Reviewer's report

Title: Rates Of Influenza Vaccination In Older Adults and Factors Associated with Vaccine Use: A secondary analysis of the Canadian Study of Health and Aging

Version: 1 Date: 22 February 2004

Reviewer: allison McGeer

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

- results - within the "independent" risk factors used in this analysis are a substantial number of characteristics I would expect are correlated with each other (eg. smoking and alcohol consumption); there is no description of how these relationships were handled in the analysis.

- Discussion, para 1: the data are now 14 years old and may no longer reflect practice; this should be noted in the first sentence

- the survival analysis (at least the figure) should be deleted; the power to detect a difference is low, and the impact of each vaccine is only for the year of vaccination (data not available to the investigators); no conclusion can be drawn from the data, so that inclusion as a figure (which suggests that a conclusion may be drawn) is unwarranted

- para 4 of the discussion contains results - these should be removed to teh results section (and data provided); there is no discussion of the import of these results, and it would be helpful to have some comment on them; similarly, the last para of the discussion also contains results.

- I am not clear that the relationship between regular exercise and influenza vaccination is due to confounding - it is a reasonable speculation of the quthors that those who exercise are more likely to accept preventive health interventions; this is not, however, the definition of confounding.

- I am not sure that prior to 1991, Ontario had different policies regarding influenza vaccination or promotion of vaccination; such differences should be referenced, if possible. The geographic differences, I believe, are important because they suggest points of intervention, and because we try to avoid disparities in health interventions between provinces.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the
major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

None