

**Your Submission IJMEDI-D-23-02057**

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on behalf of

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Tue 09/01/2024 22:38

To: Fabiane Raquel Motter <fabiane.motter@hsl.org.br>

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Ref.: Ms. No. **IJMEDI-D-23-02057**

CONSTRUCTION OF THE IMMUNIZATION COMPONENT OF THE BRAZILIAN IPS - (INTERNATIONAL PATIENT SUMMARY): MAPPING OF LOCAL VACCINES TERMINOLOGIES TO SNOMED-IPS

International Journal of Medical Informatics

Dear Dr. Motter,

Thank you for submitting your manuscript to International Journal of Medical Informatics. I regret to inform you that your paper is not acceptable for publication. We have completed the review of your manuscript and a summary is appended below. The reviewers have advised against publication of your manuscript and I must therefore reject it at this time. For your information and guidance, any specific comments explaining why I have reached this decision and those received from reviewers, if available, are listed at the end of this letter.

You have the option of resubmitting a substantially revised version of your paper, which would be considered as a new submission. If you decide to do this, you should refer to the reference number of the current paper and include a cover letter which explains in detail how the paper has been changed or not, in reply to the Editor and Reviewer comments.

Thank you for giving us the opportunity to consider your work.

Kind regards,

Andrew Georgiou

Associate Editor

International Journal of Medical Informatics

Comments from the editors and reviewers:

Reviewer #1: While the work is interesting and relevant, it is not deep enough to justify journal publication, in my opinion. Substantially more is needed. I cannot give the authors guidance. Maybe a proof that this work had impact on patients? Maybe go beyond vaccines? The authors mention snake bite. Are Snakes in the SNOMED? If not, should they be? Of course the decision about accept/reject is made by the editor.

Not me.

Small English corrections:

In general say "in SNOMED" not "on SNOMED."

Also it is SNOMED CT (not SNOMED-CT))

In the Abstract,

is "unscheduled care" the same as "Emergency Room Care"?

subscription as Brazil => subscription, such as Brazil,

last line: an additional challenge (not and...)

Always a blank space before [ bracket (e.g. reactions [2])

pg 3: Brazil sends it antivenoms to other countries

(just started its sending...) => (who just started to send ... to RNDS)

pg 5: There is an extra "5" after (5)

pg. 6: wrong font right above 4. Discussion

vaccines Citizens => A . is missing

after the vaccines administration => ... vaccine's ....

Reviewer #2: The submission

CONSTRUCTION OF THE IMMUNIZATION COMPONENT OF THE BRAZILIAN IPS - (INTERNATIONAL PATIENT SUMMARY): MAPPING OF LOCAL VACCINE TERMINOLOGIES TO SNOMED-IPS

describes the attempt to map the list of Brazilian Immunobiologics to SNOMED CT International Patient Summary version and to SNOMED CT Core version. Mapping projects using a worldwide renown terminology are of general interest because they provide arguments for clinical domain experts to use SNOMED CT for their domain. This submission is therefore interesting to the Medical Informatics community.

However, there are some major and minor concerns.

Major concerns:

- 1) The title is not precise enough. The mapping also concerns SNOMED CT Core and it includes not only immunization components but also antivenoms. Being no specialist in this area, it would be good for a reader like me to learn about the difference between the two and if antivenoms also fall under the category of vaccines (immunization components).
- 2) It is surprising that there are only 103 respectively 90 items in the National Immunization Program. Could you kindly list all of them in the appendix. You can mark whether an item is on the IPS and / or Core or none of them at all.
- 3) Obviously, you are using pre-coordinated terms, have you ever considered using post-coordination to improve the result. Please explain and also mention this in the limitations.
- 4) From comparison with the literature on other SNOMED CT mappings, you should be able to explain if the result you achieved is good or bad. Please expand on the comparison.
- 5) For an international reader (IJMI is an international journal) it would be very interesting to

embed your motivation for mapping the terminologies in the overall eHealth situation in Brazil. What kind of digital infrastructure is there and what applications (e.g. e-prescription) are available. What is the status of the IPS or a Brazilian version of the IPS in your country? Is it already established or is it emerging? Please refer to adoption rates - recent ones if possible and compared to other countries in South America and worldwide. This is of greater interest than to know how many and what substances are produced in Brazil.

6) Based on a clear description of the motivation for this study, mentioning research questions would be very helpful.

7) There are several redundancies and paragraphs that should be moved to the introduction. In particular, this concerns the paragraphs "Brazil has one of the most successful vaccination programs in the world and certainly one of the largest immunization registries - today with more than 1.4 billions records and growing since we are now vaccinating for COVID boosters and influenza. The data was sent to the RNDs automatically from the provider administering the vaccines Citizens can verify their immunization records via a mobile application a few days after the vaccines administration." Please also use references to underpin your statements.

8) More references are needed. See above.

#### Minor Issues

1) Please check the spelling and the grammar.

2) "RNDs is the national platform for innovation and health services." What is meant by innovation?

3) A diagram (similar to a PRISMA diagram) showing how many items went into the next analysis step would help the reader to better understand the flow of the analysis.

4) Include a section on the limitations.

5) Please use the term IPS refset when referring to the terms available through the IPS.

6) Delete the paragraph of the Discussion "By having a patient summary in the international standard we will be able to provide for Brazilian citizens the capability to share their relevant health data no matter where they will be in the country or abroad. SNOMED-CT by providing the IPS refset is allowing for the sharing of relevant clinical information necessary for the continuity of care. It is, however, mandatory that the terms already identified by the international community of implementers of IPS that are not present today in the IPS refset, but only in SNOMED CT core are made available on the IPS subset." or paraphrase it and use it in the introduction with references please.

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