

In This work, Sandybayev and colleagues have presented the data to provide information regarding prevalence of non-COVID RTI in Kazakhstan during the period of low COVID transmission. I am appreciating the concept of the study. In Methodology, Authors provided the technical reasoning for each technique they have used. I found this article is very informative to public health guidelines for management of RTI. This important contribution will be very suitable for publication once the following concerns are addressed.

Major:

1. The authors as they have mentioned the study is performed with very limitations which includes the crucial points for the study. Mostly the no.of patients for the study which is the most important criteria to delineate the prevalence or dynamic of RTI. Authors failed to explain why they have the patient number limited to 50 out of 1791 patients with COVID negative PCR results (Lane 169).
2. As this study depends on the dynamics of non COVID-RTI infections more background literature is required about the prevalence of the Viruses.

Minor:

3. Lane 115: Catalogue number for Multiplex PCR kit is missing.
4. Results and Discussion: Authors did not mention about the Primers and probe sets used in Multiplex kit. If they mention that it will be helpful to see the results
5. Multiplex Detection limits of the test are not mentioned.
6. In this study, Authors have identified the other viruses which cause RTI.
7. Line 203-208: As authors have the only information (data) for other RTI Viruses like HRV-A and HPIV during the certain period of time so it's not really valid to discuss the points mentioned.
8. Table 1: Why there are only HPiv and HRV ct values. Authors did not mentioned other viruses values described in lane 115-120.
9. Draft needs to be arranged properly.
10. More References are required in the entire draft mainly in the results and discussion section.

