Author's response to reviews

Title: High incidence of pulmonary tuberculosis in children admitted with severe pneumonia in Uganda

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Author's response to reviews: see over
To: Dr Jose Ricardo de Mello Brandao  
Journal Editorial Office  
BioMed Central

Dear Sir,

RE: RESPONSES TO REVIEWERS COMMENTS ON ARTICLE TITLED “HIGH PREVALENCE OF PULMONARY TUBERCULOSIS IN CHILDREN ADMITTED WITH SEVERE PNEUMONIA IN UGANDA”

Thank you for the peer review provided for this manuscript. Below are my responses to the reviewer’s comments

Reviewer: Stephen Graham

Minor Essential revisions
1. Use “tuberculosis” or shorten it to “TB” once at beginning of manuscript and use TB thereafter, rather than interchanging as it is at moment.

Response: I have edited the manuscript in accordingly to maintain consistence.

2. Background – lines 8-10 – “TB IS one of the leading cause of morbidity and mortality globally across all age groups” and then refers to a paper from almost 20 years ago. I think that if a statement referring to TB as a leading cause including in children, then need more current reference that provides evidence for children. It may be true but needs stronger reference.

Response: I thank the reviewer for the observation. I have revised to reflect more recent references of 2012 and 2004 for this information.

3. Be careful to assume that infants with TB do not require antibiotics as well when they present as acute pneumonia as there is evidence from clinical and autopsy studies – and indirect evidence from vaccine probe studies (Moore DA et al PIDJ) – that bacteria especially pneumococcus can be an important

Response: This sentence has been edited appropriately. Statement to unnecessary antibiotic use has been deleted but the message of the sentence maintained.
Discretionary revisions
4. Would it be possible to add another table simply listing the relevant characteristics of those 17 cases with confirmed culture-positive TB? I believe that this would add useful information. Could also add column for those with culture-negative TB and compare. Such data would provide important feedback to assist with improving clinical definitions.

Response: A table has been added to reflect this important information.

5. Are there data of the day (range) following admission that TB treatment was commenced in those with TB? Could duration of hospitalisation be added and in-hospital case fatality rate be added to Table 2 for comparison between TB and Not TB? These data would be very informative and relevant.

Response: We agree that this would be very informative and relevant data. However, our protocol did not provide for the capture of this data.

Reviewer: Alok Kumar

1. When using bracket(parenthesis) please do not use the same bracket with a bracket - in the abstract and elsewhere.
2. Please recheck the references for the style.

Response: Thank you for the observation. I have edited the whole manuscript paying attention to the brackets. I have re-checked the referencing style ensuring compliance with the publisher’s instructions of square brackets for references.