

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding symptoms suggestive of Long COVID Syndrome and healthcare use among community-based populations in Manitoba, Canada: observational cross-sectional survey
AUTHORS	Kosowan, Leanne; Sanchez-Ramirez, Diana; Katz, Alan

VERSION 1 – REVIEW

REVIEWER	Frazer, John Scott University of Oxford, Somerville College
REVIEW RETURNED	29-Jul-2023

GENERAL COMMENTS	<p>Generally there are still some grammatical errors at various points, especially missing or double spaces. However, the comments from my original review have been satisfactorily answered.</p> <p>Methods - 'respiratory therapist' should be plural. Data analysis section, second line - double full stop. Patient and public involvement - Manitoban's should be Manitobans.</p> <p>Results: Respondents with COVID-19 section - suggest standardising reporting of percentages - there is variable use of, for instance (88%, 543/616), 76.6% (472/616), respondents 253/616, 20.5% (n=126/616). This is also an issue elsewhere in the manuscript, particularly throughout the results. Among these 253 respondents - 126/253 would be 49.8% of the group you are referencing.</p> <p>Suggest more consistency with use of N and n, P and p-value, etc.</p> <p>Figures 1 and 2 - how are the symptoms ordered? A descending order of incidence may be more readable. Suggest scale maximum of 100% rather than 120% for figure 1.</p> <p>Health care utilization section - "suggesting that they may have been living with LCS" - I suggest removing this entirely. Your survey is not a diagnostic tool.</p> <p>Table 3 - instead of <5, I suggest just putting in the actual number.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. John Scott Frazer, University of Oxford

Comments to the Author:

Generally there are still some grammatical errors at various points, especially missing or double spaces. However, the comments from my original review have been satisfactorily answered.

Thank you for your review of our manuscript. We have revised the current version to ensure that missing and double spaces have been corrected. We have responded to each of your comments below.

Methods

- 'respiratory therapist' should be plural.

Data analysis section, second line - double full stop.

Patient and public involvement - Manitoban's should be Manitobans.

We have made the corrections to 'respiratory therapists' and 'Manitobans'. We have revised the data analysis section (page 4) to state:

We used descriptive statistics to characterize respondents, describe symptoms of COVID-19 and describe symptoms suggestive of LCS (present ≥ 3 months after initial infection). We used chi-square and t-test to assess differences between populations that did, and did not, report experiencing symptoms suggestive of LCS. Further to this we explored symptoms of COVID-19 and symptoms suggestive of LCS in relation to health care use including primary care, emergency department, hospitalization, specialists, and therapists. Missing responses were omitted from analyses. Urban residency was determined using the first three characters from the respondent's postal code. Due to small numbers, education less than high school was grouped with high school or equivalent. We thematically analyzed the open-ended survey questions related to 'other symptoms' and 'not attending health care'.

Results:

Respondents with COVID-19 section - suggest standardising reporting of percentages - there is variable use of, for instance (88%, 543/616), 76.6% (472/616), respondents 253/616, 20.5% (n=126/616). This is also an issue elsewhere in the manuscript, particularly throughout the results.

We have revised the manuscript to ensure consistency in our reporting.

Among these 253 respondents - 126/253 would be 49.8% of the group you are referencing.

Thank you for highlighting this error. We have updated the denominator from all study respondents to 253 respondents and adjusted the percentages.

Suggest more consistency with use of N and n, P and p-value, etc.

We have reviewed the manuscript for consistent use of P= and n=.

Figures 1 and 2 - how are the symptoms ordered? A descending order of incidence may be more readable. Suggest scale maximum of 100% rather than 120% for figure 1.

In figures 1 and 2 the symptoms are ordered based on percentage of symptoms experienced by respondents presented in table 2. We have reversed the order in both figures so that the most experienced symptom is at the top of each figure and the least experienced symptom is at the bottom. We have added a footnote to the table to explain how the symptoms are ordered. Additionally, we have updated the scale in the figure.

Health care utilization section

- "suggesting that they may have been living with LCS" - I suggest removing this entirely. Your survey is not a diagnostic tool.

We agree that this statement was presenting an interpretation instead of study results. We have removed this sentence. On page 8 we state,

There were 303 (49.2%) respondents that did not seek health care, of these 95 patients reported experiencing symptoms ≥ 3 months after initial infection.

Table 3 - instead of <5 , I suggest just putting in the actual number.

We have used ' <5 ' to protect anonymity of our survey respondents. This approach was included in our ethics approval.