Reviewer's report

Title: Adherence with isoniazid for prevention of tuberculosis among HIV-infected adults in South Africa

Version: 2 Date: 19 May 2006

Reviewer: dick menzies

Reviewer's report:

General
This is a re-review of the revised manuscript with the authors comments. Overall, the paper is substantially improved. The additional details that make the paper stronger include the pre-testing in five volunteers, the development of the questionnaire, selection of the study participants and reasons for lack of HIV treatment. However, some of the authors' responses in their covering letter, are not found in the manuscript. I have a few comments remaining.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

SECTION: Methods - Setting (and study population)
The authors mention that "few patients were on ARV". Please give the actual numbers. It would be important to explain why there is such a low rate of ARV coverage.

Paragraph 3 - Although they explain elsewhere that patients were tested only once, this should be explained here, as part of description of patient recruitment.

Paragraph 4 - The questionnaire development which is described in detail in the authors response letter should be described in more detail here. The references that were the sources of particular questions should be given.

SECTION: Results
Paragraph 1 - More detail is needed on the results of the urine test strip in the five volunteers. This could be in a supplemental table, but the exact results by each time tested should be given.

Paragraph 4 - There is a considerable amount of detail about where people got their INH. If this has no effect on compliance this could be reduced in order to provide more details on other aspects. Also the time that the individuals were on treatment and the lack of association between duration of INH therapy and urine INH testing should be mentioned. The fact that there was no relationship is an important negative.

Paragraph 5 - "less likely to have a negative test". Why not simply say more likely to have a positive test. The contradictory results of the questionnaires and correlation with negative (or positive) urine tests could also be explained simply because of confusion with the wording of the questions. I think that the authors need to acknowledge that possibility, especially since this questionnaire is of their own making.
SECTION: Discussion
Paragraph 3 - The results about the relationship between patient beliefs and compliance should be in the results section. As noted above authors should acknowledge the possibility of poor understanding of their questionnaire since it is not standardized but was developed by them. Secondly there were very small numbers so this could have been a chance finding.

Paragraph 6 - Relationship between beliefs and adherence, again this could simply be poor understanding of the question.

QUESTIONNAIRE - I would like to see the actual questions. Even though the questionnaire was translated into Zulu, it is useful to know the exact phrasing of each question. If others are to develop their own questionnaires it will be useful to know what questions were used in this survey. If the authors want to list the questions only in Table 1 that should be explicitly stated in the methods, and also in the Table title or footnote to the table (i.e., that these are the precise questions.)

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No