Author's response to reviews

Title: Epidemiological Characteristics of Varicella from 2000 to 2008 and the Impact of Nationwide Immunization in Taiwan

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Author's response to reviews: see over
Dear Editor

We are very much honored to have the chance to revise our manuscript for BMC Infectious Diseases and greatly appreciate for the invaluable suggestions and comments from you and the reviewers.

In this revised manuscript, we went over the comments point by point and sincerely made all the changes according to the suggestions to improve our article, and also underlined all changes made when revising the manuscript to make it easier for the Editor to review on our manuscript. Here, we provide our responses and what we have changed according to the comments in this letter.

Thank you for your consideration and sincere assistance.

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Reviewers' comments and response:

****Reviewer 1

The paper illustrate an interesting point as the universal mass vaccination against varicella is now practiced or proposed in many countries.

- Major Compulsory Revisions
Authors cite the recent paper of Lian e al (citation Nr 11), that present the same argument and similar data even if with a different approach; they should discuss the results of this paper in order to demonstrate the value added by their study.
Response: we discussed this issue in page 14 as the following “Lian et al also found that the incidence in early launch areas was significantly lower that the other areas in Taiwan [11]. Our study additionally reported the seasonality, varicella-related hospitalization and complications from 2000 to 2008 in Taiwan. Moreover, our data in this study is nationwide rather than the selected sample size like that of Lian et al’s study”.

- Minor Essential Revisions
Background
pag 5, line 5. Author should state they will use both terms: varicella and chickenpox in the paper; this is particularly important when they describe ICD-9-CM codes (Definition, pag 8).
Response: we state that we use both terms: varicella and chickenpox in the paper.

I think that some data about the dimension of the population could be useful.
Response: some data about the dimension of the population was added.

Methods

pag 7 Vaccination was already described in background and is not properly a method of this study
Response: we delete this part.

pag 8 Definitions ICD-9-CM: see above
Response: we state that we use both terms in definition ICD-9-CM.

pag 9: line 11. Is there a meaning for defining seasons in this strange way?
Response: we deleted this part.

Results

Age distribution, pag 11. Fig 2A can be omitted and the data described. Are there cases in people older than 19? In Taiwan are persons up to 20 years of age regarded as children?
Response: We think Fig 2A can let us have a overview of all the years, so we would like to keep it. In Taiwan, persons up to 20 years of age are regarded as children or adolescents.

Age-specific annual incidence pag 12. It would be interesting to have all years (also 2001-2003) or why not to use 2003, a highly endemic years, for comparison?
Response: Thank you for your suggestion. We revised the results and Figure 3 to include 2000-2003 for the pre-immunization years.
Hospitalization, pag 12 the same comment for Figure 4 (and not 3 as written in the paper)
Response: We revised the results and figure 4 to include 2000-2003 for the pre-immunization years, too.

****Reviewer 2
This is a nice paper describing the impact of varicella vaccination in Taiwan, since its universal program in 2004.
- Minor Essential Revisions
Figure 1, title of the Y axis should be provided
Response: The title of the Y axis in Figure 1, was added.

Figure 3, For the prevaccination period only data from 2000 is given, and there is a very important decrease in the number of cases in 2004, which cannot be explained by the vaccination program. I would recommend to present a mean of the data of 2000-2003 in case there will be annual variations in the incidence before the vaccine was scheduled. In case that the mean incidence 2000-2003 were as high as the 2000 incidence, authors should explain their interpretation for this important decrease in 2004, when only one cohort of 1 yoa toddlers were vaccinated. Following this comment, authors discuss (page 15) that annual incidence in school children was similar before and after mass immunization, which is not what is depicted in figure 3, where for the 4 yoa children the incidence halved from 2000 to 2004.
Response: Thank you very much for your recommendation. We revised the results, Figures 3 and 4 to present a mean of the data of 2000-2003 for the prevaccination period.
In discussion (Page 15), “annual incidence in school children was similar before and after mass immunization” was revised to “the annual incidence of children beyond 7 years of age was similar before and after mass immunization.”