DearEditors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Iodine Nutritional Status after the Implementation of the New Iodized Salt Concentration Standard in Zhejiang Province, China (Manuscript Number: 2020010636125692). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked using the track changes mode. The main corrections in the paper and the responds to the reviewer’s comments are as flowing:

Responds to the reviewer’s comments:

Response to Editors:
1. We have invited a native English speaker reviews our manuscript.

Responds to the reviewer’s comments:
1. We have improved the writing in this vision.
2. We have checked the figures in the manuscript and tables.

Responds to the reviewer’s comments:

Abstract:
1. We have revised the abstract according to reviewer’s suggestion.
2. We have added the numbers of participants in the methods section of abstract.
3. We have revised the conclusions section of the abstract, and try to interpret the significant differences between year 2011 and 2013 for urban residents.
4. We have revised the conclusions section of the abstract to confirm that the new policy for adjusting the standard salt iodine concentration is effective.
Discussion:

1. According to reviewer’s suggestion, we have revised the discussion to make it clear that our results supported the government’s decision to reduce the standard salt iodine concentration.

Our results indicated the median urinary iodine concentration of children aged 8-10 years was 174.3µg/L in the survey of year 2013, which was significantly lower than that of year 2011 with median urinary iodine concentration 237.1µg/L. According to the criteria from WHO/UNICEF/ICCIDD 2007 for assessing iodine nutrition [14], the median urinary iodine concentration of children aged 8-10 years in year 2011 was in the interval of more than adequate (200-299µg/L), suggesting that people could have the risk of iodine-induced hyperthyroidism. Iodine nutrition status of people was adequate after the adjustment of iodized salt concentration in year 2012. The median urinary iodine concentration of children aged 8-10 years in the survey of year 2013 falls between 100-199µg/L suggesting that they were in optimal iodine status, suggesting that government’s decision to reduce the standard salt iodine concentration was a successful policy. In fact, China has made 5 adjustments since the implementation of universal salt iodization. The adjustments were based on the result of iodine nutritional status of people by surveillance which was carried out every two years. Based on the recent surveillance results and risk assessment, the government decided to reduce the standard iodine concentration in 2012. So maintaining USI at an appropriate level is an important part of preventing IDD's and could have important impact on maintaining optimal iodine nutritional status of people.

1. In fact, China has made 3 adjustments since the implementation of universal salt iodization. The adjustments were based on the result of iodine nutritional status of people by surveillance which was carried out every two years. Based on the recent surveillance results and risk assessment, the government decided to reduce the standard iodine concentration in 2012.

2. We have corrected typos and careless mistakes on the manuscript, and we have improved the writing in this vision.

We are very sorry for our negligence in preparing the manuscript and we have made corrections on the manuscript. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely,
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