Reviewer's report

Title: Congenital Rubella Syndrome in Iran

Version: 3 Date: 14 February 2005

Reviewer: Rebecca R Prevots

Reviewer's report:

General

This is an important study which provides data relevant to national and international rubella vaccination policy, and as such should be published.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) Rubella vaccination: The author should state in the background that rubella vaccination has not been officially introduced in Iran. However, it is of interest that 20% of the controls were vaccinated, which suggests that rubella vaccine is available in Iran and some people are getting their children vaccinated. Because rubella vaccination can generate rubella antibodies, the authors should state explicity how vaccination status was ascertained among cases and controls and that vaccinated children were excluded. This description should be part of the methods.

2) Control selection- were controls (or their mothers) potentially different in any way with respect to their potential exposure to rubella virus? Why were they in surgery- were these otherwise healthy children?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) In intro- Sensorineural hearing loss- for CRS, this does not have late onset, but rather has late diagnosis.

2) Authors need to update some of their references. There has been much written on CRS and rubella since 1996.

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Discretionary Revisions (which the author can choose to ignore)

1) p 9: “If... the epidemiology of rubella in Tehran... similar to that in other areas of Iran”- rubella epidemiology tends to be different in urban vs. rural areas, with longer interepidemic intervals in rural areas. Suggest authors consider this in their discussion.

2) Re: rate of rubella immunity in childbearing women: for children ages 1-4 in 1996, the relevant issue would be rubella immunity among woman who were giving birth between 1991 and 1995. Are there any relevant data to further support the fact that the years in question were not epidemic years?

3) Are there other studies which have used these methods to look at attributable risk of CRS among deaf children?

4) High coverage (rather than just “appropriate surveillance sx”) is critical following intro of rubella vaccine. Authors should note this is discussion.
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.