Author's response to reviews

Title: Knowledge, Attitudes and Practices KAP related to the Pandemic (H1N1)

Authors:

Yilan Lin (1015lyl@163.com)
Lijuan Huang (wind1112@126.com)
Zengyan Liu (mantianyan2008@yahoo.cn)
Hongjie Yu (yuhi@chinacdc.cn)
Yihua Xu (xuyihua@mails.tjmu.edu.cn)
Weirong Yan (weirongy@gmail.com)
Shaofa Nie (sf_nie@mails.tjmu.edu.cn)

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Author's response to reviews: see over
Dear Editor,

We would like to resubmit the manuscript entitled “Knowledge, Attitudes and Practices (KAP) related to the Pandemic (H1N1) 2009 among Chinese General Population: a Telephone Survey” (MS: 8671536945255714).

We have addressed, point-by-point, the issues raised by the reviewers and listed them as follow. The amendments are highlighted in blue in this revised version.

We hope you will consider this paper anew in light of the comments on the earlier version.

Thank you for reconsidering this revised version.

Yours sincerely

Shaofa Nie, Professor
Chief, Department of Epidemiology and Biostatistics
School of Public Health
Tongji Medical College of Huazhong University of Science and Technology
Wuhan 430030, China.
Phone: 86-27-836-93763;
Fax: 86-27-836-93763;
E-mail: sf_nie@mails.tjmu.edu.cn
Response to reviewer Michaël Schwarzinger,

Comment 1: Table 1: There is no need to (over)aggregate the levels of categorical variables given the large sample size of the survey. For instance, a farmer occupation is not equivalent to unemployed people; KAP are of interest for each region (Discussion page 15); aggregation of “don’t know” responses with “yes” or “no” depends on the subjective assessment of the authors. More importantly, all variables are categorical with exception of respondent’s age that is further categorized (Table 2). It should be taken into account when explanatory variables are declared for the multiple logistic regressions. All in all, Table 1 seems unnecessary, and Table 4 should be expanded to report adjusted OR per category level of each selected variable.

Table 4: I suggest that all socio-demographic variables are forced, not just introduced, in all multiple logistic models with stepwise selection: age (4 categories), gender (2 categories), level of education (3 categories), occupation (8 categories), region (9 categories), and survey wave (3 categories). Other explanatory factors should stay in the model at the (usual) $P<0.05$ level.

Response: Thank you for the comment and the good suggestion. We have deleted Table1 and carried out multiple logistic regression model again to analyze the dependent variables in Table 4 adjusting for per category level of each selected variable: age (4 categories), level of education (3 categories), occupation (8 categories), region (9 categories), survey wave (3 categories), perception of the adverse reaction of A/H1N1 vaccine (3 categories), and the other variables(2 categories). Further more, we forced all the socio-demographic factors (age, gender, level of education, occupation, region, and survey wave ) into the models and selected the other explanatory factors at the $P<0.05$ level when analyzed the explanatory variables associated with the perception the risk of infection, behaviors of compliance with preventive measures and the A/H1N1 pandemic vaccine uptake. The results have been presented in Table3 to Table5 in this new revision. The related contents in the abstract, data analysis, results and discussion have been revised in the text due to the change method of data analysis.
Comment 2: “Have influenza A (H1N1) vaccine” could be replaced by “A (H1N1) vaccine uptake”.

Response: Thank you for the suggestion. The wrong sentence “Have influenza A (H1N1) vaccine” had presented in the tables (Table1 and Table 4) which had been deleted in this new revision. We followed the suggestion in the title of Table 5 “Factors associated with A/H1N1 vaccination uptake”.

Comment 3: The meaning of “Have A/H1N1 affected one's life” is not clear.

Response: Thanks for the suggestion. “Has your daily life been disturbed by A/H1N1” was not expressed clearly due to our limitation in English. We have changed the sentence “Have A/H1N1 affected one's life” into “Has your daily life been disturbed by A/H1N1”.

Response to reviewer Onno de Zwart

Comment 1: Although statistical significant effects are shown, some of them are relatively small (e.g. OR of 1.07 for survey in model 1 and OR of 1.12 for educational level in model 4). This should be mentioned in the discussion because these effects should not be overstated.

Response: Thank you for the suggestion. Yes, we should express each significant variable even though some of them are relatively small. We have carried out multiple logistic regression models again to analyze the explanatory variables associated with the perception the risk of infection, behaviors of compliance with preventive measures and the A/H1N1 pandemic vaccine uptake adjusting for per category level of each selected variable. So all the odd ratios have been changed and we have tried our every effort to explain the results in the discussion section.

