

Review of: "Demographic and Clinical Characteristics of Refugee Children Utilizing Healthcare Services of Türkiye (2021-2022): A Single-Centre Study"

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Potential competing interests: No potential competing interests to declare.

I read with interest the manuscript of Gözde Ercan and colleagues on data from medical records of refugee children who had visited the *University of Health Sciences Sancaktepe Training and Research Hospital* Istanbul.

The manuscript is well-written and has interesting information on a population often disregarded in published studies.

I have a few comments/requests which I hope are constructive and might improve the paper.

Abstract: Results. There are very few results here. I would expand this part by adding a few of them. If the abstract is too long, I would delete the first phrase of Background.

Introduction: The Introduction is quite long. As there are no data on developmental delay in this manuscript, I would delete this part in the Introduction. I would also delete the lines on CDC guidelines. These could be reported in the discussion, but only if the authors feel it is important to discuss which part of the guidelines was followed in this study.

Methods:

COVID-19: Was this ascertained in all the patients or in a substantial part of the patients in the ED? If yes, please state in which percentage of the patients COVID-19 infection was ascertained and how. If, instead, COVID-19 was ascertained in a low proportion of the patients (< 50%), I would suggest dropping information on COVID-19 infections through the manuscript (methods, results, discussion, abstract, etc.). I understand there are no data on COVID-19 in refugees, but if information was not collected in the majority of patients admitted, these data are biased. Furthermore, the COVID-19 "problem" is hopefully over.

"Also collected was the diet, including breastfeeding and supplementary foods, the presence of consanguineous..": I haven't read in the results data on supplementary food, and I wouldn't therefore cite these in the methods. Vice versa, data on consanguineous are reported also in the results, but without any comment, and I would delete information both in the methods and in the results: if not collected on all the patients studied, I feel it is not interesting.

Results

I would delete from the text information on age and sex, which are reported already in tables.

"Outpatients service": Evaluation of laboratory results showed that blood tests were available for some patients, but not

all. Please state in the results for how many patients these were available.

Table 1: "Most common diagnosis at admission": I suspect these are diagnosis s at discharge not at admission! I would therefore write: "most common diagnosis of the child admitted to ED". If these, instead are diagnosis "at admission", please clarify.

Table 2: "Most common presenting conditions of refugee children **by age** each admission on emergency department and outpatient clinics". I can't see the results by age in this table.

Table 3: "laboratory parameters". Please report in the table or below the table if numbers are median or mean values and which are the numbers in brackets.

Figure 1. I would delete the figure. It is not more informative than table 3 and as for the different scale of vit B12 does not allow to appreciate the mean values of the other laboratory parameters.

Discussion

Please summarize the main results of this manuscript at the beginning of Discussion.

"Remarkably, low 25-hydroxyvitamin D levels ($<20\mu\text{g/l}$) were noticed in all age groups and significant differences were found in Vitamin D levels between age groups with the lowest levels in children older than 10 years": I think that the most important result is that vitamin D levels were very low in all age groups, and that Vitamin D prophylaxis should not therefore recommended only for children older than 10 years! If this is a prophylaxis should be recommended before. If you agree please change the text in the discussion accordingly.

Key points

Please modify the key point on vitamin D deficiency and consequently prophylaxis according to the request above.

"Many hospitals are not adequately prepared for providing urgent and emergency care to refugee children and young people. Therefore, increased effort for international collaborations and consensus on standards of care are needed between relevant policymakers and medical scientific bodies". This is not a key point of this paper. However as it is an important point you can leave it; Nonetheless I would delete the part on "international collaboration": which has nothing to do in my opinion with this paper.