Reviewer's report

Title: High Prevalence of Pulmonary Tuberculosis in Children Admitted with Severe Pneumonia in Uganda

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Reviewer: Alok Kumar

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High Prevalence of Pulmonary Tuberculosis in Children Admitted with Severe Pneumonia in Uganda

Comments for the Authors

In this study "High Prevalence of Pulmonary Tuberculosis in Children Admitted with Severe Pneumonia in Uganda". authors have a clearly defined hypothesis where in they have proposed that a high proportion of children presenting with pneumonia in acute care setting may be due to Tuberculosis and that in these children the early diagnosis of Tuberculosis is often missed with wastage of valuable time in treating these children with all sorts of antibiotic. They have further suggested that if one can establish the proportion of the children presenting with acute pneumonia and who have Tuberculosis and if one can find those features in these children that can heighten the suspicion of Tuberculosis, then early diagnosis easy possible.

Minor revisions

1. Methods

Line 3 - HIV seroprevalence of 10.6%,

a) does the author refer to seroprevalence in the entire population or the childhood population?

if it is for the entire population ten what is the seroprevalence among children?

Line 8 - pneumonia admissions accounting for 20%,

b) 20% of what, all the pediatric admission? or all the admissions at that hospital?

2. Results

Page 6 Line 11 - 17 children had culture confirmed Tb,

a) In 2 children Tb was cultured from blood and in one Tb was cultured from both the blood and the sputum, was in the remaining 14, Tb cultured from sputum? Author should mention the culture medium in the remaining 14 children.

3. Discussion

Page 8 Line 9

“Our study was however not designed to establish the prevalence of culture
confirmed Tb in children admitted with severe pneumonia” So what was the objective of this study. I think this need to be clearly explained in the methods section.

Major Revisions

1. Results
   a) was there any difference in the results of the blood counts such as total WBC counts OR the differential WBC counts among those who had Tb and those who did not have TB?
   b) was there any difference in the chest xray finding among children who had Tb as compared to those who did not have Tb?
   c) was a blood culture or other cultures to exclude coexisting bacterial pneumonia in these children with Tb?
   d) was there a way to exclude Pneumocystis jiroveci pneumonia in children who had HIV and Tb coinfection?

2. Discussion

Page 8 line 5 through 10
   a) Authors have argued that the access to ART may have been a possible factor for the reduced incidence of Tb seen in this study, How many of the children with confirmed or probable Tb and HIV coinfection were on ART in this study? It will be nice to have the data on the immune status and the therapy data including any prophylaxis in those children who had HIV coinfection.

Level of interest: An article of importance in its field

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

No competing interest, financial or otherwise.