

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Current tools available for investigating vaccine hesitancy: a scoping review protocol
<b>AUTHORS</b>	Oduwole, Elizabeth; Pienaar, Elizabeth; Mahomed, Hassan; Wiysonge, Charles

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Arindam Ray Bill & Melinda Gates Foundation
<b>REVIEW RETURNED</b>	12-Aug-2019

<b>GENERAL COMMENTS</b>	<p>1. Authors should also consider using additional search phrases- "vaccine avoidance", "vaccination avoidance""vaccine resistance", "vaccination resistance", "immunization avoidance", "immunization resistance", "vaccine waiver", "mandatory vaccination" (Table 1, Section #1, Line 26 - 33, Page 11)</p> <p>2. Authors need to elaborate on translation and interpretation protocol if they like to include all articles "irrespective of language" (Line 53, Page 11)</p> <p>3. Authors need to remove ambiguity whether they should do consultation exercise. On line 46, page 9- they have said that they will not do it, while lines 16 -17, page 13, they have indicated that they may do it.</p> <p>4. Authors may present a schematic layout of PRISMA and data charting form</p>
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<b>REVIEWER</b>	Robert A. Bednarczyk Emory University Rollins School of Public Health
<b>REVIEW RETURNED</b>	03-Oct-2019

<b>GENERAL COMMENTS</b>	<p>This is a well-developed protocol for a scoping review to look at tools available for studying vaccine hesitancy. There are a few small clarifications that should be made:</p> <p>1. Vaccine hesitance and vaccine confidence are often used interchangeably as complements of each other, but this is not always a 1:1 fit. In one of the measures of vaccine hesitance, confidence is identified as a key component (5 C model). However, there should be some discussion around the differences of between confidence and hesitance, and how they fit together. This is particularly important as some of the search terms include confidence and some of the initial mentions of scales are more confidence based. A good resource for this is the US NAtional Vaccine Advisory Committee Vaccine Confidence Working Group report, which looks at domains of confidence.</p> <p>2. In the search terms, there should be some reference to specific measures, such as "index" or "scale" to round out the search options</p>
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	<p>a bit</p> <p>3. For the inclusion criteria, will there be any criteria related to population of interest, age group, etc. and related stratification of findings by this (e.g. scales specific to parents of young children versus general scales versus scales targeted to other specific populations).</p> <p>4. In stage 4 and stage 5, what type of comparisons will be evaluated - will there be looks at heterogeneity around specific vaccines (e.g. does a scale work well for one vaccine but not another) or age groups/populations?</p>
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**VERSION 1 – AUTHOR RESPONSE**

<b>Comments</b>	<b>Response</b>
<p>Reviewer 1 (Arindam Ray)</p> <ol style="list-style-type: none"> <li>1. Authors should also consider using additional search phrases- "vaccine avoidance", "vaccination avoidance" "vaccine resistance", "vaccination resistance", "immunization avoidance", "immunization resistance", "vaccine waiver", "mandatory vaccination" (Table 1, Section #1, Line 26 - 33, Page 11)</li>   <li>2. Authors need to elaborate on translation and interpretation protocol if they like to include all articles "irrespective of language" (Line 53, Page 11)</li>   <li>3. Authors need to remove ambiguity whether they should do consultation exercise. On line 46, page 9- they have said that they will not do it, while lines 16 -17, page 13, they have indicated that they may do it.</li>   <li>4. Authors may present a schematic layout of PRISMA and data charting form</li> </ol>	<p>The suggested additional search terms have been included. (Please see page 11)</p> <p>We, having considered preliminary results from the title and abstract screening, have decided to only include studies published in English for exigent reasons. Therefore, the phrase "irrespective of language" has been removed from the inclusion criteria, and its converse included in the inclusion criteria. (Please see page 12 paragraphs 2&amp;3)</p> <p>We have agreed not to do the consultation exercise. (Please see page 7 paragraph 3 and page 13 paragraph 4)</p> <p>The draft of schematic layout of the PRISMA has been cited in text and a tentative list of the fields to be completed in the data charting form have been included. (Please see page 12 paragraph 3 and page 13, paragraphs 1&amp;2)</p>
<p>Reviewer 2 (Robert A. Bednarczyk )</p> <ol style="list-style-type: none"> <li>1. Vaccine hesitance and vaccine</li> </ol>	<p>This suggestion is noted and well received and will be elaborated on in the full scoping</p>

Comments	Response
<p>confidence are often used interchangeably as complements of each other, but this is not always a 1:1 fit. In one of the measures of vaccine hesitance, confidence is identified as a key component (5 C model). However, there should be some discussion around the differences of between confidence and hesitance, and how they fit together. This is particularly important as some of the search terms include confidence and some of the initial mentions of scales are more confidence based. A good resource for this is the US National Vaccine Advisory Committee Vaccine Confidence Working Group report, which looks at domains of confidence.</p> <p>2. In the search terms, there should be some reference to specific measures, such as "index" or "scale" to round out the search options a bit</p> <p>3. For the inclusion criteria, will there be any criteria related to population of interest, age group, etc. and related stratification of findings by this (e.g. scales specific to parents of young children versus general scales versus scales targeted to other specific populations).</p> <p>4. In stage 4 and stage 5, what type of comparisons will be evaluated - will there be looks at heterogeneity around specific vaccines (e.g. does a scale work well for one vaccine but not another) or age groups/populations?</p>	<p>review. However, in this protocol, a mention of the relationship between vaccine hesitancy and vaccine confidence has been made, thereby introducing the subject and the suggested resource cited as reference 23 (Please see page 5 paragraph 2 and page 17, reference 23).</p> <p>The suggested additional search terms have been included. (Please see page 12)</p> <p>The inclusion criteria related to population of interest and related demographics has been highlighted, (please see page 12, paragraph 1). However, there will be no stratification of findings by these particular criteria but differences in types of scales will be commented in the discussion section of the final review.</p> <p>In keeping with the aim and objectives of the scoping review, no empirical evaluation of the tools will be conducted Please see page 9 paragraph 2, and page 13 paragraph 3. However, variations in the target groups of the different tools and the types of scales used will be highlighted in the data extraction and discussion sections of the final review.</p>

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Arindam Ray Bill and Melinda Gates Foundation, India
<b>REVIEW RETURNED</b>	09-Nov-2019

<b>GENERAL COMMENTS</b>	This can now go for publication
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<b>REVIEWER</b>	Robert A. Bednarczyk Emory University Rollins School of Public Health, USA
<b>REVIEW RETURNED</b>	29-Oct-2019

<b>GENERAL COMMENTS</b>	All prior comments have been sufficiently addressed.
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