Author's response to reviews

Title: Prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group: a review

Authors:

Masja Straetemans (StraetemansM@rki.de)
Udo Buchholz (BuchholzU@rki.de)
Sabine Reiter (ReiterS@rki.de)
Walter Haas (HaasW@rki.de)
Gerard Krause (KrauseG@rki.de)

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Author's response to reviews: see over
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Editor

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Dear Editor,

We are submitting our revised manuscript titled, “Prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group: a review” for consideration for publication as a research article in your journal.

Please find below our response to the comments of the reviewers

**Reviewer Chloe Sellwood**

**Minor essential revisions**

1) *Pg 12, line 15:* ‘Only six countries (BG, CA, DE, DK, IE, UK, US)...’ there are seven countries listed in the parentheses

We have checked our data and the listed countries are correct, therefore we changed the text (page 12) to ‘seven countries’

2) *Pg 13, line 10:* ‘...six further countries (25%) (BG, CA, EE, IE, IS)...’ there are only five countries listed in the parentheses

We have checked our data and the number of countries should be five. We have changed this in the text (results page 13; discussion page 17)

6) *Pg 13, lines 5 and 10:* six countries = 19% in line 5, while six countries = 25% on line 10. Which is correct bearing in mind the point above? The five countries listed equate to 16% of the total 31; 25% of 31 is 7.75 countries... this needs to be checked and clarified prior to publication

We indeed made a failure. The denominator is 31 countries therefore the 5 countries (5/31) refer to 16%. We have changed this on page 13

**Discretionary revisions**

Expect for nr 13 which refers to a sentence as quoted in an email, we have addressed all discretionary revisions.

**Reviewer Isabelle Bonmarin**

**Minor essential revisions**

1) *As most of the countries has established priority group, it should be better to give the name of the 4 countries that did not to make the reading easier (page 8)*

We have changed the text accordingly (page 8).

2) *Same comment for rationales for priorization (page 11)*

We have changed the text accordingly (page 11).
3) - "HCW as vaccine priority group" said twice on page 9 try to synthetise the 2 first paragraph of the page 9
We have left out one complete sentence and changed part of another sentence to reduce the words in these paragraphs.

4) - Ferguson and German assume the start of the vaccination 2 months after the beginning of the pandemic. Longini assumes that it starts before!! It does not suit with what is expecting with the vaccine production and I think that you should moderate your conclusion regarding children vaccination, even if I really think that MOH should have a better look on the modelling studies' results.

We agree with Dr. Bonmarin that we should not be partial to any priority group, since the purpose of the paper is just to describe what countries have said in their pandemic plans, but we have compared this with other sources in the literature. Our conclusion does not contain any statement, i.e. support or recommendation, regarding the vaccination of children. We simply suggest that “results of modelling exercises may and perhaps should play an increasing role in vaccine prioritization”. We say this because we believe that until now modelling does not seem to be much of a factor in establishing vaccine priority strategies. Although there may be good reasons for keeping priority groups as they are we point out in the discussion that there are apparent discrepancies between WHO recommendations as well as the low priority given to children on one hand (results from our review) and published results from modelling studies. This statement is further supported by references.

5) - Which association were you expecting from population size and priority groups : as there is no information on the vaccine orders or availability, do you really think that a country may know how many people they will be able to vaccine ?

Our analyses regarding population size and establishment of vaccine priority groups were explorative analyses, not based on a priori hypothesis. To avoid having too many details we have left out in the discussion this specific paragraph on page 15.

6) It should help to better clarify your key message : acceptability, feasibility, updating the prioritization according to the new knowledge (including modelling) and flexibility (because a lot of uncertainty). You have 10 sentences on the first message, 5 on the second, 1 and 3 on the 3rd and 4th one when I think that they are much more equally important

We agree with the author that the aspects acceptability, feasibility, updating according to new knowledge and flexibility are of equal importance. In our conclusion we have devoted 5 sentences (10 lines) to the aspect of acceptability; 3 sentences (5 lines) to the aspect of feasibility, and 3 sentences (5 lines) to the need to build in flexibility. We consider the need to be flexible as a requirement to be able to update new knowledge based on either pre-pandemic modelling or information arising during the pandemic. The appearing imbalance in our conclusion, reflected in devoting 5 sentences to the aspect of flexibility, is because the importance of the first key message could be directly drawn from the results of our review study results while the other key messages were not specifically addressed in our review. As they are of importance we have briefly addressed them in the conclusion of this review.
We hope we have been able to revise the letter and addressed the comments of both reviewers to their and your satisfaction.

Sincerely,

Gérard Krause, MD, PhD
Robert Koch-Institute
Department of Infectious Disease Epidemiology
Seestrasse 10, 13352 Berlin, Germany
Phone: +49 (0) 30 18754 3404
Fax: +49 (0) 30 18754 3533
Email: krauseg@rki.de