



SDI Review Form 1.6

Journal Name:	Asian Journal of Research in Infectious Diseases
Manuscript Number:	Ms_AJRID_65447
Title of the Manuscript:	Epidemiology of Coronavirus disease (COVID-19) in Assiut province in Egypt
Type of the Article	Case study

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:

(<http://www.sciencedomain.org/journal/10/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	See the attached file: reviewer's comment.doc	
Minor REVISION comments	<p>The authors carry out a retrospective study concerning 1201 confirmed cases of COVID-19 disease in Assiut province in Egypt.</p> <p>Surely the matter of the study shows an intrinsic interest, nevertheless the lack of a scientific approach to data processing leads the authors to weak and well-known conclusions. Overall, the study does not perform a statistical analysis of the data, instead the authors report the numbers coming from the data collection as they are, without any kind of selection, elaboration and/or management.</p> <p>In details, regarding each paragraph, this reviewer's criticism is as follows:</p> <p>Introduction: Surely, a deeper analysis of the situation in Egypt would be of interest to the reader as well as a comparison of the situation in Egypt and in the particular region matter of the study with respect to the worldwide situation.</p> <p>Methods This section is practically non-existent and has to be completely rewritten, expand, reordered. The authors do not report the mean age and SD of the subjects, the groups they were belonging to. A list of conducted investigations is simply mentioned. Patients' data are generally displayed in a Table with the mean value and SD reported. Chest CT images in the most serious cases and/or the development of chest CT during the infection would be reported.</p> <p>Results Not supported by a statistical analysis, the data lose their meaning. As an example, the authors claim: 'Not surprisingly, the highest rate of death was in age group of 61-70yrs, while the highest rate of infection was in age group of 51-60 yrs.'</p> <p>How the authors calculated the rate of death and/or the rate of infection? This reviewer rises the suspect that if the authors would consider the number of patients dead in the 81-90 group with respect to all patients of the group, the rate of death would be greater just in this group. Second: were the groups significantly different? A table would be useful showing the data and the statistical analysis conducted.</p> <p>Discussion In this section, after a short comparison with the data of the literature, the authors practically repeat the considerations of the Results.</p> <p>However, two new points of crucial importance arise, not shown in the results:</p> <ol style="list-style-type: none">1. "Chronic obstructive pulmonary disease, diabetes mellitus, hypertension, obesity and ischemic heart disease are the most common co-morbidities associated with COVID-19 in the present study... Eight percent of our patients shows obesity (BMI > 30) which is known to be a pro-inflammatory condition". <p>The authors have to report the percent of patients showing co-morbidities and/or obesity and the group of belonging. Then a statistical analysis has to be performed to show up statistical differences.</p> <ol style="list-style-type: none">2. Did the authors monitored cytokines mainly IL-2, IL-6, IL-10 levels? These values as well as all the other parameters were not reported in the Method Section. Without these values the comparison with the current literature is not possible.3. Male infections and deaths are higher than in females in all age groups with the	



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	<p><i>exception of the 11-30 years group.</i></p> <p>The authors report that females showed higher rates of infections and deaths, ascribing this fact possibly to the early marriage for women in Assiut. Can the authors better explain this point, that would play great interest.</p>	
<u>Optional/General</u> comments	<p>As reported in the attached file of the comments, even if the matter of the study shows an intrinsic interest, nevertheless the lack of a scientific approach to data processing leads the authors to weak and well-known conclusions. Overall, the study is not supported by a statistical analysis of the data: the authors show the numbers coming from the data collection as they are, without any kind of selection, elaboration and/or management.</p>	

PART 2:

	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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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