Author's response to reviews

Title: Impact of the Introduction of Pneumococcal Conjugate Vaccine on Immunization Coverage Among Infants

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Author's response to reviews: see over
Dear Dr. Moylan:

Thank you for your review and consideration of our manuscript, “Impact of the Introduction of Pneumococcal Conjugate Vaccine on Immunization Coverage Among Infants” (MS 1283885339736012). We are pleased to submit a revised manuscript in response to the initial review, and have detailed our responses to the specific comments below.

1) On p 15 the authors state that the demographic characteristics of the study population were unlikely to have changed dramatically during the time of the study. However, because changes in coverage of insurance plans could have a big effect on the study population, the authors may wish to clarify that no such changes occurred.

   We have clarified in the text (p.15) that information on certain demographic factors (e.g., race/ethnicity, socioeconomic status) was not routinely collected across these settings, and we were unable to directly assess the effects of these characteristics in the analysis. However, in comparing birth cohorts across the study period, only those characteristics whose distribution in the study population changed concurrently with the introduction of PCV could act as potential confounders. No major changes in the coverage plans offered by these health plans occurred at the time of PCV introduction, and we therefore would not expect the demographic characteristics of the enrolled populations in these provider groups to have changed dramatically concurrent with introduction of the new PCV policy.

2) The authors state that the study population comprised privately insured children with good access to health care and the results are thus not generalizable. However, the authors may wish to note that evaluation of the introduction of IPV in WIC populations also found similar results—no impact of the addition of another injection.

   We have incorporated this suggestion into the text (p.15-16), which now reads as follows: “While children in the study population are thus likely to have higher overall immunization coverage than might be expected for the general population, comparison across similarly restricted birth cohorts remains valid to evaluate the potential impact of the introduction of PCV. In addition, earlier evaluations of the impact of the transition from oral polio vaccine to inactivated (injected) polio vaccine have yielded similar findings of a lack of an adverse
effect on immunization coverage among children enrolled in managed care populations [11] and among children receiving vaccinations in public clinics[25]."

Please do not hesitate to contact me via email at nlin@stanford.edu or phone at 650-723-1163 with any questions or additional comments. Thank you again for your time and consideration.

Sincerely,

Nancy Lin, MSc, ScD