Vaccine efficacy was estimated by \( 100 \times (1 - IRR) \), where IRR (Incidence Rate Ratio) is the calculated ratio of cases of COVID-19 per 1 person-year of the observation in the vaccinated group to the corresponding illness rate in the unvaccinated group; 95% confidence interval (95% CI) for vaccine efficacy were obtained by the Baptista-Pike
method (on-line calculator 'https://rdrr.io/cran/ORCI/man/BPexact.CI.html' was used). Has this method been validated?

**Authors' response:**
Yes. The referenced was added:

Why did authors choose this instead of titers/nucleocapsid/spike proteins?

**Authors' response:**
The aim of our study was to evaluate the clinical efficacy of vaccination rather than immunological one, which is much more important for practical health care. It is much more important for a doctor to know how much vaccination prevents the development of the disease, its severe form and death from it, than how many antibodies are formed in the patient after vaccination.

Did the study include outpatients? Inpatients? Or both?

**Authors' response:**
It was added in the Method section:
"Both inpatients and outpatients were assessed in the study."

There is no information explicitly discussing this component COVID-19 was detected significantly more often in unvaccinated individuals than in vaccinated ones: this is not new information? What is surprising about it? What makes these results worth publishing?

**Authors' response:**
That it also works in patients with cirrhosis who have a compromised immune system and are more susceptible to severe COVID-19.

"Severe COVID-19 was detected in 50.0% of unvaccinated patients infected with the coronavirus and in none of vaccinated patient" This is also expected, nothing new here either

**Authors' response:**
That it also works in patients with cirrhosis who have a compromised immune system and are more susceptible to severe COVID-19.

Results: Table 2 and 3 presents only the unadjusted analysis. Results need to be adjusted for comorbidities that are known to increase the risk of mortality in these patients (Age, DM, CKD, VTE, etc). Unadjusted analysis is not performed and it would not be wise to draw any conclusions without adjusted analysis (adj odds ratio).

**Authors' response:**
The adjusted analysis was shown in Table 3.

Reviewer #2:
**Scientific Quality:** Grade C (Good)
**Language Quality:** Grade B (Minor language polishing)
**Conclusion:** Accept (General priority)
**Specific Comments to Authors:** Good work
**Authors' response:** Thank you for your appreciation of our manuscript.

Reviewer #3:
**Scientific Quality:** Grade D (Fair)
**Language Quality:** Grade B (Minor language polishing)
**Conclusion:** Accept (General priority)
**Specific Comments to Authors:** Nil
**Authors' response:** Thank you for your appreciation of our manuscript.