Reviewer's report

Title: The role of religious leaders in acceptance of vaccination within a minority group: a qualitative study

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Reviewer: Khitam Muhsen

Reviewer's report:

Comments to the authors

The study describes the views/attitudes and practices of 12 religious leaders of orthodox Protestant community in The Netherlands. This topic is of public health importance given the low immunization coverage in certain religious sub-groups, often facilitating the occurrence of outbreaks of vaccine preventable diseases in such communities that threaten to spread to the general population.

While it is stated that the study examined "the role of religious leaders in acceptance of vaccination", the direct influence of religious leaders on parental decision of refusal or acceptance of child immunization was not addressed. Furthermore, the role of religious leaders was not addressed in the context of other factors that have impact on parental decision to vaccinate or not vaccinate their child (e.g., perceived risk, perceived susceptibility, other dimensions of the health believe model, etc.). Therefore drawing conclusions concerning the role of religious leaders in acceptance of vaccination should be done with caution.

I suggest rewording of the title and text to accurately reflect the study findings.

Abstract: background – last sentence; I recommend replacing the words “role of…..in acceptance or refusal of vaccination” by “…views/attitudes and practices…of…related to vaccination…"

Since the attitudes of congregation members that appointed the religious leaders included in the study, I suggest deleting the second sentence of the results in the abstract.

Conclusions in the abstract: I am not fully convinced that the study findings support the authors’ conclusions, especially given that in some orthodox Protestant communities immunization coverage (>85%) is high, with religious leaders being vaccinated themselves. Religious leaders that participated in the study support dialogue with the Dutch government during epidemics. Though they won’t directly act to increase immunization coverage, such dialogue is important and has the potential of contributing to containment of epidemics by other means than vaccines.

Introduction

Page 5- second paragraph: please provide descriptions of the epidemics of vaccine preventable diseases that occurred in these communities.
Page 6 second paragraph: please consider rewording this statement as suggested in the previous comments.

Methods
Elaboration on the methodology of Grounded Theory that was used in the study is needed. What are the advantages and limitations of this method compared to other qualitative and quantitative methods?

Was the concept of “theoretical sampling” implemented in the study? Did the analysis of data have any effect on the sampling procedure? (Reference Corbin and Strauss 1990).

Results
While the religious leaders, their views and activities concerning vaccines are described in details, actually concepts emerging from such descriptions are the basic unit of analysis in the Grounded Theory (Corbin and Strauss 1990, page 420). “Theories can't be built with actual incidents or activities as observed or reported from raw data. These incidents, events and happenings are taken as, analyzed as, potential indicators of phenomena, which are given conceptual labels” (Corbin and Strauss 1990). If the Grounded Theory was used as a basis of the study, please revise the way the results are presented, since the current presentation does fully emphasize the Grounded Theory elements (Corbin and Strauss 1990).

Discussion
I disagree with the authors on few sentences
Page 15, second paragraph: “…The religious leaders who do not address vaccination all came from congregations where vaccination is no longer an issue; everyone- including …..There is no need to increase vaccination coverage….”
Is there evidence to support the notion that “everyone” in such congregations accepts vaccination?
Indeed, "Increasing vaccination coverage may not be needed in communities with high vaccination coverage". However monitoring and maintaining high immunization coverage is also important. Dialogue with religious leaders of such communities can maintain trust in the government.

Pages 16-17: the study showed that some orthodox Protestant communities and their leaders actually accept vaccination; this however was not reflected in this part of the discussion.

Page 17 paragraphs 1: Though the religious leaders claimed that they won't promote vaccination following dialogue with Dutch government; such dialogue should be encouraged, since other control measure can be helpful in containment of epidemics, including outbreaks of non-vaccine preventable diseases.

Table 1: please provide the rates of vaccination coverage that are considered
high, intermediate and low.

References


**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