



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_24051
Title of the Manuscript:	Comparison of Two Survey Methods based on Response Distribution of Pediatricians in India: Mail versus Telephone
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Interesting subject. Indeed, there are some modifications to be taken into consideration concerning: 1. Concerning title: I suggest to replace the title by: - Comparison of Two Survey Methods based on Response Distribution regarding Pediatricians attitudes, and practices associated with vaccines in India: Mail versus Telephone. OR - Comparison of Two Survey Methods based on Response Distribution of Pediatricians regarding immunization for children in India: Mail versus Telephone. 2. Concerning methods - How the sample size was calculated? - How was the consent obtained from the participants? 3. Concerning results: Please put: - Descriptive statistics (%, and 95% confidence interval) for each question / method of administration - Data concerning the demographic, and professional characteristics of respondents: gender, age....	1. We have changed the title to the reviewer's second option. The title now reads "Comparison of Two Survey Methods based on Response Distribution of Pediatricians regarding immunization for children in India: Mail versus Telephone." 2. a. Sample size was calculated by using a list provided by the IAP, we divides members into five strata: 1) Bihar; 2) UP; 3) low-performing states; 4) mid-performing states; 5) high-performing states. Low-, mid- and high-performing states will be defined on the basis of UNICEF coverage estimates. From each strata we will select a simple random sample of IAP members (N=275 from UP; N=230 from Bihar; N=85 from low-performing states; N=125 from the middle-performing states; N=85 from the high-performing states) for a total sample of 800 IAP members. Assuming a 50% response rate, this sampling scheme allowed us to estimate true population proportions with an error of $\pm 10\%$ on a national level.



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	- N (%) of missing data concerning the items. 3. Please put references for the following paragraphs: -249-258 -262-269.	b. This study did not require documentation of consent but verbal consent was taken for the phone interviews and receipt of the survey through the mail was considered consent for the mail survey. We have included this information under 2.2 Survey Procedures, lines 113-116. 3. a. We have added the Ns and % for each item by survey mode, please see all new tables b. Unfortunately this type on information on members is not collect by IAP and therefore not available to us. We included this as a limitation in our study. c. We have added a column to tables 1-3 providing the missing for each item. For tables 4 and 5, since it was a 'check all that apply' question, missing's cannot be calculated because the lack of a check does not mean one skipped that answer option, just that they did not think it was applicable. 4. References for a. 249-258: We have added references to these lines. b. 262-269: We are not clear where we need to add reference. These line numbers discuss findings and interpretation of this study
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Minor REVISION comments	1. Concerning Table 4: please define the abbreviations as notes under the table. 2. It is not necessary to put title for the paragraph 5 (integrate this paragraph into the discussion paragraph). 3. Please review the numeration of paragraphs : 4. DISCUSSION 5. STRENGTHS AND LIMITATIONS OF THE STUDY 4. CONCLUSIONS	1. We have added the following to Table 4 to clarify abbreviations, "ASHA: Accredited Social Health Activist; PHC: Primary Health Center; GPs: General practitioners; ANM: Auxiliary Nurse Midwife" 2. We have incorporated #5 Strengths and Limitations of the Study into #4 Discussion section. 3. We have fixed the numeration so that Conclusions is now #5,
Optional/General comments	Most references are not recent: > 10 years?! Please update some references	We have added several more recent references, including ref #s 10, 11, 22, 32, 35.