Reviewer's report

Title: Primary Care Physicians Approach to Diagnosis and Treatment of Hepatitis B and Hepatitis C Patients

Version: 1 Date: 25 September 2003

Reviewer: Veronique Massari

Reviewer's report:

General

Discretionary Revisions (which the author can choose to ignore)

Minor Compulsory Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
This paper reports on primary care physicians approach to diagnosis and treatment of hepatitis B and hepatitis C patients in one district in Turkey.
This paper is mainly descriptive and is of limited interest outside Turkey in its actual form.
The design is not described with sufficient precision for the study to be replicated by a third party (except the part adapted from Shebab et al)
Paper is not well structured and would benefit from an improved clarity . English should be reviewed.
The length of the article need adjusting
In the introduction the authors should give more information concerning the population in the district of Samsun to permit to calculate expected number of HCV infected patients. If the prevalence of HVC infection is 1.5% this number is not between 3.9% and 12.5% as written.
In the methodology the authors should clarify their population. Is the 32 PHCC represent the total PHCC in their district ? Are the nonrespondent GP randomly distributed or PHCC aggregated ? How their result could be extrapolated to whole Turkey ?
Are the all GPs men in this region or not ?
What are the six questions asked concerning the route of HBV and HCV transmission and risk groups ? Are they opened or closed questions
Results: Concerning the number of HBV patients seen during the last year, the sentence "In the last year 110 of the participants …" is unclear and may be wrong.
What does it means that "108 stated that they could not identify HBV and 126…could not recognize HCV patients " while most on the patients were asymptomatic.
How many patients with chronic HBV infection were known by the 45 GP who had encounter such patients during last year ?
Paper will be clearer if the authors separate the results of the two virus (HBV and HCV)
It will be more interesting to know which risk factors or ways of transmission are not well known by the GPs with their associated percentage (means pts are not very informative)
Paper could be more didactic if the authors add in the tables III and IV, a column with the tests and the therapeutic management according to the CDC or WHO guidelines (with yes or no after each item). Same thing could be applied for maternal transmission and managment of infant born from a HbsAg positive mother.
Source of information of GPs could be done in the text and does not necessarily need a table.

Discussion
Most part of the discussion is a detailed description of the Tables III and IV and are in fact results and should be deleted or moved to results section.
I would suggest that the authors need to rewrite the paper paying close attention to the details reported

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: A paper whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:
None