

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Oct 18, 2018
To: "Sonja Ann Rasmussen" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1629

RE: Manuscript Number ONG-18-1629

Influenza and Pregnancy: No Time for Complacency

Dear Dr. Rasmussen:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 08, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

This is a current commentary on influenza vaccination, its relatively low rate of uptake in pregnancy, and some historical context that makes continuing to push towards 100% utilization important. Ways in which this paper could be improved include:

1. Lines 32-34: What are the total numbers? I think actual deaths would be important rather than just percentages
2. Lines 42-45: Why is the hyperlink embedded in the text? Is this the reference?
3. Line 51: Why is the hyperlink embedded in the text? Is this the reference?
4. Lines 56-57: Why is this data no longer available? I would elaborate on the reasons
5. Lines 70-71: What were the rates of effectiveness? How does this compare to other years. I think this data would be helpful to better counsel patients.
6. Line 87: Why is the hyperlink embedded in the text? Is this the reference?
7. Lines 87-90: I would elaborate here. What are the rates of effectiveness? What are the best methods? What are the best strategies moving forward?

REVIEWER #2:

This is a well written editorial citing the evidence in support of influenza vaccination for pregnant women and noting concerns over static and/or falling immunization rates which have never reached coverage of much over 50% in the US pregnancy population. I have no concerns over the manuscript as it stands. My only comment is its total US focus, which risks complacency in non-US readers of the journal, where low immunisation rates are also a problem (all the UK nations report similar, low, rates). It might also benefit from inclusion of examples of nations and/or centers which have succeeded in achieving high immunisation rates to demonstrate that high rates are achievable.

REVIEWER #3:

Thank you for the opportunity to review the commentary, "Influenza and Pregnancy: No Time for Complacency". The authors advocate for improving influenza immunization rates by reviewing past outbreak of influenza and dangers of influenza for pregnant women. The commentary reviews the 2009 influenza pandemic and the emphasis placed on pregnant women obtaining the vaccination. The authors point out that since the big jump in vaccinations in 2009, flu vaccinations have plateaued or even decreased despite last year's dangerous flu season. The commentary encourages the reader to remain vigilant to the dangers of flu and to encourage vaccination in pregnant women.

The message in the commentary is a timely one as influenza season begins. The message is an important one for the obstetrician - gynecologist readers of the Green Journal. I recommend this commentary for publication.

I have a few minor suggestions prior to publication:

1. Is first person plural used for commentaries? I found the use of "us" and "we" at times confusing- does "us/we" refer to US citizens, all health care providers or just Ob-gyns? I suggest defining we/us through the commentary and then using first person plural to add more dramatic effect in the last 2 sentences.

Abstract -

2. Change the first sentence to either present tense - "the 2009 H1N1 pandemic reminds Obstetrician- Gynecologists" or change to "The 2009 H1N1 pandemic demonstrated the severe". Similarly change the last sentence in the abstract to "Obstetrician- Gynecologists" or "Health care providers" must redouble efforts..."

3. Line 46 - Change "last year's" to "The 2017-2018 severe influenza season was"

4. Line 83 - I suggest moving the sentence starting with "Following the 2009..." to a new paragraph. This new paragraph will highlight the actions against the flu that the authors hope that OB -Gyns will undertake.

5. Line 85 - confusing use of "We know" , consider "Research demonstrates.. " I suggest highlighting this statement further by adding one of the statements from the CD literature such as

"Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients. The simple step of recommending the vaccine is in every practitioners' capability and can make a difference."

6. Line 93 Consider referencing the ACOG Influenza Toolkit as a useful way to operationalize influenza vaccination in a busy practice.

7. Line 94 - Make the last 2 sentences more specific, consider changing to " As memories of the 2009 pandemic fade, obstetrician- gynecologists should not become complacent regarding influenza. We must push to implement influenza vaccination strategies that have been shown to work and identify new interventions to improve vaccination rates among pregnant women and their infants. Pregnant women and their babies deserve our best efforts to protect them from influenza."

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more

information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

6. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 08, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

RE: Manuscript Number ONG-18-1629

Influenza and Pregnancy: No Time for Complacency

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics and Gynecology

Dear Dr. Chescheir:

Thank you for allowing us to respond to the helpful comments from reviewers and from the editorial office. Our responses to these comments are below. In addition, we have attached a clean and Track Changes version of our manuscript to make it easier to see the changes that we have made.

Please don't hesitate to let us know if you have further concerns or comments.

