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 "Characteristics of Eight Pediatric Patients with Coronavirus Disease 2019"

Author(s): Gaoyan Chen, Junhua Li, Yongchao Jiang, Haihua Chen, Rui Pan

Review Timeline:

Submit Date: 4 Apr 2020
Revised Date: 26 May 2020
Accepted Date: 7 Aug 2020

Revision (0)

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

Hamidah Alias: Reviewer | Revision (0)

12 May 2020

Dear AE,

Abstract:

- The following sentence should be omitted as we do not precisely know the features of Covid-19 infection in children: 'We know about the features of pediatric patients with COVID-19.

Results:

- Table 1: The table should be expanded to include demographics, clinical findings, imaging findings, laboratory results, treatment, and patient outcome. Therefore, it is clearer to understand the clinical flow of each patient.
- Table 2: Please merge all important information in tables 1,2, and 3 in one table and carefully select relevant investigation results to be presented for each patient. - All CT scan findings should be presented in detail.
- Figure 1: Why only CT scan of case 4 is presented? What about the rest of the patients? If all the CT scan's detailed findings are written in a table, the pictures could be omitted unless there are rare specifics to be presented.

Discussion;

- The authors should discuss in detail the findings of CT scans in the children reported here in comparison with other similar cohorts published recently.
- The writing of 'effectiveness of integrated treatment' should be revised. On what basis was

this statement made? The types of TCM were not elaborated in the writing. This is a strong statement to make, and the sentence should be revised as we do not clearly understand the role of TCM in a non-randomized setting.
- The treatment of aerosolized medicine given should be discussed given the risk of spreading infection via aerosol. What was the clinical condition of the patients the treatment was given?
- The limitation of the study should be discussed in detail.
Thanks.

REFEREE: Reviewer | **Revision** (0) 14 May 2020

Dear AE,
Thank you for considering me as a reviewer for your prestigious journal. The authors reported their experience on clinical features of eight pediatric patients with coronavirus disease. The topic of paper is interesting in this pandemic crisis for readers and researchers, but the sample size is low and the method of study needs to more detail.
Major comments:
Abstract:
- Result section should be summarized with a focus on the main findings.
- You need to brush up on a conclusion and be more specific about your study.
In method section:
- All patients were admitted due to clinical course. Please mention the incidence rate of admission (Who many child patients refer to your center with probable COVID19 diagnosis?)
- How many children were admitted with clinical symptoms of COVID and they had negative PCR?
- Inclusion and exclusion criteria are not clear.
- What was the indication of Chest CT scans in 7 patients? Clinical respiratory symptoms or other reasons?
- Please explain clinical and laboratory investigations in these patients?
Result section:
- Please mention long-term follow-up and final outcome.
Table 1 and 3:
- Please insert “no” for all items if they are not negative and they are missing, please mention it.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 14 May 2020

Dear EIC,
The manuscript was reviewed by our reviewers. The reviewers have raised concerns regarding the manuscript, and therefore, the paper is not acceptable for publication in this format. However since the reviewers do find some merit in the paper, I would be willing to reconsider if they wish to undertake major revisions and re-submit, addressing the referees' concerns.
Please note that resubmitting your manuscript does not guarantee acceptance, and that your resubmission will be subject to a re-review before a decision is rendered.
Thanks.

REFEREE: EIC | **Revision (0)** 14 May 2020

Dear Author,

Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by two reviewers and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.

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 and Reviewers,

Thank you for your review of our manuscript (103337). We appreciate the concerns and suggestions provided by the reviewers and have revised our manuscript accordingly. Our revisions and point-by-point responses are provided below, and text that has been added or modified from the original version is shown in the revised manuscript in a bright yellow color.

We are confident that these changes have both met the reviewers' concerns and have considerably improved the manuscript.

We wish to thank you for considering this resubmission for publication in your journal.

Yours sincerely!

Reviewers' Comments:

Reviewer 1:

Abstract:

The following sentence should be omitted as we do not precisely know the features of Covid-19 infection in children: 'We know about the features of pediatric patients with COVID-19.'

Response : Thanks for your suggestions. We are sorry for this mistake. What we wanted to express was that we know little about the features of pediatric patients with COVID-19. Now we have modified the text. (page 9, paragraph 1, line 2-3.)

Results:

Table 1: The table should be expanded to include demographics, clinical findings, imaging findings, laboratory results, treatment, and outcome of each patient. Therefore, it is clearer to understand the clinical flow of each patient.

