Author's response to reviews

Title: Time to first consultation, diagnosis and treatment of TB among patients attending a referral hospital in Northwest, Ethiopia

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Version: 3 Date: 9 November 2013

Author's response to reviews:

Dear Editor,

Thank you for revising our manuscript. We have addressed the points you raised in the revised manuscript. Please find below our responses in italic right after each of the question/comments. We have highlighted in green the recent changes made in the revised manuscript.

1. “You mention that EPTB can be transmissible. I think that you should add more clarity, perhaps noting that many patients with EPTB also have PTB, which is of course transmissible”.

Comment accepted, and correction made in the manuscript as suggested.

2. “You need to add more detail about why you chose the cut-offs that you chose for delay. I thought that the detail that you provided in the response to the reviewers was good. You said that there was no great information to determine what cut-off should be used, but that you did a variety of things to come up with what you thought was reasonable and used that. This justification is fine. It just needs to be laid out more clearly in the paper”.

Comment accepted. We have added reasons for the choice of cut-offs points used in the manuscript.
3.” You have a paragraph where you report on the proportion of sm+, sm-, and EPTB patients who have a variety of symptoms. I think that this information would be better presented in table format. You can maintain the paragraph currently highlighted in yellow that notes the differences”.

Comment accepted. The information has been presented in table format as suggested.

4. “The lack of delay in people with HIV could also be due to higher index of suspicion among providers when seeing a person with HIV. This should be noted”.

Comment accepted, and the suggested point has been noted in the manuscript.

5.” I would recommend commenting on what value the Xpert MTB/Rif Assay might provide. Perhaps this could be available at a hub facility with transport of the specimen (not the patient) to that facility. Do you think this might decrease health facility delay?”

We agree with your comment. However, the high cost of GeneXpert machine may be a challenge to deploy it in a wider context in a poor country like Ethiopia. Nevertheless, deploying GeneXpert machine in selected health centres/hospital with high TB patient case load will be very helpful to reduce health systems delay. We have forwarded this recommendation in the revised manuscript.

Sincerely yours,

Solomon Abebe Yimer

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