Best regards,

Sonja A. Rasmussen, MD, MS
Professor
University of Florida College of Medicine

REVIEWER #1:

This is a current commentary on influenza vaccination, its relatively low rate of uptake in pregnancy, and some historical context that makes continuing to push towards 100% utilization important. Ways in which this paper could be improved include:

1. Lines 32-34: What are the total numbers? I think actual deaths would be important rather than just percentages.

Response: Thank you for your comment. The number of deaths reported to CDC has been shown to be an underestimate, requiring mathematical models to estimate the true burden of disease (see paper by Shrestha SS et al., Clin Infect Dis 52 (Suppl 1):S75-82, 2011), and a model to estimate the number of deaths among pregnant women has not been developed. In addition, the percent is relevant here – we want to emphasize that this study showed that pregnant women made up a disproportionate number of deaths in the 2009 pandemic. We have added a clause to emphasize this point: “Based on data from the United States, pregnant women had a disproportionately high mortality rate during the 2009 H1N1 pandemic. . .”

2. Lines 42-45: Why is the hyperlink embedded in the text? Is this the reference?

Response: We have replaced this table from the CDC website with a paper in the peer-reviewed literature.

3. Line 51: Why is the hyperlink embedded in the text? Is this the reference?

Response: We have added a reference to the CDC website

4. Lines 56-57: Why is this data no longer available? I would elaborate on the reasons

Response: We have noted here that influenza-associated mortality among pregnant women is not a national notifiable condition.

5. Lines 70-71: What were the rates of effectiveness? How does this compare to other years. I think this data would be helpful to better counsel patients.

Response: We have added the vaccine effectiveness estimate for the 2017-2018 season (40%) to the sentence. We added information on how this compares to other years in the next paragraph, where we believe it fits better.

6. Line 87: Why is the hyperlink embedded in the text? Is this the reference?

Response: Final 2017-2018 influenza season vaccination coverage data among pregnant women have been published since we submitted our commentary – a reference to this publication has been added.

7. Lines 87-90: I would elaborate here. What are the rates of effectiveness? What are the best methods? What are the best strategies moving forward?

Response: We have added information here on data from the systematic review by Bisset, as well as information on the ACOG immunization toolkits. The rates of effectiveness vary widely depending on the studies performed, so we have focused on those found to show statistically significant improvement, according to Bisset's systematic review. In addition, we have noted the need for new strategies to be identified and tested (see second to the last sentence of the paper).

REVIEWER #2:

This is a well written editorial citing the evidence in support of influenza vaccination for pregnant women and noting concerns over static and/or falling immunization rates which have never reached coverage of much over 50% in the US pregnancy population. I have no concerns over the manuscript as it stands. My only comment is its total US focus, which risks complacency in non-US readers of the journal, where low immunisation rates are also a problem (all the UK nations report similar, low, rates). It might also benefit from inclusion of examples of nations and/or centers which have succeeded in achieving high immunisation rates to demonstrate that high rates are achievable.

Response: Thank you for this comment. We have added data on vaccination coverage among pregnant women in England, noting that this is similar to what has been seen in the United States, and on data from South Korea, which has been even lower. We are unaware of countries or centers that have been able to achieve high rates.

REVIEWER #3:

Thank you for the opportunity to review the commentary, "Influenza and Pregnancy: No Time for Complacency". The authors advocate for improving influenza immunization rates by reviewing past outbreak of influenza and dangers of influenza for pregnant women. The commentary reviews the 2009 influenza pandemic and the emphasis placed on pregnant women obtaining the vaccination. The

authors point out that since the big jump in vaccinations in 2009, flu vaccinations have plateaued or even decreased despite last year's dangerous flu season. The commentary encourages the reader to remain vigilant to the dangers of flu and to encourage vaccination in pregnant women.

The message in the commentary is a timely one as influenza season begins. The message is an important one for the obstetrician - gynecologist readers of the Green Journal. I recommend this commentary for publication.

I have a few minor suggestions prior to publication:

1. Is first person plural used for commentaries? I found the use of "us" and "we" at times confusing- does "us/we" refer to US citizens, all health care providers or just Ob-gyns? I suggest defining we/us through the commentary and then using first person plural to add more dramatic effect in the last 2 sentences.

Response: To avoid confusion, we have removed all first person plurals ("we" and "us") from the commentary, with the exception of the last paragraph, as recommended.

Abstract -

2. Change the first sentence to either present tense - "the 2009 H1N1 pandemic reminds Obstetrician-Gynecologists" or change to "The 2009 H1N1 pandemic demonstrated the severe". Similarly change the last sentence in the abstract to "Obstetrician- Gynecologists" or "Health care providers" must redouble efforts..."

Response: We have changed the first sentence to "The 2009 H1N1 pandemic demonstrated the severe. . ." We have changed the last sentence in the abstract to "It is imperative for the obstetric community to redouble its efforts. . ."

