Reviewer's report

Title: Determinants of adults' intention to vaccinate against pandemic swine flu

Version: 3 Date: 1 September 2010

Reviewer: Bevin Cohen

Reviewer's report:

The authors have done a nice job responding to comments and the manuscript is much improved. However, a few issues remain:

Major Compulsory Revisions

The authors have added helpful information about the educational leaflets on page 8, but more detail is needed regarding what specific information they included. This is particularly important since the authors measured knowledge based on the contents of these leaflets and conclude that “accurate information should be more widely made available and publicized” during future pandemics (top of page 23). This sentence seems to imply that the leaflets were not necessarily accurate or contained enough information. Also, this conclusion might deserve further thought. As described in the methods, these leaflets were very widely disseminated, so limited access does not appear to be the problem. Perhaps the authors could suggest alternative theories, such as: people don’t read information that’s given to them; people don’t understand information that’s given to them; people are more influenced by information obtained from peers and news media than information distributed by the government in print.

For the knowledge questions, please give exact phrasing of the questions asked, along with the correct answer, as done for all other measures (page 13).

The priority groups should be explicitly listed under “demographic details” (page 15). Also, the authors should clarify how the question about priority groups was phrased. “If so, why,” is vague. Was this in a check list format (e.g. healthcare worker yes/no, asthmatic yes/no) or a free response which was later categorized by investigators?

In the discussion on page 22, the authors suggest that “cannot be bothered” may be linked to the fact that employed people were less likely to intend to be vaccinated. This is not really an intuitive link and should be further explained. In addition, the following sentence, “The vaccination could be offered at or near people’s place of work,” is not a novel idea so the authors should consider incorporating references to previous research on this tactic for improving vaccination uptake. Finally, the point about the difference between healthcare professionals and the general population regarding their fear of side effects, one possible explanation might be temporality. The study on healthcare workers was done at the early stages of H1N1, before the vaccine had been developed or tested. This may account for their elevated fears about side effects.
In the discussion about racial differences at the top of page 23, the authors state that their findings need to be replicated in order to understand the reasons for such differences. There have been several previously published studies that investigate this, and the authors even cite some of them in the introduction. Some thoughtful discussion about previous findings and concrete ideas for what might be studied in the future should be incorporated here.

Table 1 still lacks important information about how the variables were coded. Coding for binary variables (e.g. gender, employment, source) is not mentioned in the methods. Even though coding for other scales is now included in the methods, it is convention for tables to “stand alone” so that readers don’t have to keep referring back to the methods. Please clearly state what each variable is and the direction of the coding. Many variable names as listed are not clear (e.g. “this year”, “doctor”, etc.).

Minor Compulsory Revisions

The coding for anticipated regret appears to be incorrect. The authors state that 1 was anchored at strongly agree and 7 was anchored at strongly disagree for the statement, “If I did not have a swine flu vaccination, I would later wish I had.” The next sentence, “A high score indicated higher anticipated regret,” seems to contradict that coding (page 12).

The authors say that they have added exact p-values for non-significant results but this was not done at the bottom of page 17.

There are still a few typos and odd uses of punctuation. Given that this particular journal does not seem to have editing services, it is imperative that the manuscript be rechecked—perhaps by someone other than the authors. Examples below but there are others throughout the manuscript.

Middle of page 8: “It was called: “Swine flu…”

Top of page 9: “…to have a swine to vaccination in the UK…”

Discretionary Revisions

This sentence, “The Theory of Planned Behaviour has undergone a number of refinements,” (page 6) seems unnecessary, or at the very least, out of place. It should be removed or moved to the following paragraph that discusses changes to this Theory.

Since both reviewers suggested presenting demographic and descriptive measures for the survey items in tables, the authors should reconsider their decision to ignore this recommendation. The authors state that the tables would unnecessarily lengthen the paper, but using tables may, in fact, shorten the paper by cutting out sections of text which are extremely cumbersome to read. For example, the second sentence on page 18 ends with eleven(!) correlations listed parenthetically; then the next sentence lists each measure for a second time. It is very challenging for readers to follow lengthy and repetitive text. Tables
could help streamline the paper, and descriptive information for each individual measure could be very useful data for the public health audience.

The authors’ response about writing style is well taken; different people have different writing styles and this is acceptable. However, there are many examples in this paper where repetition adds length and confusion for readers, and these sentences should be reworked to improve clarity and add meaning:

Bottom of page 8: “Therefore, to investigate whether people in the general population understood about swine flu vaccination, the current study investigated knowledge about swine flu vaccination.”

Bottom of page 22: “Knowledge being low may be linked to it not being a significant predictor of intention.”

**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.