Reviewer's report

Title: Assessing the acceptability of HIV care package among tuberculosis patients in the Northwest Region, Cameroon.

Version: 1 Date: 1 December 2009

Reviewer: Soumya Swaminathan

Reviewer's report:

The paper is fairly well written and addresses an important topic. The message that linkage to ART needs to be improved and diagnostic services including CD4 testing need to made free of cost, are important for policy makers and ART programs in many countries.

However, my main problem is the way in which data has been presented and the lack of clarity on how conclusions were drawn. The authors need to re-examine some of their findings and revise the interpretation of some of the findings. Though the main conclusions are unlikely to change, it is important that the facts are clearly represented.

- Major Compulsory Revisions

While the authors say they dichotomized patients by HIV testing and status, ART and CPT uptake and performed univariate and logistic regression, results are presented differently in the tables. The proportions presented add up column-wise making it difficult to compare the ART uptake across groups eg we cannot tell what was the ART uptake among “new” and “others” or among EPTB and PTB patients. I will not be confident of the data unless the actual percentages are presented along with the ORs and confidence intervals. The distribution of age groups etc is likely to remain similar and does not need to be presented in each table. The tables therefore need to be completely re-done with the factors of interest (eg ART uptake) compared across the various groups.

Many of the confidence intervals presented cross 1 and the results cannot therefore be considered statistically significant. Results of the same parameter also differ by public and faith-based hospital status and therefore cannot be generalized. Eg TB type is significant as a factor for ART among faith based but not at the public hospital. It would be useful to highlight or bold the factors that proved to be significant.

- Minor Essential Revisions

Table 3 title should have the word CPT instead of ART

There are two table 3s and no table 1. These should be re-numbered as the text mentions a table 4

Data in paragraph 1 of the introduction should be updated to reflect the most recent data available from the Global TB Control Report 2009
In introduction, it would be better if HIV prevalence data among TB patients and general population during the same time period are presented.

On page 6, Discussion 1st para, authors say testing rates were higher in public hospitals, but the difference was small, so they could use the word "slightly higher".

The paragraph on page 9 that starts with "Setbacks...." Can be re-worded as "limitations" as it reflects the content better.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.