Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection

Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Delanerolle et al.

PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 72809

Title: Mental Health Impact of the Middle-East-Respiratory-Syndrome, Severe-Acute-Respiratory-Syndrome, and Covid-19: A Comparative Systematic Review and Meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05470236

Position: Editorial Board

Academic degree: MBBS, MD, MM, PhD

Professional title: Associate Professor, Deputy Director

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-10-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-21 14:14

Reviewer performed review: 2021-11-23 15:50

Review time: 2 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection

Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

SARS-CoV, MERS-CoV and SARS-CoV-2 were   3 pathogenic pandemics impacted the global population over the last few decades.   This study analysed the prevalence of some mental health outcomes to the outbreaks of MERS, SARS-CoV and SARS-CoV-2 and compared the prevalence of the participants and the prevalence of different occupational groups and age groups. In terms of mental illness like anxiety, depression and PTSD, the prevalence of depression (33.65% with 95%CI: 22.02%-51.42%) and PTSD (35.97% with 95%CI: 29.6%-43.72%) is higher during MERS, while the prevalence of anxiety (33.16% with 95%CI: 25.99%-34.5%) is higher during SARS-CoV-2. Patients and healthcare workers are the first and second most likely groups to suffer from mental health problem. Young people are more likely to be caught up in depressive and anxiety emotions than old people.   In comparison to MERS and SARS-CoV, it is evident SAR-CoV-2 has an ongoing mental health impact with emphasis on depression, anxiety and PTSD. The limited of this   results   is having a high heterogeneity for depression, anxiety and PTSD in   different studys that could be due to differences in the reporting criteria and assessment tools used, geographical location and the difference in study designs which had differing data collection time points.

PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 72809

Title: Mental Health Impact of the Middle-East-Respiratory-Syndrome, Severe-Acute-Respiratory-Syndrome, and Covid-19: A Comparative Systematic Review and Meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05824934

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Singapore

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-10-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-19 01:10

Reviewer performed review: 2021-11-25 00:15

Review time: 5 Days and 23 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection

Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This systematic review and meta-analysis presents a comprehensive evaluation about the negative impact of pandemics caused by coronaviruses on the mental health (MH) across healthcare professionals, patients and the general public.   Such study is very important and timely, and should be published if the authors are willing to make the following minor revisions. The following typos and grammatical errors should be corrected: 1)   The name and acronym for healthcare professionals (HCPs) should be unified throughout the manuscript (for example: on page 2, line 57, it is HCPs; on page 13, line 418, it is changed to healthcare workers; on page 20, line 638, it is GCWs) 2)

Page 3, line 108, "it is vital to understand the coronavirus family is vital to develop…" should be "it is vital to understand the coronavirus family for the development of …" 3)

Page 3, line 110, "2003" should be "2003 Severe acute respiratory syndrome (SARS)-associated coronavirus (SARS-CoV)"; "(MERS-CoV), which Coronavirus is a family of …" should be "(MERS-CoV) are a family of …" 4)   Page 3, line 114, "adult" should be "acute"; 5)   Page 3, line 115-116, "… was the first outbreak because of these coronaviruses was first identified in 2012." Should be "… was the first outbreak. Coronaviruses were first identified in 1968. [1]" 6) Page 4, line 122, "effected" should be "affected"; line 129, "SARS-CovV-2" should be "SARS-CoV-2" 7)   Page 4, line 141, "ITU" should be "ICU"; line 144, "Severe SARS-CoV-2" should be "severe COVID-19 disease"

All literatures included in the Figures and Tables of the manuscript with detailed data cited from these literatures should be included as references for the easy check and verification of data by the readers. Beside the global rolling out of vaccination, the

negative impact of this COVID-19 pandemic on mental health will be greatly relieved if a better understanding about infectious diseases can be communicated to the HCPs, patients, and the public in general. Basically, every one of us needs to get the knowledge that the real problem of this pandemic is not the SARS-CoV-2 viral infection, but the overnutrition state in the patients of severe cases of COVID-19 disease [2]. In talking about infectious diseases, it would be better if we distinguish infections from diseases. Infection is the presence of pathogen, which is not a sufficient condition for disease. [3] Like most of the other viral and bacterial infections, the SARS-COV-2 viral infection is self-limiting [4], due to the strong innate immune response (necrosis or necroptosis - an inflammation-inducing cell self-destruction) inside every human being [5] to destroy the infected cells as well as the virus particles in the infected cell. This inflammation-inducing cell self-destruction is a powerful immune response to stop the viral infection and to initiate tissue regeneration. Therefore, most of the COVID-19 cases are asymptomatic or very mild. Most of the common diseases are the overreaction of the strong and violent immune response, as Sir William Osler stated more than 100 years ago: "Except on few occasions, the patient appears to die from the body's response to infection rather than from it. Sir William Osler (1904)". [6] As the human immune system also plays a virtual role in nutrition acquisition from the degradation of viral damaged epithelial cells, the transient nutrition surge coupled with the overnutrition state in some patients with obesity or metabolic syndromes may contribute to lipotoxicity and damage in non-adipose tissues, triggering hyperinflammation and cytokine storms observed in severe cases of COVID-19 [2]. So the SARS-CoV-2 viral infection is only the trigger, not the real cause for the severe cases of COVID-19 disease. A lot of reported evidences shows that severe cases of COVID-19 are autoimmune disorder caused by overnutrition and expressed in the form of hyperinflammation [7,8].

References: 1. Virology: Coronaviruses. Nature. 1968;220(5168):650. DOI:

10.1038/220650b0. 2. Al Kassaa I, El Omari S, Abbas N, Papon N, Drider D, Kassem II, et al. (2021) High association of COVID-19 severity with poor gut health score in Lebanese patients. PLoS ONE 16(10): e0258913. DOI: 10.1371/journal.pone.0258913 3.

Humphries DL, Scott ME, Vermund SH (2021) Pathways linking nutritional status and infectious disease: causal and conceptual frameworks. In: Nutrition and infectious diseases, Shifting the Clinical Paradigm (eds DL Humphries, ME Scott, SH Vermund), pp. 3–22. Cham, Switzerland: Humana. DOI: 10.1007/978-3-030-56913-6_1 4. Zhu CC, Zhu J (2021) The effect of self-limiting on the prevention and control of the diffuse COVID-19 epidemic with delayed and temporal-spatial heterogeneous. BMC Infect Dis 21, 1145. DOI: 10.1186/s12879-021-06670-y 5. Nailwal, H., Chan, F.KM. Necroptosis in anti-viral inflammation. Cell Death Differ 26, 4–13 (2019). DOI: 10.1038/s41418-018-0172-x 6. Dobson GP, Biros E, Letson HL and Morris JL (2021) Living in a Hostile World: Inflammation, New Drug Development, and Coronavirus. Front. Immunol. 11:610131. DOI: 10.3389/fimmu.2020.610131 7. Icenogle T (2020) COVID-19: Infection or Autoimmunity. Front. Immunol. 11:2055. doi: 10.3389/fimmu.2020.02055 8. Halpert G, Yehuda Shoenfeld Y (2020) SARS-CoV-2, the autoimmune virus. Autoimmunity Reviews 19(12):102695. DOI: 10.1016/j.autrev.2020.102695.

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection

Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. I am confused with the sentences presented in the Methods in Abstract, please reshape. 2. Please add references to paragraph 1, 2 and 3. 3. protocol was "peer reviewed"? it should be published in journals. 4. Please provide all searches in Appendix files as required by PRISMA. 5. Please provide a good-look chart. 6. "The authors have read the STROBE Statement", why not "PRISMA"? moreover, please use PRISMA-2020.