Reviewer's report

Title: How French physicians manage with a future change in the primary vaccination of infants against diphtheria, tetanus, pertussis and poliomyelitis? A qualitative study with focus groups.

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Reviewer: Annunziata Faustini

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COMMENTS TO THE AUTHORS

Major Compulsory Revisions

The research question of the study is not clearly defined. The title suggests that the aim of the paper is to assess the strategies physicians would take to increase acceptability of the changes to be introduced in primary vaccination. However, though the focus group involved physicians, the discussion is mostly oriented to parents' acceptability and many suggestions are addressed to a direct intervention by health authorities.

Whether the authors want to study parent's role in improving vaccination coverage or if they want to understand the role of physicians in increasing adherence should be more clearly stated, and consistently supported by the methodological choices, as discussed below.

A brief introduction explaining who sets the vaccination schedules (especially for the primary vaccination, which coverage threshold is essential), who gives the primary vaccines and who is charged for vaccination in France could help in better understanding the study design and execution.

Even the definition of the changes to be introduced to the primary vaccination schedule is unclearly stated. For both possible contexts of the study (parents acceptability or doctors’ rule in managing changes), the nature of these changes is very important: reducing the doses of one vaccination gives rise to doubts on its efficacy; introducing a new vaccination gives rise to doubts on safety, efficacy and costs (both in terms of physicians’ performances and in terms of parents’ expense. Finally, even which vaccine has to be introduced could influence parent’s acceptability as well as physician performances, according to how harmful the disease is perceived to be and to the possible side effects. In the background, the authors maintained that vaccinations, such as pertussis or measles, were yet to be introduced, but pertussis should already be given with DT-IPV as indicated in the title; in addiction a few topics discussed in the focus groups deal with vaccines against meningitis. However acceptable a qualitative assessment of vaccination changes could be, a qualitative definition of the research question would be unacceptable.

About the methods the authors adopted, I think that removing the obstacles to
getting the most efficacious results in immunization campaigns is important, but once the rationale of the vaccination changes have been clearly defined (in terms of health), and the highest coverage have been warranted by an intervention programme and an enhanced surveillance of the disease. This aspect could not have been neglected in Pasteur’s country, but nothing has been reported in the background about the problems that emerged in previous experiences in that country. This aspect is important here because it conditions the added value that qualitative analyses could contribute. I am wondering which improvement could get this qualitative approach in a national context where primary vaccination coverage is as high or higher as 98% (WHO data). Then, a detailed goal in terms of health should be reported in the introduction to complete the background, to specify the aim of this study, but also to allow a better assessment of the method’s adequacy.

I have further comments on the methodological aspects.

- If the topic is the parents’ acceptability, why does the focus groups involve physicians? In contrast, if topic is the physician's performance, I am afraid that good scientific information and a discussion with the involved categories could be more efficacious.

- The method comes from the marketing field, whose aim is to state if a well-characterised group of people is the best target for a given product. In social-health research, the method has been used in fields such as psychiatry or physiotherapy, where the cooperation of patients involved with a specific intervention is very important, or in population screening with low coverage, to remove access problems. Similarly, in the vaccination field, the method could be useful for vaccines aimed at patients or population groups particularly at risk for specific complications. In contrast, the primary vaccination is quite a different field, since it deals with the whole population, and results depend often on the most difficult and unwilling fringe groups, to which vaccination programmes should pay more attention. The authors should better justify why they used this method in the context of a primary vaccination campaign, in a country where coverage is as high as 98%.

- The characteristics of the selected people involved in the groups, particularly the accuracy in assuring a balanced representation of such different traits, such as gender, age, work setting (rural, city) are not clear, since they contrast, in my opinion, with the philosophy of this method oriented to identify homogeneous groups; on the other hand this balance cannot assure better representativeness, due to the very low numbers and the voluntary adhesion to the groups. Groups stratified by different characteristics would have been more satisfactory.

The authors admitted that the study has certain limitations, but ascribed them to not yet having analysed the observational data (i.e. non-verbal behaviour of the participants, I suppose in the focus groups). This is a negligible aspect.

The conclusions are not supported by the results.

**Level of interest:** An article whose findings are important to those with closely
related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests