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Title	Characteristics and predictors of patients vaccinated against influenza in physician offices versus pharmacies: a cross-sectional study
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<b>Reviewer 1</b>	Lisa Nissen
Institution	School of Clinical Sciences, Queensland University of Technology, Brisbane, Australia
General comments (author response in bold)	This provides a useful view of the data between doctors office and pharmacists in primary care. it speaks to the impact of the pharmacists offering an immunization service and the characteristics of the patients who attend the different sites. These are data that are not readily available in most countries as the linkages able to be made between the sites is not possible. It will provide a view of how you can target groups who are at risk in the primary care setting and look at programs and systems to engage those who are not currently accessing vax. This is a paper that adds value to the literature in this space.
<b>Reviewer 2</b>	Guy Rostoker
Institution	Nephrology and Dialysis, Centre Hospitalier Privé Claude Galien, Quincy-sous-Sénart, France
General comments (author response in bold)	A clever, methodologically sound and clear article, searching to caractériser determinants of influenza vaccination in pharmacy as compared to their usual physician. This type of article is of value to improve success of immunization in the general population.
<b>Reviewer 3</b>	Kate Dupuis
Institution	Department of Psychology, University of Toronto Mississauga, Mississauga, Ont.
General comments (author response in bold)	<p>Page 4 line 28- why/how were these particular diagnoses chosen?  <b>Validated health care utilization database algorithms have been developed to identify specific chronic diseases. In our analysis, we chose those chronic diseases that are linked to higher influenza morbidity and mortality. A sentence has been added in the methods to reflect this decision. (Line 140-142)</b></p> <p>Could you compare between people who got the shot in 2013/2014 and 2015/2016 and see the overlap? Any differences/similarities in the people who do/do not get a repeat shot?  <b>Great question. We did not specifically look at the subset of patients who did or did not get the influenza vaccine in both of these influenza seasons either from the same or different providers. The reason was that we don't know if those individuals who did not get vaccinated in community pharmacies or physician offices got vaccinated in another setting not captured by our data (i.e. Public Health Unit, workplace). We do know from our data that your previous vaccine provider (pharmacist or physician) was highly predictive of where you got vaccinated next. This is included in the manuscript.</b></p> <p>Page 5 line 10. Are all of the data reported above from 2015/2016 alone? Why were no data reported for 2013/2014? You say the results were similar but not identical- what was the same/different?  <b>We have added a section in results that speaks to the 2013/14 data and what was different from the 2015/16 data. (Lines 226-229)</b></p>

Page 5 line 38- do you mean 16.9% and 16.5% of individuals who were vaccinated in the pharmacy?

**Yes, the wording has been modified for clarity. (Lines 201-203)**

What do you think accounts for this drastic increase in people vaccinated in pharmacy? Public service announcements? Marketing of the flu shot?

**While this study was not designed to answer that question, we have added several potential answers and a reference to an Ontario survey of patients who were vaccinated by a pharmacist and provided reasons why, willingness to return etc. (Lines 235-236)**

For the people who changed from one location of administration to the other (i.e., in 2013 received in clinic and in 2015 at pharmacy)- are there any predictors of this change?

**Similar to our answer four rows above we did not conduct further analysis of the individuals who were “repeat” customers to the same or different providers (pharmacist vs physicians). This concept of “loyalty” to provider is interesting and may warrant a separate analysis and paper.**

Page 6 lines 17 and 18- for the increase in pharmacy-based vaccinations, was it an increase in absolute number of vaccinations or did the proportion of vaccinations in the pharmacy increase?

**Good point. This needed clarifying. The answer is both. We have added “number and proportion” to this statement. (Lines 233-234)**

Page 7 line 10- what are the ethics around targeting high-risk individuals? Is the assumption that they are in the circle of care due to their work with the pharmacy? Would you focus on those with diabetes, hypertension, and COPD?

**Targeting might be too strong a word. The intent was that pharmacists could further engage those within their circle of care who would benefit from influenza vaccination. This would include reaching out to those who have chronic diseases and are at increased risk of influenza complications. For example, this could be done by in-store advertising that outlined the benefits of patients with these conditions getting vaccinated or by identifying through prescription records those individuals with these diseases and flagging their file for pharmacists can encourage them to get vaccinated when they come in the store, so. We modified this paragraph to reflect this concept of pharmacists being part of the patient’s circle of care. (Line 272-274)**