In this paper, McGarry and colleagues estimated and compared the potential clinical and economic effects of pediatric vaccination with the 13-valent Pneumococcal Conjugate Vaccine (PCV13) versus the 7-valent Pneumococcal Conjugate Vaccine (PCV7) in a normal influenza season and in a pandemic similar to 2009-2010 A/H1N1. For this purpose, Authors updated a decision-analytic model, estimated from published sources, that they had previously used to assess the impact of pediatric PCV7 vaccination versus a policy of no vaccination in the context of an annual influenza epidemic and of a pandemic of 1918 severity.

Effectiveness of PCV13, assessed considering both direct and indirect (herd) effects of the PCV immunization campaign, was extrapolated from PCV7 data available in the literature, using assumptions of serotype prevalence and PCV13 protection offered by the 6 additional serotypes. The overall proportion of flu deaths with bacterial co-infections and the increased risk of death due to the presence of co-morbidities were also estimated. Pneumococcal morbidity and mortality together with total healthcare costs were evaluated over a 1-year horizon. Results suggest that, had PCV13 vaccination been implemented prior to the recent 2009-2010 A/H1N1 pandemic, the protection provided would have prevented more than 3,500 deaths and saved $1.0 billion, confirming that vaccination against Streptococcus pneumoniae
can be considered as an important strategy to reduce the burden of influenza. The paper is fluent and well-focused. Despite the facts that (i) most of the data used come from the US and (ii) a large number of assumptions and estimates were used in the model, possibly preventing the chance to extrapolate the results to other settings and populations, the decision-analytic model used in the study is well-constructed and the data inserted in it are appropriate and strong. Furthermore, all the methodological limitations inherent in the study design have been well addressed by the Authors themselves in the section Discussion.

Findings reported in the present investigation are of great scientific interest and public health value and could contribute to the knowledge on the preventive strategies to be improved for reaching a better control over influenza than the actual.

Major Compulsory Revisions
None.

Minor Essential Revisions
Page 3. Line 16 from the top; “...., albeit not nearly as many as observed during the 1918 pandemic.”, please delete this sentence or make appropriate comment with respect to the current availability of antivirals, antibiotics and intensive care for the management of the patients affected with influenza and associated complications.

Section Discussion. Since the lethal synergism of the co-infection influenza and Streptococcus pneumoniae is based on the sequence viral infection followed by bacterial pneumonia, and not the contrary, please, highlight that influenza vaccination remains the main tool to control the significant burden of influenza both during seasonal epidemics and in the case of a pandemic.

Section References.

Note 7. Please remove “Sep 27”
Note 10. Please remove “Nov 3”
Note 21. Please remove “Epub 2010 Sep. 28”
Note 24. Please remove “Jan 1”
Note 31. Please remove “Epub 2010 Sep. 28”
Note 37. Please remove “Feb”
Note 38. Please remove “Dec”
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

Paolo Durando participated at speaker’s bureaus and advisory board meetings sponsored by GSK, Novartis Vaccines, Pfizer and Sanofi Pasteur MSD. He has received research funding for clinical trials, as principal and/or co-investigators, from Crucell Berna, GSK, Novartis Vaccines, Pfizer, Sanofi Pasteur MSD and Wyeth Lederle.

No other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.