PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Priority populations' experiences of isolation, quarantine and distancing for COVID-19: protocol for a longitudinal cohort study (Optimise Study)
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VERSION 1 – REVIEW

REVIEWER	Morris, Steph Newcastle University, Population Health Sciences Institute
REVIEW RETURNED	31-Aug-2023

GENERAL COMMENTS	This is a very thorough protocol detailing the substantive methodology for this large scale longitudinal study regarding perceptions and practices of individuals and social networks regarding COVID-19. As this protocol details a study that has largely been completed and results garnered from it, this review details a few comments regarding the justification and introduction that might be helpful in reporting. Firstly, in the introduction, the focus is largely on Australia, with little discussion of how perceptions and practices around COVID-19 could be influenced by broader social networks online and globally. Some brief pointers to this might be valuable. The introduction does not mention that The WHO has now declared that COVID-19 is no longer a pandemic requiring emergency measures. A statement to show how COVID-19 is becoming endemic and the impact of that on policies and people's practices and perceptions would be valuable. The introduction or methods and analysis section would benefit from further justification of the selected high priority groups, those working in care and other working conditions for example, as some of the groups in the table in the methods section (p20) did not have much mention previously. It is stated (on p16) that 26% of people in Victoria speak a language other than English at

	home, yet the languages stated add up to less than 5% of the population. This raises a potential issue of what languages are missing and who is missing from the sample. Are there other groups in addition to Chinese community who are facing stigma in Victoria? Some more clarity around this would be valuable. The discussion (p54) mentions some preliminary data/findings in the second sentence which perhaps should be removed for the purpose of this protocol as these are not discussed in the main part of the article. Overall, this protocol describes in detail the methods for this large scale study which has informed policy in real time throughout the pandemic.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Steph Morris, Newcastle University
Comments to the Author:

This is a very thorough protocol detailing the substantive methodology for this large scale longitudinal study regarding perceptions and practices of individuals and social networks regarding COVID-19. As this protocol details a study that has largely been completed and results garnered from it, this review details a few comments regarding the justification and introduction that might be helpful in reporting.

Firstly, in the introduction, the focus is largely on Australia, with little discussion of how perceptions and practices around COVID-19 could be influenced by broader social networks online and globally. Some brief pointers to this might be valuable.
- We thank the reviewer for this suggestion, we have provided a sentence to this point in main document (pg9).

The introduction does not mention that The WHO has now declared that COVID-19 is no longer a pandemic requiring emergency measures. A statement to show how COVID-19 is becoming endemic and the impact of that on policies and people's practices and perceptions would be valuable.
- We thank the reviewer for this suggestion, we have included a new paragraph that outlines the end of the public health emergency in main document (pg9).

The introduction or methods and analysis section would benefit from further justification of the selected high priority groups, those working in care and other working conditions for example, as some of the groups in the table in the methods section (p20) did not have much mention previously.
- We thank the reviewer for this suggestion, we have updated the introduction to include more detailed description of high-priority groups in main document (pg8-10).

It is stated (on p16) that 26% of people in Victoria speak a language other than English at home, yet the languages stated add up to less than 5% of the population. This raises a potential issue of what languages are missing and who is missing from the sample. Are there other groups in addition to Chinese community who are facing stigma in Victoria? Some more clarity around this would be valuable.

- We have updated the statement in the introduction to clarify that 'Twenty-six per cent speak a language other than English at home, including 3.2% Mandarin, 1.3% Arabic and 0.1% Dinka', see main document (pg8).

We also note in the introduction (pg8) that 'Following early outbreaks of COVID-19 within Victorian African and Chinese communities and widespread media reporting (26), there arose concern about stigma towards these communities and the lack of culturally appropriate information (27).' This informed our decision to recruit Chinese-speaking and Arabic and Dinka-speaking bilingual data collectors to support participants from these backgrounds to participate.

In Table 3 (pg 35) we report data on Language other than English (LOTE) Spoken at home from our sample which was 18.3%, and the top 3 languages which included Arabic (27%), Mandarin (27%) and Hindi/Urdu (9.2%).

The discussion (p54) mentions some preliminary data/findings in the second sentence which perhaps should be removed for the purpose of this protocol as these are not discussed in the main part of the article.
- We have revised the sentence in the discussion (pg 36) to reference baseline recruitment data rather than preliminary data/findings.

Overall, this protocol describes in detail the methods for this large scale study which has informed policy in real time throughout the pandemic.
- We thank the reviewer for their valuable comments.