3. Line 46 - Change "last year's" to "The 2017-2018 severe influenza season was"

Response: We have made this change as recommended.

4. Line 83 - I suggest moving the sentence starting with "Following the 2009..." to a new paragraph. This new paragraph will highlight the actions against the flu that the authors hope that OB -Gyns will undertake.

Response: We have made this change as recommended.

5. Line 85 - confusing use of "We know" , consider "Research demonstrates.. " I suggest highlighting this statement further by adding one of the statements from the CD literature such as

"Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients. The simple step of recommending the vaccine is in every practitioners' capability and can make a difference."

Response: We have made the change to replace "We know" with "Research demonstrates", as recommended. In addition, we have added information from the recent MMWR paper on

recommending, offering, and providing a referral for influenza vaccine. Since recommending the vaccine alone (without offering or providing a referral) was less effective, we thought it would be better to provide the data that support these actions.

6. Line 93 Consider referencing the ACOG Influenza Toolkit as a useful way to operationalize influenza vaccination in a busy practice.

Response: We have added the following sentence to the paper, specifically commenting on the toolkits. "The immunization toolkits developed by the American College of Obstetricians and Gynecologists have been shown to be effective in reducing barriers to offering vaccines and improving vaccine coverage during pregnancy.(29)"

7. Line 94 - Make the last 2 sentences more specific, consider changing to " As memories of the 2009 pandemic fade, obstetrician- gynecologists should not become complacent regarding influenza. We must push to implement influenza vaccination strategies that have been shown to work and identify new interventions to improve vaccination rates among pregnant women and their infants. Pregnant women and their babies deserve our best efforts to protect them from influenza."

Response: We have changed this section to read "As memories of the 2009 pandemic fade, obstetric providers should not become complacent regarding influenza. Providers must implement strategies that have been shown to work. In addition, research to identify and test new strategies to improve influenza vaccination coverage among pregnant women is sorely needed. Pregnant women and their babies deserve our best efforts to protect them from influenza."

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

Response: 1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

2. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A515&d=DwlGaQ&c=pZJPUDQ3SB9JplYbifm4nt2IEVG5pWx2KikqINpWIZM&r=e9WkSE7v7AUxKZnEa3tyHQ&m=nzKFprHUSFm2DWFp2j9k56kRlko0ifQqoBKGjAEXm8&s=cANmW9FKoHYt0jQYphcdbvylI7Aqo84eJ-EDtT_7rrc&e=, and the gynecology data definitions are available at https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A935&d=DwlGaQ&c=pZJPUDQ3SB9JplYbifm4nt2IEVG5pWx2KikqINpWIZM&r=

[e9WkSE7v7AUxKZnEa3tyHQ&m=nzKFprHUSFm2DWFP2j9k56kRIkfo0ifQqoBKGjAEXm8&s= jeqC6ZoRIPc08nF9h629MMpWzi3xxj22Bkl2UijXMI&e=.](https://doi.org/10.1093/ajcp/29.1.1)

Response: Standard definitions have been used.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

Response: The paper is within the length restriction for Current Commentary articles.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.

- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Response: No financial support has been received for this commentary. This work has not been presented previously.

5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

Response: A short title has been added.

6. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

Response: A precis has been added.

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

Response: Abstract is 176 words (within word count limits).

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=pZJPUDQ3SB9JplYbifm4nt2IEVG5pWx2KikqINpWIZM&r=e9WkSE7v7AUxKZnEa3tyHQ&m=nzKFprHUSFm2DWFP2j9k56kRlkfo0ifQqoBKGiAEXm8&s=4cek94eOXh0gBMMwwE_FLa-O1j7rVhEPlj0NqldP8CQ&e=. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Response: No abbreviations are used in our Commentary.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Response: The virgule symbol has not been used in our Commentary.

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications

page at https://urldefense.proofpoint.com/v2/url?u=http-3A_www.acog.org_Resources-2DAnd-2DPublications&d=DwlGaQ&c=pZJPUDQ3SB9JplYbifm4nt2IEVG5pWx2KikqINpWIZM&r=e9WkSE7v7AUxKZnEa3tyHQ&m=nzKFprHUSFm2DWFP2j9k56kRlkfo0ifQqoBKGiAEXm8&s=s7WDFIUwyxRbkbGo2-emyFFFEkzwAVS7eHTZNftgqLE&e=.

Response: The most recent versions of ACOG documents have been cited.

