Reviewer's report

Title: Yellow fever control in Cameroon: where are we now and where are we going?

Version: 1 Date: 2 November 2007

Reviewer: Douglas MacPherson

Reviewer's report:

General
Structured Reviewer Response:

1. Is the question posed by the authors new and well defined?
Yes. Integrated vaccine-preventable disease control programs in endemic zones with infrastructure challenges can provide useful lessons for program design and implementation for other diseases in other situations. This paper focuses on the outcomes.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Yes. Suggestion: rather than just cite the WHO case definitions it would be valuable to state the definitions used during the study period.

Some description on how the educational and training component of the surveillance strategy was developed and implemented would be valuable as this contributes to the evaluation of program design and implementation; which included the vaccine (control through prevention and outbreak) public health response. Clearly, the sensitivity of suspect clinical case surveillance increased during the study period with larger numbers of cases referred for conformation and fewer being positive for yellow fever IgM antibodies. Some allusion to the difficulties of maintaining control of diseases with increasingly rare outcomes was made, but the sustainability of prevention and control strategies with competing social requirements could be more strongly stated.

3. Are the data sound and well controlled?
Yes. Descriptive public health program and epidemiology methodology was used vs. a case control design, which would have required non-surveillance case matched controls tested for IgM antibodies. Not required in this program design.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes.

6. Do the title and abstract accurately convey what has been found?
Yes.

7. Is the writing acceptable?
Yes

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) None.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

General comments:

1. Nicely presented – congratulations to the program designers/implementers and authors

2. Clarify that the mosquito vector is intermediary in the urban “human-human” cycle and the rural “monkey-monkey” cycle with inadvertent human insertion into that cycle.

3. Variance between YF and measles up-take is presented without direction. Was YF vaccine acceptance ever higher than measles? What are the implications for interpreting this variance when both routine childhood immunization and outbreak vaccination strategies are used?

4. How did the “flaccid paralysis” surveillance design contribute to the integrity of the YF and measles vaccination programs aside from using the same teams? For example: augmented training, educational attainment within the program assessments, evaluation of team compliance/knowledge management

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Discretionary Revisions (which the author can choose to ignore)

**Which journal?:** Appropriate or potentially appropriate for BMC Medicine: an article of importance in its field

**What next?:** Accept for publication in BMC Medicine after minor essential revisions

**Quality of written English:** Acceptable

**Statistical review:** No
Declaration of competing interests:

‘I declare that I have no competing interests’ Douglas W. MacPherson