, while it is necessary in the treatment of tuberculosis meningoencephalitis?
4- The reason for the initiation of oseltamivir and chloroquine for the treatment of COVID-19 should be explained (FDA not approved at that date)
5- In the results section of the article, Lab data (ESR, CRP, HIV Ab) and O2 Sat should be mentioned. Did the patient evaluate for HIV infection, because the occurrence of extrapulmonary tuberculosis?
6- In the discussion section, this sentence is vague: "In these patients, there was a history of tuberculosis lymphadenitis that had completed its previous therapy.
BEST REGARDS

**REFEREE** : Reviewer

17 Sep 2021

Dear AE
This article is new and more valuable for COVID-19, which is a new infectious disease worldwide.
Best regards.

**REFEREE** : Associate Editor

12 Oct 2021

Dear EIC
Please ask the author to consider the following comments.
Reviewer 1:
This is a case report, and the authors have described coinfection of COVID-19 in TB meningoencephalitis.
I suggest that the following be corrected.
1- It is better to explain the prevalence of tuberculosis in that region (Indonesia) in the introduction part.
2- Was the patient examined for resistant tuberculosis? (x pert MTB,..) Considering that the patient had a history of previous treatment and extrapulmonary tuberculosis.
3- Why were corticosteroids not administered to the patient in the initial admission, while it is necessary in the treatment of tuberculosis meningoencephalitis?
4- The reason for the initiation of oseltamivir and chloroquine for the treatment of COVID-19 should be explained (FDA not approved at that date)
5- In the results section of the article, Lab data (ESR, CRP, HIV Ab) and O2 Sat should be mentioned. Did the patient evaluate for HIV infection because of the occurrence of extrapulmonary tuberculosis?
6- In the discussion section, this sentence is vague: "In these patients, there was a history of tuberculosis lymphadenitis that had completed its previous therapy.

Reviewer 2:
Your article is new and more valuable for COVID-19, which is a new infectious disease worldwide.
Best regards.

**Hamidreza Kouhpayeh** : EIC

12 Oct 2021

Dear Author
Reviewer 1:
This is a case report, and the authors have described coinfection of COVID-19 in TB meningoencephalitis.
I suggest that the following be corrected.
1- It is better to explain the prevalence of tuberculosis in that region (Indonesia) in the introduction part.
2- Was the patient examined for resistant tuberculosis? (x pert MTB,..) Considering that the patient had a history of previous treatment and extrapulmonary tuberculosis.
3- Why were corticosteroids not administered to the patient in the initial admission, while it is necessary in the treatment of tuberculosis meningoencephalitis?
4- The reason for the initiation of oseltamivir and chloroquine for the treatment of COVID-19 should be explained (FDA not approved at that date)
5- In the results section of the article, Lab data (ESR, CRP, HIV Ab) and O2 Sat should be mentioned. Did the patient evaluate for HIV infection because of the occurrence of extrapulmonary tuberculosis?
6- In the discussion section, this sentence is vague: “In these patients, there was a history of tuberculosis lymphadenitis that had completed its previous therapy.

Reviewer 2:
I sought a role in which I could make a real difference. And if any new results are found, it's perfect to share. Your article is new and more valuable for COVID-19, which is a new infectious disease worldwide.
BEST REGARDS
EIC

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 Editors of International Journal of Infection**

Thank you for suggestions and correntions of our Article. Here we provide replies to suggestions and corrections from our articles that we sent to the International Journal of Infection.

