

I was invited to revise the paper entitled "Safety of interchanging the live attenuated MAV/06 strain and vOKA strain varicella vaccines in children". It was a retrospective cohort study aimed to evaluate the interchangeability of two different varicella zoster vaccine strains (MAV/06 and vOKA) for primary and booster immunizations.

The topic is interesting and can improve the knowledge on this field.

→ Thank you for the comments and review.

Despite that, I have several observations:

1) Introduction section was poor and needs improvements;

→ We appreciate this comment. We included the following in the introduction:

Introduction section: "Interchangeability of vaccines is extremely important because previously administered vaccine products may be unknown or may be inaccessible/unavailable. Furthermore, new vaccines and combination vaccines by different manufacturers are continually emerging, which is also another reason vaccine interchangeability is important. Generally, the same manufacturer's product is advised for all doses in a vaccine series, however, the lack of availability of a specific product should not defer or delay immunization. Thus, to be considered interchangeable, 1) vaccines must have the same indications with equally acceptable schedules, 2) should contain comparable type and quantity of antigen, and 3) should have the same safety, reactogenicity, immunogenicity and efficacy profiles [1, 2]."

2) It was presented as a cohort study. How many person/months were observed?

→ Thank you for this question. This was a cohort study of patients of 406 patients that received two doses of the live attenuated varicella vaccine that fit the inclusion criteria during a 36-month period.

However, we are unable to calculate person/months because for each patient, all adverse events up to 42 days were recorded, and further follow up was not reviewed.

3) Statistical analysis was poor. Authors should perform statistical models able to take into account the time of the observation;

→ Again, we appreciate this important comment, however, each patient was only followed up for up to 42 days after the 2nd dose, therefore, statistical models taking into account the time of observation was difficult to perform. The FDA also did not perform such statistical models in their study of adverse events occurring after varicella vaccination ('Postlicensure safety surveillance for varicella vaccine.' *Jama* 2000, 284, (10), 1271-9.).

4) In table 1 more patients characteristics should be reported;

→ Thank you for the suggestion. Because we excluded children with immunocompromising underlying diseases, and all the children were immunized according to the indications for authorized varicella vaccines, we did not consider any other patient characteristics to be important. However, we agree and as advised, we reviewed non-immunocompromising underlying diseases, and included them in Table 1.

5) Discussion section was too poor and need some improvements, comparing also similar studies.

→ Thank you for the recommendation. This is the first study on the interchangeability of two different varicella vaccines, therefore it was impossible to compare similar studies. We included this

in the conclusion. Furthermore, because of the word limit that a brief report has compared to an original study, we were unable to discuss further.

Discussion section: “To conclude, this was the first study conducted to observe any adverse events related to interchanging the vOKA and MAV/06 strain-based vaccines. No safety signals associated with interchanging the MAV/06 and OKA strain live attenuated varicella vaccines were detected in this patient cohort of healthy children. Continuous monitoring of vaccine safety is essential.”