Reviewer’s report

Title: Implementation of a national school-based Human Papillomavirus (HPV) vaccine campaign in Fiji: knowledge, acceptability and information needs of parents

Version: 2 Date: 10 August 2015

Reviewer: Joel Ladner

Reviewer’s report:

Overall Comments

In the context of the nationwide HPV vaccine implementation in Fiji, a potential interesting study on description of parents experience and satisfaction with the vaccination, but with limited results and strong methodological limits.

Major Compulsory Revisions

The definition of satisfaction is crude and not operational. Despite the absence of definition regarding “parents satisfaction” presented in the section methods, I understand that satisfaction is a binary variable “yes or not”. Because satisfaction measure is a key point of the paper, other approaches of satisfaction should have been be used (e.g. using a 4 or 5 points Lickert scale, etc.). Similarly, there is the same main methodological difficulty with the definition of “access to sufficient” information”.

The representativeness of the results remains a critical key point. Only 52% of the parents agreed to participate in the study. I suppose and the results demonstrate this fact, that satisfaction level is very high in the included population, but this bias generates important methodological limitations and generalization of the results. Unfortunately, this key limitation is not discussed. In addition, this point could potentially impact the sample size calculation and is certainly a major selection bias.

The number of information collected and tested in the paper remains low and insufficient (education level of parents, household income, region in the Fiji). Other interesting information, actually public health challenging, were not collected (e.g. Key sensitization messages, girl follow-up strategies role of communities, Community involvement actions, etc.)

References are old, less or equal 2012/2013. Many articles were published in 2014 and 2015, and must be cited in the paper, especially about HPV vaccination programs implementation and vaccine acceptability in low and middle-income countries (Peru, Brazil, Cameroon, Kenya, Lesotho, etc.). In addition, references are not presented according to the international standards.

Statistical tests used in univariate analysis are not presented in the section methods.

Vaccine acceptance was defined as self-reported of consent. This approach
generates certainly a miss-classification (vaccine acceptance is usually defined as vaccination performed).

Minor Essential Revisions
Educational level presented in univariate analysis in table 3 (p value=0.22) is certainly a potential confounding factor and should be introduced (at least tested) in multivariate analysis.

In the variable “access to sufficient” information”, responses “no” could be not pooled with the responses “don’t know”. “No” and “don’t know” definitions are different.

Table 2 and figure 2 are not useful.

The limitations of the study in the discussion must be reinforced.

In the table 3, age seems to be presented as a mean, it is impossible to calculate crude odds ratio for mean values.

In table 3 (univariate analysis) the variable “access to sufficient information” (table 4, multivariate analysis) is “satisfied with access to information”: “access to information” or “satisfied with access”? There is gap between the interpretation of these two approaches.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests