OPEN PEER REVIEW

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- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Peer Review Report for "SARS-CoV-2 Infection in Iranian People Living with Human Immunodeficiency Virus-1 Infection"

Author(s): Saba Garshasbi, Farah Bokharaei-Salim, Khadijeh Khanaliha, Seyed Jalal Kiani, Saeed Kalantari, Mahin Jamshidi Makiani, Arezoo Marjani, Farzaneh Dehghani-Dehej, Roghayeh Babaei, Mohsen Sadeghi, Mohammad Abbasi-Kolli

Review Timeline:

Submit Date: 17 Dec 2021
Revised Date: 9 Feb 2022
Accepted Date: 11 Feb 2022

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 Jan 2022

Dear AE,
Based on reviewing the manuscript the below comments may be considered.
1- Since there were very limited patients that have been enrolled in the study, the “prevalence” is not suitable that has been included in the title.
2- How come the IgG positivity was about 6.5% and the Real-time PCR was about 7.7%?
3- Keywords were not suitable and should be included based on the MeSH format.
4- The relationship between the status of HIV infection in the enrolled patients as well as the treatment regime is more important to emphasize and concludes with the COVID-19.
5- The material and methods part as well as results were very short and confusing and should be rechecked and detailed information should also be included.
6- The references part should be rechecked since many references have no page number.
7- Why did the authors check the relationship between the blood group and the disease?
Best regards

REFEREE: Associate Editor | **Revision** (0) 26 Jan 2022

Dear EIC
The reviewer(s) have recommended publication, but also suggest some major revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

REFEREE: EIC | **Revision** (0) 1 Feb 2022

Dear Authors,
Thank you for submitting your manuscript to JJM. I have completed the review of your manuscript and a summary is appended below (Pleases find attached files). The reviewers recommend the reconsideration of your paper following major revision. I invite you to resubmit your manuscript after addressing all reviewer comments.
1. Please answer point by point to the reviewer's comments on a separate sheet under WORD format and write your modifications in the revised version (WORD format) in colored or highlighted letters.
2. Your answers to reviewers' queries are not only for the Editorial Board but for the readers and should be included, when appropriate, in the manuscript for improvement and a better understanding. Moreover, add line numbers for text and put suitable line numbers for each response.
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Regards

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 colleague,

I am writing to inform you that, I have submitted a revision of my Manuscript ID 121929, rev [0] entitled “Prevalence of SARS-CoV-2 infection in Iranian People Living with Human Immunodeficiency Virus-1 Infection ". I have been answering to each of the reviewer comments point-by-point. I hope you accept my response.

Kind regards,

Farah Bokharaei-Salim

Reviewers' Comments:

Reviewer 1:

1- Since there were very limited patients that have been enrolled in the study, the “prevalence” is not suitable that has been included in the title.

Reply: Thank you for your highly detailed consideration, and also thank you for taking the time to review my article and try to improve it. I have done as you proposed.

I changed the title to:

SARS-CoV-2 infection in Iranian People Living with Human Immunodeficiency Virus-1 Infection

2- How come the IgG positivity was about 6.5% and the Real-time PCR was about 7.7%?

Reply: I have done research on ordinary people who have not been infected with HIV and it has been found that not all people develop antibodies to SARS-CoV-2 (IgG and IgM). Therefore, it is clear that HIV-positive people have not been able to make this antibody against this infection.

3- Keywords were not suitable and should be included based on MeSH format.

Reply: I have done as you proposed.

Keywords: HIV-1-infection, SARS-CoV-2, COVID-19, clinical symptoms

4- The relationship between status of HIV infection in the enrolled patients as well as treatment regime is more important to emphasis and concludes with the COVID-19.

Reply:

No significant association was observed between the use of a particular drug and infection. We even expected people taking the protease inhibitors not to get the infection, but as you can see in Table 4, two people got the infection even though they were taking them (protease inhibitors). Therefore, it seems that infection with SARS-CoV-2 and using antiretrovirals does not seem to be significantly associated.

5- The material and methods part as well as results were very short and confusing and should be rechecked and detailed information should also be included.

Reply: These sections were added to my manuscript:

3.5. Extraction of the Viral RNA and cDNA Synthesis

Viral RNA was isolated from the nasopharyngeal and oropharyngeal samples using a High Pure Viral Nucleic Acid (Roche Diagnostics GmbH, Mannheim, Germany) Kit, according to the manufacturer's instructions. The quality and quantity of extracted viral RNA was determined by a Nanodrop spectrophotometer instrument (Thermo Scientific, Wilmington, MA), and kept at -20°C.

