Author's response to reviews

Title: Private doctors' practices, knowledge, and attitude to reporting of communicable diseases: A national survey in Taiwan

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Author's response to reviews: see over
Responses to reviewer #1

1. - in the abstract percentages (with one decimal!) of not-reporting were given based on 66 respondents: that decimal suggests an accuracy which is not possible.

Response: The abstract has been revised according to the comments.

2. in the abstract section the percentages of a much bigger group respondents are give about knowledge: that is confusing.

Response: The abstract has been revised according to the comments.

3. in the methods the sampling is 'random', but there is no description of the sampling method (how were the 15 of 26 city chosen?).

Response: The method section has been revised to clarify the sampling procedure.

4. per city/county 50-100 practices were chosen: is it possible that there is difference between cities: should there be control for this (multilevel analysis?)

Response: Unfortunately, we don’t have enough subjects for sub-group analysis. We have to assume this is a representative national sample. The age and sex distribution of the sample are similar to those of the national population.

5. table 1 does not explicit the differences between the two last columns in the column headings; here again decimal percentages of N=66 is strange

Response: Table 1 has been revised according to the comments.

6. in the text the line 'more than half of the non-reporters were 41-50 years old suggests significance, where the 95%CI are not given

Response: Among the 66 non-reporters, 36 (54.5%) were 41-50 years old. There is no implication of significance. This is just a descriptive statistics.

7. in table 2 again the data are given for only 66 respondents, with very many categories

Response: Table 2 has been revised according to the comments.

8. Table 4 and 5 are giving just about all the questions from the questionnaire (it seems), with only frequencies and significant differences: it seems possible to analyse
the data further. Although an electronic journal does not have problems with printing space, that does not prevent authors to simplify their data in order to make it easier for their readers; why not do a multivariate analysis to find the adjusted OR that really means something?

**Response:** Table 4 and 5 have been revised according to the comments. This is the first study of this sort in Taiwan and is descriptive in nature. Therefore, we did not perform multivariate analysis to explore the factors associated with reporting behaviors. Instead of creating a composite score for knowledge or attitude (which could be misleading as well), we described each item individually to provide a detailed introduction of the topic.

9. this leads to a far too long discussion where all the univariate findings are discussed; my suggestion the authors is to find the real factors in this study and only comment shortly in comparison the literature.

**Response:** The discussion section has been revised and shortened according to the comments.
Responses to reviewer #2

1. The discussion introduces and reiterates results and repeats points made in the introduction. A more concise discussion would improve the readability of the manuscript.

Response: The discussion section has been revised and shortened according to the comments.

2. Results included in the discussion should be placed in the results section. Where claims are made for significant differences, these should be specific and supported by data and a p-value.

Response: The results and discussion sections have been revised according to the comments. P-values were added.

3. What were the 10 diseases included in this study (p14, 'ten item list')? Please include in the methods or note these can be found in table 3. What is 'regular influenza'?

Response: It has been added in the text that the 10-item list can be found in table 3. Regular influenza means uncomplicated case of influenza. We have revised it.

4. The authors use EV71 as an example of the importance of notification. Is EV71 notifiable in Taiwan?

Response: Severe cases of EV71 is reportable in Taiwan

5. Measles and tetanus are said to be 'relatively mild' diseases (p13). While this may be true for rubella and VZV, it is hard to argue for measles and tetanus.

Response: The statement has been deleted.

6. Table 1 heading does not include reporters and non-reporters. Please report p-values rather than noting 'statistical significance'. Age <= 40 13.2% vs 13.6% is reported as significant.

Response: We have revised the headings. The overall age distribution is significantly different between the reporting and the non-reporting doctors.

7. Please report exact p-values for all tables.
Response: We have added the p values in tables.
Responses to reviewer #3

1. Abstract: Conclusion: refers to doctors' attitudes but in the Results doctors' knowledge and perceptions are presented not responses to the attitude questions!

Response: The abstract has been revised according to the comments.