Response : According to your suggestion, we have expanded the table 1 to include all the items you mentioned above. (Page 15, Table 1)

Table 2: Please merge all important information in table 1,2 and 3 in one table and carefully select relevant investigations results to be presented for each patient. All CT scan findings should be presented in detail.

Response : Thank you for this valuable suggestion. We have merged the three tables in one and readjusted relevant investigations results, and all items were selected based on whether they were significantly positive. We have presented detailed descriptions of CT scan findings in the table notes due to the limitation of the table. (Page 15-16, Table 1)

Figure 1: Why only CT scan of case 4 is presented? What about the rest of the patients? If all the detail findings of CT scan are written in a table, the pictures could be omitted unless there is rare specifics to be presented.

Response : We are grateful to you for pointing out this problem. We only presented the CT scan of case 4 because his CT images were the most typical, and the treatment was more effective than the others. The rest of the patients had quite common findings on CT images, most of which were ground-glass opacities involving the peripheral lungs. We have shown all CT results in detail in table 1 and omitted the pictures according to your comment.

Discussion;

The authors should discuss in detail the findings of CT scan in the children reported here in comparison with other similar cohort published recently.

Response: Thank you for the suggestion. Most of these patients' CT fingdings were high-density shadows, and the main CT features included multiply ground-glass opacities (cases 1, 3, 4, 5, and 7) and patchy lesions(cases 4 and 8). Ground-glass opacities were the most common CT features in COVID-19 patients, with a ratio of 14 to 77% in recently published studies[1-3], which was consistent with our CT findings. We have added the information required as explained above. (page 12, the discussion section, paragraph 2, line 7-13)

The writing of 'effectiveness of integrated treatment' should be revised. On what basis was this statement made? The types of TCM were not elaborated in the writing. This is a strong statement to make and the sentence should be revised as we do not clearly understand the role of TCM in a non randomised setting.

Response： Thank you for underlining this deficiency. We have re-written this part according to your advice. (page 12, the discussion section, paragraph 3, line 2-6; page 13, line 1-2)

The treatment of aerosolised medicine given should be discussed given the risk of spreading infection via aerosol. What was the clinical condition of the patients the treatment was given?

Response： It is true as you suggested that COVID-19 may transmit through aerosol. In China, all hospitals responsible for the treatment of COVID-19 patients are assigned by the government. In these hospitals, patients were treated in single rooms equipped with independent oxygen sources to minimize the risk of disease transmission. In the early stages of the outbreak, confirmed patients with severe respiratory symptoms (such as rough cough, viscous sputum, expectoration difficult) were given spray treatment. However, with further awareness about COVID-19 could transmit by aerosol, we do not use it as much recently unless the condition of the patient is very critical. We have added the discussion as you suggested. (page 13, paragraph 1, line 2-9)

The limitation of the study should be discussed in detail.

Response： As you suggested, we have added more details in the limitation of the study. (page 13, the limitations section, line 1-8)

References

1. Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet. 2020; 395(10223): 507-13.DOI: 10.1016/S0140-6736(20)30211-7.
2. Chung M, Bernheim A, Mei X, et al. CT Imaging Features of 2019 Novel Coronavirus (2019-nCoV). Radiology. 2020; 295(1): 202-7.DOI: 10.1148/radiol.2020200230.
3. Song F, Shi N, Shan F, et al. Emerging 2019 Novel Coronavirus (2019-nCoV) Pneumonia. Radiology. 2020; 295(1): 210-7.DOI: 10.1148/radiol.2020200274.

Reviewer 2:

Thank you for considering me as a reviewer for your prestigious journal. The authors reported their experience on clinical features of eight pediatric patients with coronavirus disease. The topic of paper is interesting in this pandemic crisis for readers and researchers, but the sample size is low and the method of study needs to more detail.

Major comments:

Abstract:

- Result section should be summarized with focus on the main findings.

Response : Thank you for this insightful comment. We have revised and modified according to your suggestion. (page 9, the results section, line 1,4-10)

- You need to brush up conclusion and be more specific about your study.

Response : We appreciate your attention to this flaw. We have modified this section to be more specific. (page 9, the conclusion section, line 2-4)

In method section:

- All patients were admitted due to clinical course. Please mention the incidence rate of admission (Who many child patients refer to your center with probable COVID19 diagnosis?)

