OPEN PEER REVIEW

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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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Clinical Pediatric Screening for COVID-19"

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Review Timeline:

Submit Date: 31 Jul 2020
Revised Date: 7 Sep 2020
Accepted Date: 10 Sep 2020

Revision (0)

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

Haider Abdul-Lateef Mousa: Reviewer | Revision (0) 11 Aug 2020

Dear AE,
Title:
- The title seems to be a laboratory screening test although it is a clinical screening. Therefore, it should be modified such as: Clinical Pediatric Screening for COVID-19.
Abstract
- The background should give an idea about screening tests for COVID-19. The heading of the second sentence in the background should be “the aim of study”. Refinement is required for language and punctuation all over the manuscript. It is unsuitable to refer to Table 1 in the abstract. The conclusion has referred for future studies, however, it should be about the significant results of the present study.
Introduction
- The introduction should contain information about screening methods and the aim of the study as well.
Materials and methods
- The source and method of data collection should be mentioned in the methodology.
- The tests, such as PCR, that employed to confirm diagnosis of COVID-19 has not been

mentioned in Methods
Results
- The percentage as (%) should follow the numbers (45.7 and 54.3). Pneumonia is a disease no a symptom.
- Lines 97-98: The conclusion has required a clarification because P value<0.05 indicates a significant difference, not a relationship as described in the Results and abstract.
Discussion
- Better arrangement for discussion is required, e.g. the difference in the incidence between males and females should be mentioned once without repetition twice [Among the 230 Probable cases, 105 were girls (45.7%) and 125 were boys (54.3%). The results of this study showed that boys were slightly more affected than girls (54.3% vs 45.7%),]
Thanks

REFEREE: Reviewer | **Revision** (0) 21 Aug 2020

Dear AE,
1- In method, place and date of screening is not mentioned instead you mentioned in the discussion
2- Including and excluding criteria are not mentioned
3- As results, you should not interpret your data
3- your Tables in results are untidy
4- P-values should go to the table
5- The english is weak for example line 43 lower symptoms(milder)line 35 pathogens? line38 declared(recognized)49 bloody vomiting(hematemes) and..
6- You can use some texts of results in discussion
7- Please consider this article for review and citation:
Seyedi S J, Shojaeian R, Hiradfar M, Mohammadipour A, Alamdaran S A . Coronavirus Disease 2019 (COVID-19) Outbreak in Pediatrics and the Role of Pediatricians: A Systematic Review, Iran J Pediatr. 2020;30(2):e102784.
Thanks

REFEREE: Associate Editor | **Revision** (0) 21 Aug 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 21 Aug 2020

Dear Authors,
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.

Firstly thank you to perfect reviewer comment, we try to consider one by on comments.

Reviewer 1:

Title:

The title seem to be a laboratory screening tests although it is a clinical screening. Therefore, it should be modified such as: Clinical Pediatric Screening for COVID-19. *It is modified to: Clinical Pediatric Screening for COVID-19*

Abstract

The background should give an idea about screening tests for COVID-19. The heading of the second sentence in the background should be "the aim of study". Refinement is required for language and punctuation all over the manuscript. It is unsuitable to refer for Table 1 in the abstract. The conclusion has referred for future studies, however, it should be about the significant results of the present study. *Some sentences modified as highlights.*

Introduction

The introduction should contain information about screening methods and aim of the study as well.

More information added:

Screening and identifying children for COVID-19, and consider children for early isolation and managing to control the COVID-19 outbreak efficiently. Although PCR tests are suggested as standard tools for COVID-19 diagnosis, they are time-consuming process, may have accessibility problem, and highly probable false-negative results, It is recommended to syndicate all findings obtained from clinical characteristics, a history of contact, chest CT scan, and blood cell count with NAT/PCR test as the standard diagnostic protocol in children(5-7). In this study, we investigated the result of screening 474761 children under 19 years of age and identified epidemiological features of suspect cases in East Azerbaijan province, Iran.