2. Methods - need to clarify the specific rule used to assign 50 or 100 clinics to each town.

Response: One hundred clinics were sampled if there were more than 1000 clinics in that particular city/county. We have clarified this point in the Methods.

3. It is also not clear what prior values were given to key sample size characteristics that lead to the sample size used.

Response: The method section has been rewritten to clarify the sampling procedure and sample size estimation.

4. The response rate is a practice response rate with a potentially important bias; first doctor who volunteered was selected as respondent. It is likely that volunteering doctors' notification practices may be systematically different to non-volunteering doctors. This deserves discussion.

Response: Although many clinics might be owned or run by several doctors, in most cases, only 1 doctor was seeing patients at a particular time in the clinics. Only 3 respondents were not the first volunteering doctors if there were more than 1 doctors seeing patients at the time we visited them. This minimized the potentially important bias raised by the reviewer. We have added this part in the first paragraph of Discussion.

5. It would be helpful in addressing this concern to compare the descriptive characteristics of the participants and all private doctors in Taiwan to demonstrate similarity or difference. Otherwise the level of demographic description provided adds little value to the study or its interpretation.

Response: We have compared the age and sex distribution of our sample with all private doctors in Taiwan. They are similar and no statistical difference was found.
between these 2 groups. For example, 14.1% of the private doctors in Taiwan are female, comparing to 13.1% in our sample.

6. Discussion - this is too lengthy and could be easily shortened to provide greater focus on the actual findings and necessary response to these. Unfortunately statistically significant differences and non-significant differences are treated equally in the discussion. This is inappropriate and the focus should really be on significant differences between reporting and non-reporting doctors.

Response: The discussion has been revised according to the comments.

7. Table 1. Need titles for columns referring to reporting and non-reporting Doctors

Response: Table 1 has been revised according to the comments.

8. Running head title and abbreviated title: should mention that participants were Taiwanese doctors.

Response: They have been revised according to the comments.

9. Abstract: Background "..attitude to.".rather than.".... attitude regarding...." "Reporting and non-reporting doctors" not "reporters"

Response: The wordings have been revised according to the comments.

10. Methods - "reported having notified" rather than "experience of notifying"

Response: The wordings have been revised according to the comments.

11. Similar changes need to made in main body of paper.

Response: The wordings have been revised according to the comments.

12. Results: not an appropriate place to mention other countries' experience

Main body of paper:

Response: This part has been removed from the Results section.
13. Data analysis - "single variable frequency distribution" is a better way of describing the descriptive statistics

Response: The wordings have been revised according to the comments.

14. "A p values" needs to be corrected

Response: It has been corrected.

15. How many doctors participated in the pilot and what changes resulted from piloting.

Response: Eight doctors participated in the pilot and we revised the questionnaire, including contents and wording accordingly.

16. Results - "reported for less than twice" needs correction "reported once" and other similar English language corrections

Response: The wordings have been revised according to the comments.

17. Premature to state that improving reporting structure would "increase effectiveness"

Response: It has been changed to ‘improving disease reporting compliance in private doctors’ in the final sentence of conclusions.

18. The reference to reporting "in" reporters throughout the paper should be changed to “amongst”.

Response: The wordings have been revised according to the comments.

19. Table 2: alignment of e) questions

Response: It has been revised.

20. Disconnection between c) and d) responses. Clearly most people used the same method for all their reports because the total of methods used provided does not equal to the total of all notifications reported by participants (over 800
notifications in total). This should be noted in the text in reference to this table.

Response: We have added this point in the text in reference to the table.

21. Reasons 1 and 9 are the same and should be combined.

Response: It has been revised according to the comment.

22. Table 3: "items of communicable diseases" should rather be "selected notifiable communicable diseases".

Response: It has been revised according to the comment.

23. There are a number of language and alignment issues in Tables 4 & 5 that need to be corrected. In addition it is preferable to refer to a "preferred government agency" rather than a "favourite".