Comments 2: On page 15 it is stated that because of the effect of the government
policy risk perception decreased over time. I think this is too strong as no causal link can be proved. There might be an effect of government policy but it also might be the effect of more attention in the media which showed the effects of the epidemic were rather mild.

Response: Thank you for the comment. Yes, risk perception decreased over time was not only because of the effect of the government policy, but also might be related to the promotion of the media, which has been added in the discussion (page15)

Comment 3: Although the English is improved I think it is important to have it corrected by a native English speaker to make it more accessible

Response: Thanks for the suggestion. Yes, we totally have realized our limitation in expression by English, and we have tried our best to improve our English expression.

We list the revised contents as follows:
Page2, line2: replacing “because of” by “due to”;
Page2, line 13: replacing” both low (7.5% and 10.8%) in residents’ by “7.5% and 10.8%, respectively;
Page2, line 14: rewriting the contents after “respectively”;
Page 3, line 3: replacing “This pandemic (H1N1) 2009 has not caused public panic yet, but the knowledge about the transmission of A/H1N1 among residents is not optimistic.” By “The knowledge about the transmission of A/H1N1 among residents is not optimistic although this pandemic (H1N1) 2009 has not caused public panic yet”;
Page4, line 18: deleting “influenza” before “cases of A/H1N1”.
Page 4, line 19: replacing “the” by “this”;

Page 5, line3: deleting “educational” before “effect of these policies”
Page 5, line 16, adding “experience” after “SARS”;
Page 7, line 10, adding “the” before “southeast of China”;

Page 8, line 1, adding “each” before “family”;

Page 8, line 7, adding “then” before “give up”;

Page 8, line 10, adding “so” before “to avoid”;

Page 9, line 3, deleting “among different occupation group with the statistically significant criterion of $P$-value $\leq 0.05$. “ after “A/H1N1 vaccine”;

Page 9, line 3, rewriting the contents after “A/H1N1 vaccine”;

Page 10, line 13, replacing “Table 2” by “Table 1”.

Page 10, line 15, replacing “Pandemic (A/H1N1) 2009” by “A/H1N1”;

Page 10, line 15, replacing “Table 3” by “Table 2”;

Page 10, line 21, rewriting the contents from “that those with Junior and senior school” in line 21 page10 to “in residents increased (OR=1.20; 95%CI 1.08-1.34)” in line 6 page 11;

Page 11, line 10: replacing “affected” by “disturbing” ;

Page 11, line 12: rewriting the contents from” Multiple logistic regression analysis showed” in line 12 page 11 to “(in Table 3 and Table 4)” in line 19 page 11;

Page 12, line 6: rewriting the contents from “female (OR=1.41; 95%CI 1.28-1.55) and” to “(in Table 3 and Table 4)” in line 6-14 page 12;

Page 12, line 16: rewriting the contents from “The multivariate stepwise models analyzing” in line 16 page 12 to “vaccine negatively (OR=0.07; 95%CI 0.04-0.11).” in line 5 page 13;

Page 14, line 9, replacing “flu A (H1N1)” by “A/H1N1”;

Page 14, line 19: replacing “unemployed respondents” by “workers and farmers”;

Page 15, line 2, replacing “with” by “and”;

Page 15, line 7: adding “the” before “perception of A/H1N1’;

Page 15, line 15: deleting “young” after “suggest that”

Page 15, line 16: adding “the knowledge about the main transmission route increased, but” after “As time went by”; 

Page 15, line 19: adding “as well as the promotion of the media.” after “infection prevention”;
Page 16, line 10, replacing “1.66 and 1.61” by “1.57 and 2.09”;
Page 16, line 18, adding “the” before “seasonal influenza vaccination”;
Page 17, line 10: deleting “which would be even lower in Chinese general population because of the prior vaccination strategy.” after “(P<0.01)” and adding “Our study also showed students and health care workers were more likely to take up, which may be due to the prior vaccination strategy.”;
Page 17, line 15, replacing “prevalence of A/H1N1 vaccination” by “vaccination rate of A/H1N1”;
Page 17, line 19, replacing “normal” by “daily”;
Page 24-28, the original Table 1 has been deleted and the original Table 4 has been replaced by new Table3-Table5. “Have A/H1N1 affected one's life” has been replaced by “Has your daily life been disturbed by A/H1N1” in the new table.