Materials and methods

The source and method of data collection should be mentioned in the methodology.source mentioned (Ciuca IM. COVID-19 in Children: An Ample Review. Risk Management and Healthcare Policy. 2020;13:661.)

The tests, such as PCR, that employed to confirm diagnosis of COVID-19 has not been mentioned in Methods.

Confirmed case: A person with Positive PCR tests as a COVID-19 diagnosis (7).

Results

The percentage as (%) should follow the numbers (45.7 and 54.3). Pneumonia is a disease no a symptom. All percentage corrected.

Lines 97-98: The conclusion is required a clarification because P value<0.05 indicates a significant difference not a relationship as described in Results and abstract. We use Chi-square test (P<0.05) for relationship between 2 variables.

Discussion

Better arrangement for discussion is required, e.g. the difference in the incidence between males and female should mentioned once without repetition twice [Among the 230 Probable cases, 105 were girls (45.7%) and 125 were boys (54.3%). The results of this study showed that boys were slightly more affected than girls (54.3% vs 45.7%),]. We arrangement discussion as a highlight.

Reviewer 2:

Dear Author:

1-In method, place and date of screening is not mentioned instead you mentioned in the discussion

It's modified with:

This study is a retrospective screening study of 474,761 children under 19 years of age consisting of two phases in the province of East Azerbaijan, Iran. The screening lasted 35 days, between March 5, 2020, to April 8, 2020, that Covid-19 was highly contagious.

2-Including and excluding criteria are not mentioned

Including criteria was children under 19 years of age, residing in the region of Population of Tabriz University of Medical Sciences and excluding criteria was Family reluctance to participate in screening

3-In results you should not interpret your data

Result modified.

3-your Tables in results are untidy

It's managed.

4-P-values should go to the table

) *P <0.05(added .

5-The english is weak for example line 43 lower symptoms(milder)line 35 pathogens?

line38 declared(recognized)49 bloody vomiting(hematemes) and..

We Refined language as a highlights.

6-You can use some texts of results in discussion

We use some texts such as:

Dong et al. study 2143 children who were confirmed through laboratory tests by a combination of exposure history and clinical manifestations. Of these, 34.1% had the laboratory-confirmed disease, while the remainder had clinically suspected disease (29). Compering other study, the Dong et al., more than 90% of children diagnosed with clinically diagnosed COVID-19 or laboratory-verified had an asymptomatic, mild, or moderate disease. From the rest, 5.2% had severe disease and 0.6% had a critical disease (30). In one study of the US, 1.6%-2.5% children need hospital admission with no child needing intensive care (31). Moreover, in Wuhan Children's Hospital, 1.8% of children required intensive care also all of those had underlying diseases (32).

Children infected with COVID-19 are chiefly asymptomatic carriers which is means have a high potential to transmission and spread of the disease in societies (7), and other some have mainly pneumonia and symptoms of shortness of breath, cough, fever over 38-degree, Hemoptysis, sore throat. Children with shortness of breath, cough, pneumonia, fever over 38 and Underlying disease are recommended be admitted to the hospitals.

7- Please consider this article for review and citation:

Seyedi S J, Shojaeian R, Hiradfar M, Mohammadipour A, Alamdaran S A . Coronavirus Disease 2019 (COVID-19) Outbreak in Pediatrics and the Role of Pediatricians: A Systematic Review, Iran J Pediatr. 2020;30(2):e102784. Thank you for recommendation, we considered it.

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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.

Haider Abdul-Lateef Mousa: Reviewer | **Revision** (1) 8 Sep 2020

Dear AE,
The authors have responded to all review comments although the article is required professional language revision.
Thanks

REFEREE: Associate Editor | **Revision** (1) 10 Sep 2020

Dear EIC,
The authors of this manuscript responded to all comments and suggestions from reviews, and all corrections are made in line with expectations, according to that my recommendation for this manuscript is to be accepted and published in your respectful journal.
Thanks

REFEREE: EIC | **Revision** (1) 10 Sep 2020

Dear Authors,
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