Reviewer’s report

Title: The epidemiology and surveillance response to pandemic influenza A (H1N1) among local health departments in the San Francisco Bay Area

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Reviewer: Michael Stoto

Reviewer’s report:

This paper uses sound qualitative research methods to describe and analyze the local public health response to 2009 H1N1 in the San Francisco Bay Area. The authors are correct that little is known – at least in a formal sense – about how local public health systems function, especially in an emergency, and this paper makes an important contribution to our understanding of these functions and raises some important issues. The study highlights the benefits of prior planning and preparedness activities on organizational response and communication during an infectious disease emergency, and the paper’s documentation of the importance of regional coordination and cooperation is an especially important contribution.

Major Compulsory Revisions

However, although the paper surfaces some local practitioners’ concerns about existing plans and procedures such as laboratory capacity and coordination with schools regarding surveillance, other deeper issues are not addressed. For instance, with regard to epidemiology and surveillance, the paper does not ask whether the effort described actually contributed to a better understanding of the local situation or improve the response in some way. More generally, given the impact of the H1N1 response on the LHD’s ability to activate for measles and other issues, one might ask whether the H1N1 effort really worth it?

Similarly, with respect to the ICS discussion, a more probing analysis would consider whether any of the variants were more effective than others either with respect to the H1N1 response or maintaining continuity of operations. Also, the discussion about placing epidemiologists in the ICS suggests some confusion about their role. If it is to help understand what is going on locally, assignment to the Planning Section makes sense. If the epidemiologists task is simply to do what’s required by others such as CDPH or CDC in terms of tracing cases, and so on, assignment to the Operations Section is appropriate.

In their discussion of epidemiologic data for situational awareness, the authors report that hospital, demographic, and lab data were more useful, but it would be useful to know in what sense this is true. In other words, what were these data useful for in the local setting? In addition, the responses focus on difficulties in obtaining data of various sorts, but aside from one comment on clinical data, there is no evaluation of accuracy or usefulness of different kinds of data.
Beyond the challenges of obtaining school absenteeism data, one wonders about their validity and might question whether it is really worth the effort to get these data.

Similarly, with respect to laboratory capacity, the paper surfaces but doesn’t really consider the tension between diagnostic testing and surveillance needs. Did it really make sense to use public health lab capacity to test specimens when the results weren’t necessary to determine optimal care for most individual patients?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.