Reviewer's report

Title: Trends in influenza vaccination uptake among people aged over 74 years, 1997-2000: Survey of 73 General Practices

Version: 1 Date: 10 December 2003

Reviewer: Tim Doran

Reviewer's report:

This is an important area of research with clear policy implications. If the points listed below can be addressed, it would make a very useful addition to the literature.

General

1. The paper, in particular the methods and discussion, is very brief. I am not aware of the word limit imposed by BMC, but I suspect this brevity underlies some of the problems I had with the paper.

Discretionary Revisions (which the author can choose to ignore)

2. Methods: For those unfamiliar with the MRC Study it would be helpful to know where the practices are located. This is also for important for interpreting the study findings.

3. Methods: A comparison of known practice characteristics for those that did and did not provide data on vaccinations would help determine whether the two sets of practices differ in other respects. In particular it should be possible to provide numbers of vaccinations administered and the proportion of the practice population immunised from PACT data, even without specific data on vaccine recipients.

4. Methods: It is disappointing that people in long-term nursing care are excluded, as they are a sizeable and vulnerable group. Is this data not available?

5. Methods: Were Carstairs Scores available for all postcodes? Were any cases dropped for the analysis by area deprivation?

6. Results: Does the 55% cited in the first line of the results mean ~13613 people had records for years 1997-2000? Is this the 4-year sub-sample?

7. Results: It might be better to refer to the “worst quintile” as the “most deprived quintile”.

8. Results: I would have preferred to see the groups under “individual socio-economic position” kept separate.

9. Discussion: The results as they stand suggest a steady increase in uptake in the over 74s between 1997 and 1999 (including a ‘noticeable’ increase in 1998), with a larger increase in 2000. Although changes at the national level (incentives, advertising campaigns, etc) will undoubtedly have had an effect, the local context is also important. There was a degree of discretion for health authorities and then PCG/Ts in how additional resources would be spent, and local initiatives will have had varying degrees of success. This is why it would be useful to know where these practices were located.
10. Discussion: Increased uptake may not have been at the expense of the less well-off, but they remained at a disadvantage. This may be worth a comment.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

11. Methods: I am assuming the data follows a Poisson distribution, but BMC may like to confirm this and an expert statistical opinion would be useful.

12. Results: Should the sentence “The area deprivation score was not statistically significant in this subset” read something like “The difference in uptake by area deprivation score was not statistically significant in this subset”?

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

13. Methods: The discussion of vaccination data provided by the practices is unclear. As it stands it suggests that 66 practices provided data for 1997-99, of which 55 also provided data for 1995-96 (not analysed), and 7 practices provided data for 2000 (but not 1997-99). If this is correct, it renders much of the analysis meaningless, as different practices are being compared for 1997-99 and 2000. Uptake rates for different practices vary enormously, therefore the same set of practices need to be compared each year for any meaningful conclusions to be drawn about year-to-year changes in uptake. As 2000 is the principal year of interest, this point really needs to be clarified. If the 55 practices first mentioned provided data for 1995-2000, then it would be better to concentrate on just these practices in the analysis. The comparison suggested in point 3 would then be even more important, as only half the practices provided adequate data, and I suspect they would be both more conscientious about immunising patients and better geared to respond to the Government’s incentives to improve uptake.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

None.