Response: It has been revised according to the comment.
Responses to reviewer #4
1. This manuscript requires English language editing.

Response: We have revised the language.

2. Much information under Results duplicates information presented in the Tables
Specific comments.

Response: The results section has been revised according to the comments.

3. Background, p.1, par 1. Include a further reason for reporting: in controlling disease transmission sentence on US process is not relevant as it does not define physician reporting.

Response: The background section has been revised according to the comments.

4. p. 6, top. line 2, what does 'local' mean in this context.

Response: It has been deleted.

5. p. 8, par 1. explain rationale for sampling fraction and numbers include power calculations provide URL and access date for 'website of the Department of Health' explain reason for selection of the chosen specialties.

Response: The method section has been revised to clarify the sampling procedure. The information of the website of the Department of Health was provided in the reference. The specialties were chosen because most communicable diseases were treated by these doctors in Taiwan.

6. p. 10, line 3. 'The proportions...' should be made explicit as it refers to the difference in proportions reporting the system to be "convenient"; include chi square and p-value.

Response: The wording has been revised. P-values were provided in table 4.

7. p. 11, par 2, lines 7-8. citing of the Comm Disease Control Act should be expanded upon. The Act (I presume, based on my experience of British models) does not avoid
violation of the patient's privacy but rather justifies this violation on the basis of protecting others, so a common good is deemed to override the individual's right to privacy.

Response: We agreed and had added the discussion in this paragraph. Although reporting does not avoid violation of patient’s privacy, according to Article 31 and 39 of Communicable Disease Control Act, it is the responsibility of the doctors to report suspected cases to the competent authorities in the locality.

Communicable Disease Control Act:

Article 31 Medical care institutions shall, when visited by patients seeking medical treatment, inquire about the patients’ medical history, medical records, history of contact, travel history, and other matters related to communicable diseases; patients or their families shall make a factual report without any concealment.

Article 39 When physicians or forensic physicians detect communicable diseases or suspected communicable diseases in patients or corpses during the process of diagnosis and treatment or during the examination of the corpses, they shall immediately take the necessary infection control measures and report such cases to the competent authorities in the locality.

8. 2nd last line. tetanus cannot be considered a mild disease.

Response: This statement has been deleted.

9. p. 14, par 2, lines 1-2. reword 'we were not able to include a longer list of reportable communicable diseases in the survey questionnaire.'

Response: It has been revised.

10. par 1. reference 11 is over 20 years old and is without doubt completely out of date in view of massive campaigns in UK about meningococcal disease recognition and men C vaccination.

Response: The reference has been removed.

11. Should address key findings ie perceived reluctance to violate pts privacy, importance of emphasising disease severity ie consequences of non reporting for preventable cases, also suggestions of reporting by phone and using practice nurses
where available.

Response: We have added this part in the Conclusion section.

12. Tables 1, 3, 4 & 5. include specific statistics in each significant comparison, ie chi square and p value, rather than just a footnote saying statistically significant.

Response: p-values were added in the tables.

13. p. 7, par 1, last 2 lines. This sentence should appear in the Results section.

Response: It has been revised according to the comments.

14. data analysis. numbers should only appear in the Results section.

Response: It has been revised according to the comments.

15. p. 8, par 1. Much duplication of information in Table 1.

Response: It has been revised according to the comments.

16. p. 8, par 2, line 2. Reword 'reported knowing that they had ever diagnosed reportable...' (English editing).

Response: It has been revised according to the comments.

17. p. 8, par 2, line 5-6. 'have reported once or twice and...'

Response: It has been revised according to the comments.

18. Table 1. 3rd column needs to be titled DID REPORT and 4th column DID NOT REPORT.

Response: It has been revised according to the comments.

19. Table 2. e. list in decreasing order of frequency.

Response: It has been revised according to the comments.
20. Table 3. in row heading Correct not Corrected. Herpes not Herpers.

Response: It has been revised according to the comments.