Author's response to reviews

Title: Factors associated with uptake of influenza vaccine in people aged 50 to 64 years in Hong Kong: A case-control study

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Author's response to reviews: see over
1 June 2015

Dear Editor-in-Chief,

Your reference: MS: 5401085261551009

Thank you for your emails dated 12 May 2015 and for consideration of our manuscript for publication in BMC Public Health. Below is a revised point-by-point response to the editor’s request. This cover letter and the revised manuscript (word and pdf) have also been uploaded. In this version the new changes are marked in green. Those appeared in blue are in the changes in the last version.

Please address all correspondence to me by email <maypsyeung@gmail.com>, or by phone at (+852)9771 7501. Thank you.

Best regards,

May PS YEUNG
Point-by-point response to the Editor’s Request

Title: Factors associated with uptake of influenza vaccine in people aged 50 to 64 years in Hong Kong: A case-control study

Version: 2 Date: 2 May 2015

1. I have reviewed the revised manuscript and the authors' responses to reviewers' comments. I feel the authors have not really addressed comment number 1 from Dr Rajanaidu where she says, "I found it interesting that there were those who were vaccinated but did not know that they belonged to a recommended group for influenza vaccination. Interesting discussion point as to why and how they would get vaccinated."

The following paragraph is added to lines 254 to 264 under Results.

A subgroup analysis was performed on those who received influenza vaccination but did not know they were recommended group by the Department of Health (DH). There were 193 cases (who were vaccinated) and among them 37 answered yes to “knowing oneself to be in the recommended group for flu vaccine” and 156 answered no. In these 156 people the five commonest reasons for vaccination were: advice from healthcare professionals (58.8%), vaccine was useful in protect oneself against flu (43.1%), flu shot had additional benefits, e.g. protect family member (23.5%), perception of not having very good or good health (16.3%) and eligible for free government vaccine (10.46%). More than half (53%) of these 156 people received their influenza vaccine at Government public clinics, and most of the remaining (41%) at private general practitioners.

2. I did not understand the statement made by the authors,"The excess controls approached by the interviewers were counted as non-responders." Why were these non-responders- did they refuse to participate in the survey? Perhaps this sentence needs rephrasing to make the meaning more clear to readers.

The sentence is rephrased as “The excess non-vaccinated individuals
approached by the interviewers were counted as non-responders.”

3. Why did they need to use multinomial logistic regression? They have not explicitly stated their dependent variable or outcome measure but it is implied that this is a binary categorical variable 'vaccination (yes/no)'.

It was multiple logistic regression with binary outcome in this study. It is a mistake by the first author when preparing the manuscript, and not the mistake of the regression method used by the statistician in statistical calculation.

Line 36 and 146: “multinomial” logistic regression is changed to “multiple” logistic regression

4. Finally, some clarification is required for the presentation of the ORs in Table 1 and Table 2. Make the reference category in the exposure variable/covariates very clear either by denoting as 'reference' or assigning a OR value of 1. Where p values are presented for categorical exposure variables with more than 2 categories, specify if this is the P value for trend. In Table 2, rather than including a separate row to represent the reference category, for clarity, just add a footnote or Table legend that specifies all study variables are binary categorical variables (yes/no) with the 'no' category being used as the reference group for calculating ORs.

Table 1:
- 'reference' or assigning a OR value of 1 are added in the table
- Table legend “*p-value is the value of crude OR when compared to reference” is added
- The chi-square p-value column is deleted.

Table 2: Table legend is added as: “All study variables in this table are binary categorical variables (yes/no) with the 'no' category being used as the reference group for calculating ORs.”