

Review Form 1.6

Journal Name:	Current Journal of Applied Science and Technology
Manuscript Number:	Ms_CJAST_83909
Title of the Manuscript:	Clinical presentation and factors associated to COVID-19 disease in Mexican patients.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalcjast.com/index.php/CJAST/editorial-policy>)

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<ol style="list-style-type: none">1. The subject of the article is interesting and, in the situation, we live in now it can be considered essential.2. As the focus of the study is the symptoms that may be related to Covid-19, variables such as sex and age must be considered so that the author has done a good job collecting all the data.3. In addition, the fact that the dataset was compiled by the General Directorate of Epidemiology and collected by physicians lends more precision and credibility to the results.4. While the information is vast, I find it a little confusing and a little overwhelming, so in this case the figures and tables are very important. Place the figures in the middle of the text and work on them explaining, it is easier to visualize than if the figures were at the bottom of the manuscript. A more complete legend is also needed for the figures, as it contains a large amount of information, and for the tables, it should be interesting to highlight the essential information from the others.	<ol style="list-style-type: none">1. Thank you very much for your comments.2. The data was processed and matched based on sex and age.3. Thanks a lot for your comment.4. The figures were placed in the middle of the text and work on them explaining. The legend was completed.
Minor REVISION comments	<p>In the same topic about information, it might be interesting if the author summarized some of them, for example when the author lists all symptoms for adults 20-39 and 40-59 most of them are the same so don't put it twice, just say it once for both groups and then say what is different. This is the same case in the discussion when the author cited the study by Lan et al.</p>	<p>I think that the information is write as review suggests.</p> <p>Results</p> <p>"In the same way, the clinical presentation that predicts SARS-CoV-2 infection, in adults is: cyanosis, rhinorrhoea, malaise, arthralgia, myalgia, chills, chest pain, dyspnoea, cough, and fever (but only in adults aged 40-59 years polypnea was associated with infection). Likewise, smoking, obesity, and diabetes are associated with SARS-CoV-2 infection. While, the personal history of vaccination and to know if a person has a viral infection are associated with protection (figures 3-4)."</p> <p>Discussion</p> <p>"In contrast, in adults from 20 years old and more the predictors were: cyanosis, malaise, arthralgia, myalgia, chills, dyspnoea, cough, and fever. However, in adults aged 20- and 59-years old rhinorrhoea, and chest pain were also independent predictors. But in people from 40 years old or more polypnea, and gender (female) were predictors for SARS-Cov-2 infection too. Although, diarrhea was an independent predictor only in older adults."</p> <p>Regarding age it was useful to compare results, which were similar with reported average ages (42–43 years-old) by other authors.^{26, 34, 48} Several studies support varying clinical manifestations among COVID-19 patients and their different proportion.^{12-14, 34} Similarly to others large studies in the United States population, the three most common reported manifestations in adult's population in the current study were cough, fever, and myalgia, but with different proportions, and accompanied by other symptoms. Other authors in different scenarios reported fever (temperature $\geq 38^{\circ}\text{C}$), cough and/or shortness of breath, accompanied by tachypnoea,^{34, 49} or fever with non-specific symptoms, such as cough and sore throat, or the presence of anosmia, and ageusia.^{13, 34} Regarding to fever and myalgia findings in adult population, they are according to results reported by other investigations, which reported that both symptoms are predictors for SARS-CoV-2 infection</p>

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		or COVID-19 disease. ³⁴ Moreover, anosmia/ageusia also were strong independent predictors for SARS-CoV-2 infection (positive assays), however, in the present study for the presence of anosmia and ageusia the model cannot be tested. ^{34, 50}
Optional/General comments	This manuscript is very interesting, could be an extremely important source of information about Covid symptoms in the future, especially as it covers a large number of variables and could be valid for many populations.	Thank you very much for your comments.

PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	The principles that emerge from the United Nations General Assembly, 1989, were used. Principle of legality and loyalty (the information was obtained in a lawful manner), principle of accuracy (the relevance of the data was verified), principle of purpose (the database is specific, legitimate and public before its creation), principle of non-discrimination and principle of security