Author's response to reviews

Title: A survey of knowledge, attitudes and practices towards avian influenza in an adult population of Italy

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Author's response to reviews:

I am submitting the revised manuscript entitled “A survey of knowledge, attitudes and practices towards avian influenza in an adult population of Italy” and my co-authors and I really appreciate the effort of the Editor and of the Editorial Board of BMC Infectious Diseases in trying to make a decision.

However, before indicating the revisions made, I would like, on behalf of all Authors, to make a general comment about the revision process of this manuscript. In a confidential letter to the Editor, my co-authors and I have already expressed a great concern about the comments made by the second referee. We were confident that he did not read the article and the revised version and that several comments would not be acceptable from a referee with basic knowledge in statistical analysis and in conducting this kind of researches. My coauthors and I have always great respect for the peer review process but in this case we strongly disagree with the referee’s comments.

The referee, in point 4 of his original review on April 17, 2007, has expressed some concerns and my co-authors and I have fully addressed them in the revised version as following:

1. “A random sample of adults stated in the abstract and not confirmed in the paper”. We have always indicated either in the abstract or in the methods that a random sample had been selected.

2. “It stated that it is a random sample, which I doubt was the case”. My co-authors and I have found at least astonishing this and it is not possible to accept that someone could doubt about the scientific research of other Colleagues.

3. “What was the sampling frame, how was randomly selection performed?”. We have already indicated that the sampling frame is the list of students enrolled in each school at the beginning of the study. We have already indicated that a random sample had been selected.

4. “How many parents are there in total”. We have already indicated that a
random sample of 1020 parents among the 2000 parents of children was selected.

5. ¿What was the setting¿. We have already indicated that the setting was the geographic area of Naples (Italy).

6. ¿There is a selection bias of age ¿ for those bringing their children to school¿. We have clarified that we have selected a random sample of parents of school children not parents that bring students to school and, therefore, we have no restricted to parents who brought children to school. Therefore, there is no selection bias. Furthermore, we have already indicated in the discussion in the point regarding the methodological considerations that the study was limited to those parents of children in randomly selected schools, which may have implications for the generalizability of the results. However, because in our country the education is mandatory until the age of 16 irrespective of the characteristics of the parents, we believe our results are generalizable to all population.

7. ¿The socio-demographic background data of the respondents were not even presented¿. We have included a Table of the socio-demographic characteristics of the respondents.

We have responded to the concerns from the Editorial Board Member as following:

1. In response to the point regarding the basis of the power considerations for choosing 4 schools and 1020 subjects, the decision on how large the sample should have been derived from the following considerations: 1) the aim of the study was to assess the knowledge, attitude, and practice in an adult population towards avian influenza through a cross-sectional study, and we have supposed to select the required sample with a two-stage cluster sampling technique. In the area surveyed there were 40 schools and each school was considered a cluster. The first stage consisted of selecting four clusters through random sampling. The second stage consisted of randomly select 255 adults from the parents¿ files of each sampled school that contained 500 students; 2) it is well known that the sampling fraction does not affect the sampling error; 3) for each characteristic one is interested to investigate in a population, even giving the worst scenario of an estimated proportion of that characteristic in 50% of the population, the precision of the estimate increases rather steadily up to sample sizes of 150 to 200, whereas after that point, there is a much more modest gain to increasing sample size; 4) the sample should be large enough to have at least 200 subjects in each subgroup within the sample for which separate estimates are required. Therefore, since we were not able to anticipate the estimates of the fraction of the population that would have fallen into small subgroups and since we were basically interested at the investigation of the parents as a whole, we decided to be conservative and inflate our sample size to about 1000 subjects to have enough precision in the estimates on the whole sample and even in subgroups regarding 25-30% of the sample with a response rate of 100% and of 40-50% with a response rate of at least 60%.

2. In response to the point regarding how families were randomly selected, we
have clarified in more details in the methods section the sampling procedure. A two-stage cluster sampling technique was employed to draw the required sample. In the area surveyed there were 40 schools and each school was considered a cluster. The first stage consisted of selecting four clusters through random sampling. The second stage consisted of randomly select 255 adults from the parents’ files of each sampled school that contained 500 students.

3. In response to the point regarding the analysis and interpretation of the results, we have already performed a statistical analysis in order to underline significant differences in the outcomes of interest according to each cluster. The statistical analysis showed that none of the outcomes of interest significantly varied according to the cluster. For this reason, all results have been presented in a combined form.

4. In response to the point regarding the selection bias, we have already indicated in the discussion section in the point regarding the methodological considerations that the study was limited to those parents of school-children, which may have implications for the generalizability of the results. However, because in our country the education is mandatory until the age of 16 irrespective of the characteristics of the parents, we were confident that there was not a selection bias. Moreover, we have included more information how our sample was selected from the population.

My colleagues and I are most grateful for the effort of the Editor and of the Editorial Board in trying to make a decision on this manuscript and we hope that these changes fully address the concerns raised therein and that have finally brought the paper publishable in BMC Infectious Diseases.

Yours sincerely,

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