Response : Thank you for this suggestion. Our hospital is responsible for the treatment of COVID-19 patients as assigned by the government. All suspected patients were admitted to the isolation wards. In this study, a total of 166 suspected child patients were admitted, and 8 of them were finally confirmed. We have added the information required as explained above. (page 10, section 3.1, paragraph 1, line 1-4)

- How many children were admitted with clinical symptoms of COVID and they had negative PCR?

Response : It is really true as you mentioned that a small number of patients with clinical symptoms but nCoV-RNA tested negative for the first time. To make the diagnosis more accurate, we performed CT and nucleic acid tests for evry suspected case, and we repeated the nucleic acid test weekly. In this research, three children with clinical symptoms had negative nCoV-RNA tests at first, then had positive results after 3 to 5 days follow-up.

- Inclusion and exclusion criteria are not clear.

Response : Thank you for pointing this out. All suspected patients (1-14 years) with laboratory-confirmed SARS-CoV-2 infection enrolled in the study were based on the "Diagnosis, Treatment, and Prevention of 2019 Novel Coronavirus Infection in Children: Experts' Consensus Statment" [1]. We have added the criteria according to the comment. (page 10, section 3.1, paragraph 1, line 5-7)

- What was indication of Chest CT Scan in 7 patients? Clinical respiratory symptoms or other reason?

Response : CT screening was recommended for COVID-19 diagnosis in China, and all suspected patients received CT scans and nucleic acid tests at first attendance. For the seven patients, 6 cases had exposure history, and 5 cases have clinical symptoms. In our hospital, every suspected case received CT scan to avoid missed diagnosis.

- Please explain clinical and laboratory investigations in these patients?

Response : Thank you for this suggestion. All clinical and laboratory indicators were selected for diagnosis according to the "Diagnosis, Treatment, and Prevention of 2019 Novel Coronavirus Infection in Children: Experts' Consensus Statment"[1]. When patients were admitted, nucleic acid test and high-resolution CT pulmonary scanning were performed immediately. We collected all possible clinical manifestations of suspected patients, including fever, fatigue, dry cough, expectoration, running nose, pharyngalgia, headache, and some gastrointestinal symptoms such as abdominal discomfort, abdominal pain, nausea, vomiting, diarrhea. Main laboratory examination including blood routine, blood clotting index, hepatorenal function, myocardial enzyme, PCT, CRP, ESR, and other pathogens as influenza B, mycoplasma pneumonia, chlamydia pneumonia were obtained. Typical CT findings were defined as interstitial changes and multiple small plaques in the lung periphery in early-stage and further deteriorated to bilateral multiple ground-glass opacities or infiltrating shadows. Lung consolidation was seen in severe cases, pleural effusion was rare. The normal range for WBC counts was 5-10 $\times 10^9$/ L; the normal range for lymphocyte counts was 1.1-3.2$\times 10^9$/ L. Suspected cases were defined as who had an epidemiological history and any two of the clinical manifestations as below: (1) Fever, fatigue, dry cough; (2) With chest CT findings as mentioned above; (3) In the early stage, WBC count was normal or decreased, or lymphocyte count decreased; (4) No other pathogens were detected to explain the clinical manifestations. Confirmed cases were defined as suspected cases with 2019-nCoV nucleic acid positive. We have added the information required as explained above. (page 11, line 1-17)

Result section:

- Please mention long-term follow-up and final outcome.

Response : Thanks for your suggestion. All patients discharged according to the criteria[2]. After the detection of respiratory pathogenic nucleic acid was negative for two consecutive times (once a week), we stop the follow-up. No poor prognosis or recurrence was observed during 14 days follow-up. We have modified this section as required. (page 12, paragraph 2)

Table 1 and 3:

- Please insert "no" for all items if they are not negative and they are missing, please mention it.

Response : Thank you for point out the deficiency. We have modified the Table 1. (page 15)

References

1. Shen K, Yang Y, Wang T, Zhao D, Jiang Y, Jin R, et al. Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts' consensus statement. World J Pediatr. 2020.DOI: 10.1007/s12519-020-00343-7.
2. Pediatric Branch of Hubei Medical A, Pediatric Branch of Wuhan Medical A, and Pediatric Medical Quality Control Center of H. [Recommendation for the diagnosis and treatment of novel coronavirus infection in children in Hubei (Trial version 1)]. Zhongguo Dang Dai Er Ke Za Zhi. 2020; 22(2): 96-99

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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) 7 Aug 2020

Dear EIC,
As the authors improved their manuscript based on the reviewer's recommendations, I think it can be accepted.
Thanks.

REFEREE: EIC | **Revision** (1) 7 Aug 2020

Dear Author,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks.