Reviewer's report

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

Version: 1 Date: 14 August 2008

Reviewer: Mark Ferson

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MAJOR COMPULSORY REVISIONS

General Comments
1. This manuscript requires English language editing
2. Much information under Results duplicates information presented in the Tables

Specific comments
   Include a further reason for reporting: in controlling disease transmission
   sentence on US process is not relevant as it does not define physician reporting
4. p. 6, top.
   line 2, what does 'local' mean in this context

Methods, subjects
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
   par starting Private doctors' ... includes information already in Table 3.
   for chickenpox comparison, provide chi square and p value
7. 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

Discussion
8. 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.

9. p. 13, top
should mention here that reporting by phone was a popular preference with practical implications

10. 2nd last line.
tetanus cannot be considered a mild disease

reword 'we were not able to include a longer list of reportable communicable diseases in the survey questionnaire.'

Authors are encouraged to speculate as to why subjects were more aware of some disease than others, eg recentness and publicity around SARS, EV71 and anthrax compared to measles and tetanus

p. 15.

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reference 11 is over 20 years old and is without doubt completely out of date in view of massive campaigns in UK about meningococcal disease recognition and men C vaccination

Conclusions
14. 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

15. 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

MINOR ESSENTIAL REVISIONS
Methods
16. p. 7, par 1, last 2 lines.
This sentence should appear in the Results section

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

18. p. 8, par 1.
Much duplication of information in Table 1
19. p. 8, par 2, line 2.
Reword 'reported knowing that they had ever diagnosed reportable...' (English editing)

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

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

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

23. Table 3
in row heading Correct not Corrected
Herpes not Herpers

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.
Mark J Ferson