***Reviewer 1:***
***This is a case report and the authors have described coinfection COVID 19 in TB meningoencephalitis.***
***I suggest that the following be corrected.***
***1- It is better to explain the prevalence of tuberculosis in that region (Indonesia) in the introduction part.***

*Thanks for the suggestion, we will add it to our case report. In Indonesia, the number of tuberculosis cases found and treated in 2020 was 344,992 cases with 11% being extra pulmonary tuberculosis.*

***2- Was the patient examined for resistant tuberculosis? (x pert MTB,..) Considering that the patient had a history of pervious treatment and extra pulmonary tuberculosis.***

*The patient has been tested with Gene X pert for tuberculosis in CSF and Sputum and has not found any resistance to anti-tuberculosis drugs*

***3- Why corticosteroids were not administered to the patient in the initial admission while it is necessary in the treatment of tuberculosis meningoencephalitis.***

*The patient was given steroids with dexamethasone 0.4 mg/kgbw per day which we decreased every week*

***4- The reason for the initiation of oseltamivir and chloroquine for the treatment of Covid19 should be explained (FDA not approved at that date)***

*We give oseltamivir and chloroquine to patients because these therapies are used in the early phase of the COVID-19 pandemic in Indonesia where there is no available therapy according to the recommendations of the FDA*

***5- In the results section of the article, Lab data (ESR, CRP, HIV Ab) and O2 Sat should be mentioned. Did the patient evaluate for HIV infection, because the occurrence of extra pulmonary tuberculosis?***

*The patient was evaluated for HIV status and tested negative with CRP levels increasing by 0.64 mg/dl, ESR increasing by 54 mm/day, with saturation at treatment falling 78 percent with oxygen NRBM so the patient was intubated.*

***6- In the discussion section, this sentence is vague, "In these patients,***

***there was a history of tuberculosis lymphadenitis that had completed its pervious therapy.***

*The patient had a previous history of tuberculous lymphadenitis and was recovering after anti-tuberculosis therapy. We convey this to explain the history of extrapulmonary TB experienced by the patient*

***Reviewer 2:***
***I sought a role in which you could make a real difference. and if any new results founded it's perfect to share. your article is new and more valuable for covid-19 when is a new infection problem worldwide.***

*Our article is interesting because it conveys the coinfection between COVID-19 infection and tuberculous Meningoencephalitis with strong supporting data to explain the relationship between the two.*

Kind Regards,

**OPEN PEER REVIEW**

**Revision (1)**

**REFEREE** : Reviewer — 7 Nov 2021

Dear AE
The author of the article has paid attention to all the comments except comment 6.
Best regards.

**REFEREE** : Associate Editor — 8 Nov 2021

Dear EIC

The author of the article has paid attention to all the comments except comment 6.
6- In the discussion section, this sentence is vague: “In these patients, there was a history of tuberculosis lymphadenitis that had completed its previous therapy.
BEST REGARDS.

**Hamidreza Kouhpayeh** : EIC — 8 Nov 2021

Dear Author
All the comments except comment 6 have been corrected.
6- In the discussion section, this sentence is vague: “In these patients, there was a history of tuberculosis lymphadenitis that had completed its previous therapy.
Best regards.
EIC

OPEN PEER REVIEW

Revision (2)

## Reply to Reviewers

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

**Dear Editors of International Journal of Infection**

Thank you for suggestions and correntions of our Article. Here we provide replies to suggestions and corrections from our articles that we sent to the International Journal of Infection.

***Reviewer 1:***
***6- In the discussion section, this sentence is vague, "In these patients, there was a history of tuberculosis lymphadenitis that had completed its pervious therapy.***

*The patient had a previous history of tuberculous lymphadenitis and was recovering after anti-tuberculosis therapy. We convey this to explain the history of extrapulmonary TB experienced by the patient and we have already changed that sentence to "*The patient was previously diagnosed with tuberculous lymphadenitis and has finished its treatment." To better explaination about what we try to explain.

Kind Regards,

## OPEN PEER REVIEW

### Revision (2)

**REFEREE** : Associate Editor — 20 Dec 2021

Dear EIC
This article has been accepted into the International Journal of Infection and will be published in future issues.
Best regards.

**Hamidreza Kouhpayeh** : EIC — 20 Dec 2021

Dear author
Your article has been accepted into the International Journal of Infection and will be published in future issues.
Best regards.