Author's response to reviews

Title: A survey of pediatricians’ attitudes regarding influenza immunization in children

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Version: 2 Date: 11 September 2008

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Response to Decision Letter

September 11, 2008

Rikki Graham PhD
Assistant Editor
BMC-series journals
Re: MS 1705535726195391

Dear Dr. Graham,

We were pleased to receive your response regarding our manuscript titled, “A survey of pediatricians’ attitudes regarding influenza immunization in children.” We apologize for the delay in our response.

We have addressed the reviewer comments as outlined below:

Reviewer 1 comments (Sarah J Clark)

1. It appears that the authors present their results in the order found on the survey instrument. However, one could argue that the self-reported vaccination rates for various groups is perhaps the weakest portion of the study. Physicians are known to overestimate vaccination rates, and the rates found in this survey probably are not realistic. What would the authors identify as the "new contributions" to the literature? (Perhaps it would be pediatricians' interest in participating in school vaccination campaigns.) Could they reorganize their results and discussion to emphasize those new contributions?

We have reorganized the abstract and discussion sections to de-emphasize the self-reported vaccination rates and the comparison of these rates to other published sources. Accordingly, Figure 1 has been deleted and the discussion of these differences has been significantly reduced.

2. Also, on pg 10, the authors state that increased reimbursement will be essential to increasing influenza vaccine rates. The authors may wish to soften this language, or reference the statement.

This statement has been softened to state that “increased reimbursement would likely increase influenza vaccination coverage in the future.”

Reviewer 2 comments (Matthew Daley)

1. The authors report the results of a survey with a 21% response rate. Although it can be difficult to motivate physicians to respond to surveys, and response rates to physician surveys appear to be decreasing over the past decade, this low of a response rate has the potential to introduce substantial response bias.
We agree and this flaw was discussed as a study limitation in the Discussion section in the original manuscript. As noted in response 5 below, we have included in the response rate in the abstract.

2. I appreciate the authors including a copy of their survey instrument. One question (#13) appears not to be a "balanced" question, given that physicians are told "you are already asking a number of questions" and "how much more burdensome would it be..." The question itself seems to imply that asking about wheezing or asthma should not be very burdensome.

The intent of these qualifications was to place the question in the appropriate context. If screening is done verbally (rather than relying on parents raising objections after reading the CDC VIS), providers must ask parents several questions in order to appropriately screen patients for vaccinations; thus this additional question would be one of many. The survey instrument was included in the original manuscript so that readers can judge the context of the questions asked.

3. I would suggest that data comparing physician report of vaccination rates versus CDC rates does not have a great deal of value. Physicians often over-report immunization rates; this may not be because they are misguided, but because they easily think of all of the children they vaccinated, but the children who never came into clinic during influenza vaccination season are not recalled as easily. I would suggest placing less emphasis on these findings in the abstract and text.

As noted in the response to reviewer 1, we agree and this information has been condensed and de-emphasized.

4. The response rate should be noted in the abstract.

As noted above, we agree and this has been included.

5. I would suggest that the abstract should mention the 2008 recommendations to immunize all children age 6 months to 18 years.

We agree and this has been included.

6. I would suggest that the methods section should mention the analytic methods used.

The analysis methods have been described. Because it was a survey, no complex analytic methods were employed. Data analysis was limited to simple tabulation of the responses.

7. The results section should be in the past tense, rather than a mixture of present tense and past tense.
We believe the Discussion section is in the appropriate tense as written. In some instances, items are in the present tense, but only in reference to current facts that help to understand the results (and thus are not themselves results).

8. I found the reference to vaccination in "multiple settings" confusing. It appears to mean "vaccination at multiple types of visits."

We agree and we have incorporated this change.

9. How were free text responses analyzed?

Only one free response question (“What would improve profitability?”) was included in the survey. The following text has been added to the Methods section to describe analysis: Free text responses to question 7 were subjectively categorized and the percentage of responses in each category was calculated.

We appreciate the review of our manuscript as well as the constructive feedback provided. We believe that we have addressed the reviewers’ concerns and queries with our revisions, and that these revisions have strengthened and improved the manuscript. We look forward to your response regarding final acceptance and publication of our work.

Sincerely,

Daniel Levy, MD