Reviewer’s report

Title: Implementation of tuberculosis infection control in health facilities in Mukono and Wakiso districts, Uganda

Version: 6 Date: 30 May 2013

Reviewer: Michael Reid

Reviewer’s report:

The revised version is clearer and results are presented more succinctly and more systematically.

MAJOR compulsory reviews

A. Generally I think the revised submission is improved and almost all issues of concern have been addressed. However, I think it would improve the paper considerably to include more detail with regards to the study's limitations.

Please consider adding detail addressing:

1. Site assessments were only able to assess the availability of IC measures and were unable to differentiate quality, comprehensiveness or consistency of implementation of all measures at assessed sites.

2. Possibility of human error, leading to non-differential misclassification with regards to presence or absence of different IC measures

3. Lack of a validated survey tool

4. Sample size - limited to two regions of Uganda. Can these results be extrapolated to other settings?

5. Limitations of using qualitative data.

B. Discussion: In the discussion the authors describe in detail how the 'Training of trainers' model was inadequate since many TBIC measures had not been implemented. There is considerable data to support this model of pedagogy in resource limited settings. Furthermore, the data from this study actually suggest that HCWs did have good knowledge and gave the correct answers, even when these answers were incongruent with observations of the researcher. I would suggest that these findings indicate, not limited knowledge or inadequate training, but point to failure to adopt other admin/managerial measures. I would argue that the discussion should focus less on lack of training, but on the importance of strong health systems. Effective implementation of TB IC measures occurs when the fundamental health system building blocks - governance and stewardship, financing, infrastructure, procurement and supply chain management - are in place and functioning appropriately. To focus on the failings of individual HCW to implement TBIC measures can be self-defeating and demoralizing for HCWs, when more fundamental issues have not been addressed.
MINOR

Table 2. What test does the P-value refer to?
Table 3. The characteristic- staff training in TBIC: Does this refer to sites that offered training or to individual staff who underwent training?
Table 4. Patient screening - please denote that the indicator is Y/N
Table 4. Staff numbers - please correct > to <
Table 5. Please define 'adequate' as a footnote to the table.

Abstract - COnclusion - please review use of comma in 2 and 3 lines
Keywords - is 'Practice' a useful keyword?

Introduction
Para 1 Line 13 - consider recruitment instead of enrolment
Para 2, Line 7 - consider 'is' instead of 'has been found to be'

Results
Page 10, para 3 - consider 'was' instead of 'were'
Page 14, para 2, line10 - sentence is very cumbersome. Please rewrite
Page 14, para 3, line 2 - I challenge that 'behavior change' is far less important than health system change.
Page 15, para 3, line 2 - I believe that introducing national TB notification register for HCWs would be an important step towards reducing nosocomial transmission and is supported by ILO and WHO

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests