

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The challenge of vaccinating adults: attitudes and beliefs of the Canadian public and healthcare providers
AUTHORS	MacDougall, Donna; Halperin, Beth; MacKinnon-Cameron, Donna; Li, Li; McNeil, Shelly; Langley, Joanne; Halperin, Scott

VERSION 1 - REVIEW

REVIEWER	Ohid Yaqub University of Sussex, United Kingdom.
REVIEW RETURNED	06-Jul-2015

GENERAL COMMENTS	<p>I recommend this paper for publication. It adds to a very large (and still growing) body of literature on attitudes to vaccination. Some fairly minor revisions can be made. First, in the abstract, make clear what "trust-mistrust" refers to... trust in what? This is done in the main text, but most readers will see the abstract before that main text. Second, in the limitations, it is stated that the field is rapidly changing. I'm not sure that it is. Taken literally, all fields of science are changing. But it seems we have been dealing with the same (or at least v similar) old issues when it comes to vaccine attitudes. Suggest to delete that bullet point. Third, the discussion section could do with being leaner and more clearly written. It struggles especially when it tries to relate its own findings with those of others, often reporting other findings way beyond what's needed. The section needs re-writing, re-structuring, and more guide posting to help readers get through it. Apart from those three issues, the paper is ready to go in my view.</p>
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REVIEWER	Helena Maltezos Hellenic Center for Disease Control and Prevention, Athens, Greece
REVIEW RETURNED	20-Jul-2015

GENERAL COMMENTS	<p>This is an interesting study, however there are issues that should be considered before a final decision.</p> <ol style="list-style-type: none"> 1. The Paper is too long (5596 words). Please reduce it significantly (< 4000 words). 2. Introduction, page 4, First paragraph, Line 18: you mention pneumococcal conjugate vaccine, please clarify. 3. Same page, 2nd paragraph: please provide Information about the Canadian routine vaccination program for adults (vaccines, frame of vaccination - Free of charge? mandatory or recommended?). 4. Page 5, Line 35: you mention "... responsibility for immunization delivery ..." you mean to adults only or to Children as well? please clarify. What about paediatricians? Was there a specific reason you did not include them in the study?
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	<p>5. Results section, page 8 onwards: Data are presented and duplicated several times (you repeat the results of your study, both in the text and in tables). Please omit this.</p> <p>6. Too many data! You want to present in details the data from page 10 through page 17 in an appendix, this will facilitate the reader and reduce the length of the Paper.</p> <p>7.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

3. I recommend this paper for publication. It adds to a very large (and still growing) body of literature on attitudes to vaccination. Some fairly minor revisions can be made. First, in the abstract, make clear what "trust-mistrust" refers to... trust in what? This is done in the main text, but most readers will see the abstract before that main text.

More specific detail has been provided in the abstract about the "trust-mistrust" issue.

4. Second, in the limitations, it is stated that the field is rapidly changing. I'm not sure that it is. Taken literally, all fields of science are changing. But it seems we have been dealing with the same (or at least v similar) old issues when it comes to vaccine attitudes. Suggest to delete that bullet point.

Deleted as suggested.

5. Third, the discussion section could do with being leaner and more clearly written. It struggles especially when it tries to relate its own findings with those of others, often reporting other findings way beyond what's needed. The section needs re-writing, re-structuring, and more guidance to help readers get through it. Apart from those three issues, the paper is ready to go in my view.

The discussion has been modified to cite but decrease the information provided about prior research. We have modified introductory sentences to assist in guiding the reader through the discussion.

Reviewer: 2

This is an interesting study, however there are issues that should be considered before a final decision.

6. The Paper is too long (5596 words). Please reduce it significantly (< 4000 words).

The paper was reduced substantially to 4000 words by following the suggestions about presenting the qualitative quote data in the appendix (comment 11 below) and not provide details of data from the literature (comment 5 above). The word count increased to 4500 words when the details of the methods for the survey development and focus groups were added so as not to require reference to another publication (Editorial comment above).

7. Introduction, page 4, First paragraph, Line 18: you mention pneumococcal conjugate vaccine, please clarify.

Pneumococcal conjugate vaccine has just been recommended specifically for adults in some jurisdictions. However, since the same vaccine is also recommended for children, we have deleted reference to pneumococcal conjugate vaccine in this section.

8. Same page, 2nd paragraph: please provide Information about the Canadian routine vaccination program for adults (vaccines, frame of vaccination - Free of charge? mandatory or recommended?).

Information on adult immunization in Canada has been provided as requested.

9. Page 5, Line 35: you mention "... responsibility for immunization delivery ..." you mean to adults only or to Children as well? please clarify. What about paediatricians? Was there a specific reason you did not include them in the study?

Clarified as suggested to specify as delivery of vaccines to adults. Pediatricians were not included because this study was focusing on immunization of adults.

10. Results section, page 8 onwards: Data are presented and duplicated several times (you repeat the results of your study, both in the text and in tables). Please omit this.

The repetition of data in the tables and texts has been decreased and only summary data which specifically draws attention to selected comparisons from the tables have been provided in the text.

11. Too many data! You may want to present in details the data from page 10 through page 17 in an appendix; this will facilitate the reader and reduce the Paper.

As we had described in the cover letter for the initial submission, "The manuscript has a higher word count than is typically recommended by the journal. This is the result of our use of a mixed methodology format that includes both survey data (quantitative) and focus group data (qualitative). For the former, we have included a number of direct quotes from our focus group participants to provide the full richness of the qualitative data generated. This adds substantially to the length of the manuscript; however, it remains highly readable given the nature of the quotes which provides depth to the quantitative survey data." We have removed all of the extracted quotes from the qualitative results section as suggested by the reviewer and placed them in an appendix. As expected, this reduces the word count substantially. However, we strongly believe that this decreases the impact of the qualitative data since the reader must go to the appendix to get the flavour of the comments provided. Since this was a request by a reviewer and not by the Editors to whom we addressed our query about the length, we have provided two alternate versions: "v03" which retains the quotes in the results section which the authors favour and "v03A" which puts those data into an appendix as requested by the reviewer. We leave it to the Editor's discretion on which version makes most sense for the readership.