vaccines-2312202-review

This is an interesting and timely paper. There are, however, some items that need clarification.

To start with, the Abstract. Include the number of subjects, location (Greece), and calendar time (year).

The sample size, viz., 200, is modest. It is large enough to make some inferences, especially with a new, rapidly developing topic such as COVID. Remove all decimal places, especially in %s. The sample size does not warrant that level of precision.

Methods. The investigators did an excellent job in development of the "instrument/questionnaire". They should state that it was a brief, demographics and 8 questions on attitude/perceptions. Many will presume a much longer survey.

Below are the 8 questions from Table 2 – I presume comprise the non-demographic portion of the survey. There is a disconnect in the form of the question for #3,4 6, where Table 2 has likert response options. The way the questions are worded in the table (and below) only a yes/no would be appropriate response options. I suspect that it is a translation issue. I presume that the questionnaire was completed in Greek and translated for this publication. Consider the rewording of #3,4,6 below – IF that is how the questions read originally.
Do you agree/disagree with each of the following statements:

3) The dentist's role is important in dealing with the Covid-19 pandemic.
4) The information you received from the dentist about the Covid-19 pandemic sufficient.
5) You consider for your appointments whether the dentist follows all health protocols against Covid-19 according to guidelines of public health authorities.

Instrument – Based on Table 2

1. Did you undergo teeth cleaning during the last year?Y/N
2. Did you cancel planned prosthetic work (dentures, implants, crown placements) due to the fear of the transmission of Covid-19? Y/N
3. Do you think that the dentist's role is important in dealing with the Covid-19 pandemic? LIKERT
4. Was the information you received from the dentist about the Covid-19 pandemic sufficient? LIKERT
5. Has Covid-19 discouraged you to keeping your scheduled dental appointments? Y/N
6. Do you consider for your appointments that the dentist follows all health protocols against Covid-19 according to guidelines of public health authorities'? LIKERT
7. If you knew that the dentist ~~he~~ had fallen ill from Covid-19 and fully recovered, would it affect your visit to the dental office? Y/N
8. Would you feel safe knowing that your dentist was vaccinated against the Covid-19 disease? Y/N

Statistics. Univariate stats are means, sd, etc. For age, I suggest giving mean (sd) in text not table. Also give median and inter-quartile range (IQR). The latter will give the reader a much better understanding of the distribution of ages among the participants. Chi-square and t-tests and bivariate analyses, not univariate descriptors

Results. The results are hard to follow, fully grasp. One of the objectives, in fact the primary objective, is to ascertain the effect of a health care worker (dentist) being vaccinated against COVID on patients seeking care from them. In the logistic regression model the outcome is "decision of patients to attend to the appointment with the dentist". What number is this? Is it the 12% (N=36) would feel safe knowing

their dentist was vaccinated? Or was it the 22% (N=67) who would be affected if their dentist had had COVID but had recovered. Whatever it is, it needs to be explicitly stated and put in the title of the table.

Also, before doing any model, the individual, or bivariate analyses should be examined and presented. I suggest adding columns to tables 1 and 2 that indicate the outcome. Education should be in table 1, not as a chart. Age as a categorical variable to better present any association with the outcome. Below is a common table format.

	Total (N =200)		Outcome (N =)	
Characteristic	N	Col %	N	Row %
Gender				
Male				
Female				
				P = 0.
Age at study enrollment				
<45 years				
45 - 54 years				
55 - 64 years				
65 or more years				
				P = 0.

Then, typically, only put characteristics in the model with a p-value <0.1. Remove one at a time (backwards elimination) until all have a p<0.05. Shows OR & p-values for full model, then for final reduced model, show odds ratios (OR), 95% confidence interval (CI), and p-values. Below is an example for presenting logistic regression findings in most medical journals. The "individual" column heading is the crude/bivariate association. For clarity, have an indicator (e.g., question number; can be simply something like Q2). Table 2 would need to have the questions numbered.

	Individual		Full model		Reduced model		
	Odds Ratio	p	Odds Ratio	p	Odds Ratio	95% Confidence interval	p
Age (per 10 yr)							
Female vs male							
xxxxxx							

You do not need to present the betas and std errs in the table, they are redundant with ORs/95%CI. Never any more than 2 decimal places for OR/95% CI; one decimal place is preferrable.

Most readers will want to know whether the relationship of demographics (viz., gender, age, education) with Table 2 attitudes, and something about the interrelationship of the attitudes. As some have dichotomous response options and others are on a likert score, you cannot do a simple Spearman correlation matrix.

The discussion appropriately compares to the literature and addresses limitations of the study.