Reviewer's report

Title: Prevalence of cervical infection with HPV type 16 and 18 in Vietnam: Implication for vaccine campaign

Version: 3 Date: 11 January 2013

Reviewer: Julio Teixeira

Minor Essential Revisions
The authors responded to many comments from reviewers and made several changes to the text. With this, the text is a bit fragmented. It would be interesting to mount a reassessment of the same, for a more continuous flow of thought.

1. If the goal is to provide information to predict possible impact of mass vaccination in Vietnam to prevent cervical cancer, showing that there is a significant proportion of cancers caused by HPV not covered by available vaccines, it would be interesting to have the information of the composition of HPVs present in cervical Cancer in Vietnam. The absence of this information is part of the justification for this work to provide information, even in a sample of women over 30 years old and married, which may be included in the discussion.

2. Some misspellings and typing: need a detailed review.

Introduction
Lack of reference about bivalent vaccine (GSK). There are even references confirming the cross-protection against other types (HPV 45, 31, 33, 51), adding protection, even partially and for a time indefinite.


"HPV58 and HPV45 Also common were high risk type in Vietnam and the current available vaccines protect against Those not the type."


Approved ages for the two vaccines should be reversed because the right is:
Bivalent -> 10-25 years
Quadrivalent -> 9-26 years

Results
Fig 2: Suggested order for the bars:
From bottom to top -> Only HPV 16/18; 16/16 + HR others types; others HR types; HPV-LR.

Table 2:
The primary focus is Cancer and HPV vaccines: HPV 11 (LR risk) in tab 2 is disturbing the visual analysis of the prevalence distribution by HR-HPV (Changed the HPV 16 position in two cities). Removing HPV11, the HPV 16/18 are the two most prevalent in all 5 cities. Important point to be discussed, because the vaccines work against them.
Perhaps the HPV 11 has distributed more prevalent in a particular population, the younger, which could explain the higher proportion of LR HPV in the same two cities (HCM, Hue - Fig 2). If the authors deem important to keep the data of LR-HPV, suggest checking the differences in age of participants per city studied and the possible relationship, and argue this point.

Discussion
"However, the sample size of women with abnormal Pap smear was not sufficient enough to examine the distribution of HPV 16 and / or 18 among cancer cases."

About which cases of cancer refers this phrase? Please clarify.

Other recent studies have shown that two doses of the bivalent vaccine has the same profile of immune response when applied in girls, namely, maintaining enhanced protection demonstrated in studies with three doses, which greatly facilitate the logistics and costs for a massive immunization. Point that could be raised in the discussion, as the authors put economic hardship, cultural and logistics for a population vaccination.

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 am conducting clinical trials Phase II, III and IV about HPV vaccine from GSK since year 2000 at State University of Campinas (UNICAMP), Brazil.