Author's response to reviews

Title: Cross-sectional survey of older peoples views related to influenza vaccine uptake

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Author's response to reviews: see over
Dear Nafisa

Re MS: 1213230153993481
Cross-sectional survey of older peoples views related to influenza vaccine uptake

Thank you for sending me back referees comments on the above paper. I enclose below our responses and a point-by-point description of the changes made in response.

I look forward to hearing from you.
With best wishes

Punam

Major points
Reviewer 1

1. Data too weak to substantiate conclusions regarding socio-economic implications
The referee makes a valid point about the small numbers in table 3 which compares the characteristics of people with the two most commonly held reasons for not having influenza vaccine. We have qualified our findings and agree that this aspect of the analysis is tentative and should be confirmed elsewhere (see page 8 paragraph 3 and conclusion

2. Gender distribution of the 844 subjects not given
This is now given on page 6 paragraph 3.
Reviewer 2

1. In what year was the study?
This is now given in the background on page 4 paragraph 3.

2. No suggestion of what the results might mean and question unclear
We note in the background our question which was to measure the prevalence of the main reasons for not having influenza vaccine in the subgroup of over 75 year olds that are not specifically monitored for ‘flu vaccine uptake. A secondary objective was to explore their association with underlying health and socio-economic background.

3. Not clear what questions were asked in the crosssectional survey.
We have now made it clear that the underlying health and socio-economic information came from the MRC trial (page 5 paragraph 1). We have also provided more detail on the information that was obtained from the crosssectional study on page 5 paragraph 2).

4. The choice of subjects is not very clear
It was originally thought that the reference of the original trial population would be sufficient in the interests of brevity but have now provided more detail on page 4 last paragraph.

5. The results per practice and use of methods to adjust for clustering
This method is commonly used and familiar to statisticians for cross-sectional and randomised studies where clustering of subjects exists, hence our reference to the software package. We have however added an explanation for why we adjusted for clustering and a reference. The reference also gives details on why the numbers needed to be inflated by four for studies based on the original trial population.

6. Why the sample was doubled to look at subgroups
This is a common thing to do to obtain sufficient power to examine associations within strata of a second variable eg the presence of underlying medical conditions or not.

7. Not clear what we used as the gold standard for vaccine uptake.
We have now clarified we used GP records on page 6 first paragraph.

8. Table 3 is disappointing
As the first reviewer correctly assessed, we were reluctant to do more that an exploration of the associations given the small numbers and the fact that this was not the primary objective. We do feel though that this has thrown up interesting ideas that are worth exploring in further studies as now suggested in the conclusion.

Essential minor revisions
Reviewer 1
Flu epidemic in 1989 was not minor
We have now deleted this erroneous qualification.

Discretionary Revisions
Because the sample is biased the referee suggests this study should not be seen as a baseline but as a methodological pilot.
This comment is a helpful caution regarding the interpretation of the findings. We have revised our conclusions accordingly (page 11 last paragraph)