Author's response to reviews

Title: The effect of physician's recommendation on seasonal influenza immunization in children with chronic diseases

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Author's response to reviews: see over
Comments to Reviewers

Reviewer: Sean O’Leary

1. The authors now define the eligible population as those who brought in the immunization card, and that everyone who was eligible agreed to participate. However, we don’t know how many didn’t bring in their immunization card. If the authors know this, and the number is low, then it should be reported. There is a potential source of bias here because the population that didn’t bring in their immunization cards is likely different from those that did. If the number is high or unknown, then that information should be included in the limitations. I suspect it is low, and if so, just state it.

We cannot exactly say how many families did not bring in their immunization card, but we think their number is fairly low because patients in charge to reference centers enrolled in the study were strictly monitored for at least six months and they were reminded to bring in their immunization card at each appointment. We reported this information in the discussion.

2. The issue of asthma is not adequately addressed. In the numbers given under ‘Study design and sample selection,’ does the 120,000 children with chronic disease include patients with asthma? The 5000? The authors give the reason for not including asthma as its having a wide clinical spectrum while the others have a homogenous pattern of severity. While this is probably not entirely true (HIV, epilepsy, DM, even CF have wide clinical spectrums), even if it were, I’m still not satisfied as a reader why asthma wasn’t included. The sentence that was added (beginning “Moreover the selected study population…”) doesn’t really clarify the issue. Instead, a single sentence saying something like “While asthma is the most common chronic condition in childhood for which influenza vaccine is recommended, we chose to exclude it because…” and then give a clear reason, even if it’s just because it has already been done.

We better clarified in the discussion why we chose not to consider asthma among these chronic conditions.
3. Regarding the ‘immunization path’ issue: one of the conclusions reached by the authors is that actively offering influenza immunization at all providers’ sites may substantially change immunization uptake. Actually, I think one of the more interesting findings of the study is that that may not be the case. Clearly, few of the subspecialists stock the influenza vaccine – according to the figure, specialists gave a grand total of 3 flu shots out of the entire patient population – yet the rates of flu vaccination were still really high in the patients who got a recommendation from their specialist. Basically, this adds weight to the study’s more important conclusion that physician recommendation really makes difference, no matter who is doing the recommending.

True. We modified this sentence.

4. Some of the tables don’t have titles, and some need %’s and n’s added. For example: the document titled Supp3: I was eventually able to figure out what I was seeing, but with all the changing numerators and denominators, a clear title is needed.

Accomplished. Tables have been added to the manuscript file as the Editor suggested as well as figure’s title.

5. Page 4, 4th line: Sentence is redundant – stated at beginning of paragraph
Accomplished

6. Results: . Page 7, The sentence beginning “Such category is that…” is awkward. The point to be made is that contacts with specialty pediatricians and family pediatricians were frequent, while contacts with community vaccinators were rare.
Accomplished
Reviewer: Fredi Alexander Diaz

1. In the methodology, I suggest to include a reference about the method used to estimate Prevalence Ratio in multivariate models.
   Accomplished

2. I think the prevalence ratios do not significantly vary according to the origin of the recommendation. So I would like to have an overall estimate of PR for the recommendation (from all sources).
   Accomplished

3. Table 3 it is not very clear yet. I suggest that the absolute numbers and percentages are included within the same box. Furthermore, because we have small numbers, confidence intervals may be omitted. For example: "26/27 (96.3%)"
   Accomplished

4. In abstract, I think you could skip the measures of association (adjusted Prevalence ratio) and better describe the frequency of immunization by recommendation level.
   Accomplished

5. I think the objective could include measurement of the frequency of immunization in the study population.
   Accomplished

6. In the discussion, it may be mentioned that although reporting bias is probable, it is unlikely that such a strong association is explained by these biases, and, so, it is worth thinking that medical recommendations are essential to improve immunization coverage.
   True. Accomplished