

Review of: "Determinant of Vaccination Status among Children Under Five years in Mattu Town, Oromia Regional State, Ethiopia"

Mihai Craiu¹

¹ Carol Davila University of Medicine and Pharmacy

Potential competing interests: No potential competing interests to declare.

Very important subject in a post-COVID19 pandemic context. Global decrease of vaccine coverage in various age groups was recently documented and several warning outbreaks of vaccine-preventable diseases were reported in 2022-2023 according to UNICEF. Nearly one million children in Europe and Central Asia missed entirely or partially routine immunization during COVID19 pandemic. And such a phenomenon had a worrisome outcome, with an impressive increase of measles cases [UNICEF Press release 14th December 2023 - www.unicef.org/press-releases/measles-cases-europe-and-central-asia-skyrocket-3000-cent-year-compared-last].

So current research could have provided some valuable insights vaccination determinants. Unfortunately most of the present paper is focused on the statistical and mathematical rigor (Material and Methods section is exceeding by far Discussion section) and is actually not examining modifiable behavioural or perception patterns in parents of these 118 children.

Introduction section is too large for present paper. First paragraph can be deleted entirely because it brings no added value to present research, being just a layout of common sense data.

There is not a clear description of inclusion or exclusion [if any?!] of questionnaires in current study. How were parents approached? When, not in a temporal perspective [it is clearly stated that study was deployed from January to March 2020]? During a healthy visit in a Primary care office? Or it was an active, in-house, research performed by field operators (seems to be the case from Acknowledgements section)?

Parents received a request to fill-in the answers or it was an interview? Because of the 13.6% of illiterate parents it seems reasonable the interview scenario, but it needs a clarification. How was obtained written informed consent in this last scenario? Was there an incentivisation technique used in order to have these 118 results?

Discussion section must be rewritten entirely because it brings no context of current findings. Authors should present here (not in the very large Introduction section) results from other studies in order to elaborate on potential discrepancies or similarities of findings. A solid Discussion section can briefly introduce some elements of current level of knowledge in context of present study and, eventually, to speculate on the rate and speed of observed changes, compared with older papers from same country [references 3 and 7].

Strengths and limitations should be more precisely documented, not just a simple statement in the last paragraph of discussion section.

Conclusion section in actual structure is just a revisiting of results. Authors can provide some valuable take-home messages in this section, like ... vaccine education should be presented to these rather young and unprivileged group of parents in a cost-efficient approach via Social Media tools [like TikTok short videos, without text, given the 13% illiteracy group] now, when Africa is experiencing a real mobile-phone boom (<https://techweez.com/2023/12/18/mobile-boom-driving-africans-online/>).

References section has to comply to rigorous standards. All references should be presented in a similar format and typographical errors should be addressed (like symbols before names of authors in references 1,2,4,6,8,12,13,17 or small superscript letters in references 3,5,7,9,10,11,14,15,16).

Example - reference 15 should be:

15. Herliana P, Douiri A - Determinants of immunisation coverage of children aged 12–59 months in Indonesia: a cross-sectional study. *BMJ Open* 2017;**7**:e015790. doi: 10.1136/bmjopen-2016-015790