Dear Editor,

Thank you for considering our manuscript entitled “Trends in the Types and Quality of Childhood Immunisation Research Output from Africa 1970-2010: Mapping the Evidence Base” for publication in your journal.

Please see responses to comments from the Editor:

Why restricting databases to search to those in the manuscript? - PubMed is one of the most widely used and quoted databases, therefore appropriate for trying to obtain a representative picture of publication output. Africa-wide includes additional African journals that are not necessarily indexed in PubMed, which allowed us to capture additional studies from Africa published in local journals. Due to our limited capacity we had to limit our search to two databases as they both had very large outputs.

Why including articles only in English? - studies were limited to those published in English only as we did not have the capacity or funds to include studies published in other languages. This is mentioned as one of the limitations.

Why including only published articles? - While grey literature would provide additional information, we felt this could constitute a separate review/analysis. Again, this would require additional funds and staff to carry out.

Why the time frame to include articles? - The time frame was selected to cover the time period from a few years just before EPI was established in 1974 to 2010 (due to the time the study was conceptualized and database searches done in 2011). This time period gives a picture of the progression of childhood immunisation output with time since EPI was established.
Why standard quality assessment tools have not been used (instead of IF)? - Given the very large number of studies included in this review (and variation), using quality assessment tools to assess each individual study was not feasible. The review aimed to give a broad picture of immunisation research output on the continent, and assess quality using journal impact factors as a proxy for quality.

How was the distinction between clinical and operational research done? - As stated in the manuscript studies were classified as either ‘Clinical Research’ if they were clinical trials phase one to four; burden of disease/epidemiology; other clinical studies; or ‘Operational Research’ if the studies addressed programme management; policy; or vaccine financing.

Fully discuss the implications of those limitations, in the discussion – the above mentioned issues have been addressed in the Discussion section.

A considerable part of the discussion are findings and should reported there – some findings were removed from the discussion section. However, some specific findings are mentioned in order to highlight specific points in the discussion.

Include list of included studies. - list of studies included is too large to include in a table >800 studies!

Include list of excluded studies and reasons for exclusion - list of excluded studies too large to include in a table > 4500 studies!

Recommendations for Research and Policy have been included as part of the discussion on page 14.

All changes have been made using track-changes in the main document that has been submitted.

I hope you find these corrections in order.

Kind regards,

Shingai Machingiadze
Research Coordinator