Reviewer's report

Title: Childhood TB epidemiology and treatment outcomes in Thailand: a TB Active Surveillance Network, 2004 to 2006

Version: 2 Date: 4 March 2008

Reviewer: Alwyn Mwinga

Reviewer's report:

Minor essential revisions
1. The methods section in the abstract seems to indicate that the researchers actively took part in providing care for the patients, however the text in the actual paper seem to indicate that this was a retrospective review of the data. This needs to be clarified. The lack of some information (of diagnosis etc) are a limitation in the paper and detract from the quality of the paper.

2. Table 1 - seems to contain all the information of the cases and is not very clear in the way it is set out. Some discrepancies were noted in the figures. An example of this is the difference between the numbers in the category of TB (3 relapse, 1 failure, 3 treatment after default) compared to the numbers given for previously treated TB (18). For chest radiograph, 194 were put as abnormal but the only abnormality mentioned was presence of a cavity for 17. What were the other abnormalities detected.

3. It is a little difficult in the way the table is constructed to link the numbers in the treatment category with the treatment given.

4. The number indicated for knowing the HIV status prior to the TB visit is different from what is mentioned in the text (71 vs 57).

Generally the table has too much information and should be revised to include only the relevant information or broken down into separate tables. Some of the information does not need to be presented in this way.

5. Tables 2 and 3 focus on outcomes of treatment by age group/HIV status and anatomic site/microbiologic characteristics. Given that 68% had no microbiological data at the onset of treatment, the value of presenting the data on microbiological classification is questionable.

6. Tables 4 and 5 - it is not clear what is meant by referent and hence it is difficult to comment further on these tables.

7. As the paper mentions that physicians used their discretion to do CD4, provide treatment for OI or prescribe ART and given the high death rate in HIV infected individuals, perhaps the authors should consider a recommendation to standardize the approach to treatment for HIV infected TB patients.
8. It is not clear why the gastric lavage specimens were classified as sputum given the different sensitivities of direct smear examination sputum and gastric lavage.

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

Declaration of competing interests:

I declare that I have no competing interests.