Author's response to reviews

Title: An Audit of Influenza and Pneumococcal Vaccination in Rheumatology Outpatients

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Author's response to reviews: see over
Response to reviewer 1: All-The terms major and minor have been introduced to refer to immunosuppressant and non-immunosuppressant. Results-For the sake of clarity, the number of patients on non-immunosuppressant therapy has been adjusted to 25 by excluding patients also on immunosuppressant therapy so that the total number of patients is 101 instead of 117. The table 2 chi square analysis combines all three groups so that the p value does not apply to comparison between any two groups specifically. We have therefore introduced the between group p values in the text to provide additional statistical detail.

Response to reviewer 2: Abstract-Additional detail has been introduced in the results section of the abstract in the form of specific immunisation rates, odds ratios and associated statistical values with separate influenza and pneumococcal details. Background- The use of the term ‘safe and effective’ has been changed to ‘safe and immunogenic’. The sentence beginning ‘Immunisation for patients …’ has been rewritten as suggested. Current immunisation rates in the general population have been included., together with rates in a previous study of rheumatoid vaccination. Our unit’s olicy regarding vaccinations has been outlined in more detail. Methods- This section has been largely rewritten to include a more detailed description of interview process, patient selection, questionnaire design, reason for choosing process, refusal rate, eligibility criteria (including age grou-adult), definition of large practice, permission to examine immunisation records (caldicott guardian/anonymisation). As the audit referred to the influenza vaccination in the last 12 months we did not feel that the need to specify which influenza season was referenced as this can easily be deduced from our criterion. Results- mean age specified. ‘Overall immunisation uptake 90%’ has been clarified by referring to ‘patients offered vaccination’. Discussion- New paragraph introduced at the beginning stressing the importance of vaccination as outlined in the introduction for RA and other patients.

Response to reviewer 3: All- use of term streptococcus pneumoniae instead of pneumococcus. Background- Explanation as to why it is important to vaccinate rheumatology patients by referring to risk of infections and the relationship to therapies. Results- definition of major and minor immunosuppressant categories has been included in the text. Reasons for refusal amongst 4 patients were elaborated on. Discussion/Conclusion- We note the reviewers request to include more specific suggestions in the conclusion. We have added some clarification to the suggestions in the discussion section but feel that repeating these in the conclusion section would be unnecessary repetition. We have however added the specific recommendations to the conclusion section of the abstract.