Daniel Mosier

From: Rasmussen, Sonja A [REDACTED]
Sent: Thursday, October 25, 2018 10:03 AM
To: Daniel Mosier
Subject: RE: Manuscript Revisions: ONG-18-1629R1
Attachments: 18-1629R1 ms (10-23-18v1)_sar with Figure Legend with Box.docx; Figure_influenza and pregnancy commentary.pptx

Thanks, Daniel, for the helpful suggestions. We have now incorporated a box, in addition to the commentary. The latest version is attached.

We appreciate all your help!

Sonja

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Wednesday, October 24, 2018 3:52 PM
To: Rasmussen, Sonja A [REDACTED]
Subject: RE: Manuscript Revisions: ONG-18-1629R1

Yes, Dr. Rouse is okay with including both the box and the figure.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Rasmussen, Sonja A [REDACTED]
Sent: Wednesday, October 24, 2018 3:40 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Subject: RE: Manuscript Revisions: ONG-18-1629R1

So to clarify, we could include a box with the information from the systematic review AND the figure with information from the CDC internet panel study? If so, I'll work on adding the box.

Thanks so much!

Sonja

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Wednesday, October 24, 2018 3:38 PM
To: Rasmussen, Sonja A [REDACTED]
Subject: RE: Manuscript Revisions: ONG-18-1629R1

Dr. Rasmussen,

Thank you for the very quick reply. I forwarded your new figure to the editor assigned to your manuscript. While he does appreciate the figure and think that it is well-made (and would be willing to include it in the final paper), he thinks that the information would best be compiled into a box.

Dr. Rouse is of the opinion that, in the original version of your manuscript, the information in that paragraph was essentially buried in the middle of your text. He believes that it should stand out from the rest of your paper, and that a box would be the best way to accomplish that. For the box, he recommends listing the strategies out in a bulleted list.

Please let us know if you have any questions or concerns.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Rasmussen, Sonja A [REDACTED]
Sent: Wednesday, October 24, 2018 1:02 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Cc: 'Jamieson, Denise Jean' [REDACTED]
Subject: RE: Manuscript Revisions: ONG-18-1629R1

Daniel,

We decided that the best choice would be to add a figure to summarize the data requested by the editor – the table ended up being pretty complex, whereas the Figure tells the story quickly. The latest version with Track Changes is attached.

Please don't hesitate to let me know if there is anything else that we need to do.

Best regards,
Sonja

Sonja A. Rasmussen, MD, MS
[REDACTED]

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, October 23, 2018 2:00 PM
To: Rasmussen, Sonja A [REDACTED]
Subject: RE: Manuscript Revisions: ONG-18-1629R1

Dr. Rasmussen,

Yes, the correct version was attached, and those were the only changes that the editors made.

Please let us know if you have any other questions or concerns.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Rasmussen, Sonja A [REDACTED]
Sent: Tuesday, October 23, 2018 1:54 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Cc: 'Jamieson, Denise Jean' [REDACTED]
Subject: RE: Manuscript Revisions: ONG-18-1629R1

I wonder if somehow an older version got attached? The only change that I can see is an addition of Financial Disclosure information and a sentence about authorship. Is there another version with more revisions?

Thanks!

Sonja

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, October 23, 2018 1:22 PM
To: Rasmussen, Sonja A [REDACTED]
Subject: Manuscript Revisions: ONG-18-1629R1

Dear Dr. Rasmussen,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. The editor on your manuscript asks that you move the following information from the text to a box or table:

“Among women who received a recommendation but no offer, those who reported receiving a referral to get vaccinated elsewhere were more likely to be vaccinated (47.9%) than those who reported receiving a recommendation but no referral (30.1%). Other strategies that have been shown to result in statistically significant improvements in vaccination coverage, based on a systematic review,¹² include adding alerts to medical records to remind clinical staff to offer vaccination, implementing standing orders for vaccination, and providing education and information to patients and healthcare staff including information on the safety of influenza vaccination and on the benefits of vaccination during pregnancy to infants.²⁵ “

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the “Accept all Changes” function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Thursday, October 25th**.

Please let us know if you have any questions or concerns.

Sincerely,
-Daniel Mosier

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From: [REDACTED]
To: [Stephanie Casway](#)
Subject: RE: O&G Figure Revision: 18-1629
Date: Wednesday, October 24, 2018 3:44:47 PM

These look great – thank you for sending to me for review.

Sonja

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Wednesday, October 24, 2018 3:37 PM
To: Rasmussen, Sonja A [REDACTED]
Subject: O&G Figure Revision: 18-1629

Good Afternoon Dr. Rasmussen,

Your figure has been edited, and PDFs of the figure and legend are attached for your review. Please review the figure and legend CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Friday, 10/26. Thank you for your help.

Best wishes,

Stephanie Casway, MA
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