Reviewer’s report

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

Version: 3 Date: 3 October 2012

Reviewer: Sean O'Leary

Reviewer's report:

Major Compulsory Revisions: none

Minor essential revisions:

The authors did an excellent job with the revision and clearly spent a lot of time on it. In general, most of my recommended revisions were addressed. A few exceptions/issues:

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.

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.

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.

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.

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

Results

6. 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.

Discretionary revisions
The authors addressed all my comments nicely, although there are still some references in italics and some not.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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