The cDNA synthesis was carried out at 42°C for 30 minutes in a 20µL reaction mixture including; random hexamer (20 pmol), 5X reverse transcriptase (RT) reaction buffer (4µL), 102U of Moloney Murine Leukemia Virus (MMuLV) reverse transcriptase (Fermentas GmbH, St.LeonRot, Germany), 18.4U of RNase inhibitor (Fermentas GmbH, St.Leon-Rot, Germany), dNTPs (100 mmol), 1.0µL of DEPC treated water, and 0.5mg of the isolated RNA. The reverse transcriptase enzyme was inactivated after cDNA synthesis at 72°C for 10 minutes.

3.6. SARS CoV-2 Detection by Real-Time PCR

Detection of envelope (E) and RdRp (RNA-dependent RNA polymerase.) region of the SARS-CoV-2 in the extracted RNA from nasopharyngeal and oropharyngeal samples of participants were performed using real-time polymerase chain reaction (RT-PCR) method with specific primers and TaqMan probes for these regions (E, RdRp genes) (20), and also RNase p as internal control (21) (Table. 1). The Rotor-Gene Q (QIAGEN, Germany) instrument was used for the experiment. For positive and negative controls, the nasopharyngeal and oropharyngeal specimens of 5 patients with SARS-CoV-2 infection and 5 healthy people were used, respectively.

Briefly, real-time PCR was carried out using 25 µL reaction mixture including: 12.5 µL Premix Ex TaqTM [Probe qPCR] (TaKaRa Bio Inc. Shiga, Japan), 10 pmol each specific primer and 5 pmol each TaqMan probe for E, RdRp genes and also RNase p, and also 5 µL of the cDNA as a template. The reaction was carried out at 95°C for 10 minutes, and 40 cycles of amplification (at 95°C for 10 seconds, and at 60°C for 40 seconds).

6- The references part should be rechecked since many references have no page number.

Reply: you are right. I don’t know, why this problem happened. As you suggested, I corrected all the references

7- Why did the authors check the relationship between blood group and the disease?

Reply: The antigens of the ABO blood group system are intricate carbohydrate molecules on the outer surface of red blood cells membrane (1). The early publication on blood group and infection disease, related ABO blood type was published in 1917 with tuberculosis (2). Several viral diseases have shown the role of ABO antigens in disease susceptibility and vulnerability such as in Hepatitis B, Ebola, and influenza. Many patients had O phenotype in the COVID-19 epidemic (3). Latz et al. in a study including 7648 COVID19 patients reported that A blood type was more prone to the SARS-CoV-2 virus (4).

1. Liumbruno GM, Franchini M (2013). Beyond immunohaematology: the role of the ABO blood group in human diseases. Blood Transfus, 11(4):491-9.

2. Garratty G (2000). Blood groups and disease: a historical perspective. Transfus Med Rev, 14(4):291-301.

3. Zietz M, Tatonetti NP (2020). Testing the association between blood type and COVID-19 infection, intubation, and death. medRxiv,the preprint server for health sciences:2020.04.08.20058073.

4. Latz CA, DeCarlo C, Boitano L, Png CYM, Patell R, Conrad MF, Eagleton M, Dua A (2020). Blood type and outcomes in patients with COVID-19. Ann Hematol,12 : 1–6.

In this study, I was going to find a link between blood type and HIV infection and SARS-CoV-2. Of course, I could not find this connection, but I have written the patients' blood type in a table.

I can delete blood type related content if you need to.

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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) 11 Feb 2022

Dear EIC
The manuscript was completely revised based on reviewers and associated editor comments and it is acceptable for publishing in JJM.
Regards

REFEREE: EIC | **Revision** (1) 11 Feb 2022

Dear Authors,
I am pleased to inform you that your manuscript has been accepted for publication in the JJM. Your accepted manuscript will now be transferred to our production department. If we need additional information from you during the production process, we will contact you directly. Please remember to always include your manuscript number, whenever inquiring about your manuscript. We will create a proof which you will be asked to check. When you receive the proof, please check all names and affiliations very carefully, as these cannot be corrected once the article is published. Moreover, please add the ORCID number to you and your collages account as soon as possible. For more details
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We appreciate you submitting your manuscript to JJM and hope you will consider us again for future submissions.
Regards