Reviewer's report

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

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Reviewer: Mary Patricia Nowalk

Reviewer's report:

General
This is paper describes influenza and pneumococcal vaccination rates in a specialized group, namely, rheumatology clinic patients, some of whom are on immunosuppressive therapy. While an interesting topic, the manuscript as it stands, lacks detail that I believe would improve it.

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

Abstract: More detail should be provided here. What were the immunization rates? Separate findings for influenza and pneumococcal vaccines would be more informative.

Background: The pneumococcal vaccine does not prevent pneumonia per se; therefore, a different reference as to the importance of preventing pneumococcal infection is preferable.

Suggest rewriting the sentence beginning “Immunization for patients . . . “ as follows: “National UK guidelines specifically recommend immunisation for patients on . . . 20 mg or more.” Then, “It is our unit’s . . . “

What are the current immunization rates in the general population and specifically among rheumatoid arthritis patients in the UK?

Given that your Discussion argues for better communication with PCPs regarding immunization for RA patients, it would be helpful to know in the Background what the policy of your clinics is regarding administering these vaccines.

Methods: Insufficient detail. Some questions that should be addressed are:
How were the patients who were interviewed, selected?
Was there a random selection? Or did you select every patient who visited in September and October?
What was the reason for the process you actually chose?
What was your refusal rate?
What was the age range or eligibility criteria?
Were children included?
How did you develop the interview questions? Were they pretested?
If you did your study in one hospital RA clinic, how could you have practices with >6 patients?
In the Methods, I suggest defining a large practice as one with >6 RA patients, then using the term “large practice.”
Did you have human protection oversight to do the study?
When you asked about influenza vaccine in the past year, which influenza season was referenced? The one during the study (Sept and Oct. 2006)? Or the previous season?
Were the patients without risk factors and on immunosuppressive therapy vaccinated during or after initiation of therapy?
How did you get permission to examine immunization records?

Results:
What was the mean age of participants?
How did you get 117 patients (76 on DMARDS and 41 not) when the sample size was 101?
Where is it shown that “Overall immunization offer uptake was 90%”?

Discussion:
Why is this important? Are there specific ramifications to RA patients of influenza or pneumococcal infection?
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Please change further data was to further data were.

Discretionary Revisions (which the author can choose to ignore)

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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests