Reviewer's report

Title: The role of entry screening in case finding of tuberculosis among asylum seekers in Norway

Version: 2 Date: 14 September 2010

Reviewer: Connie Erkens

Reviewer's report:

In this revision of the paper “The role of entry screening in case finding of tuberculosis among asylum seekers in Norway” the authors have addressed the critical points raised by me and fellow referents. Regretfully, they have not fully succeeded in improving the quality sufficiently for acceptation for publication.

MAJOR

1. PAGE 5, 2D PARAGRAPH “ANNUAL REPORTS….REGISTER”.

It would be appropriate to mention the proportion of annual TB incidence in Norway caused by TB among asylum seekers, how much caused by TB on entry and how much in later years.

In their response the authors explain that the national TB register does not distinguish TB patients further than ‘immigrant status’. They have not explained this satisfactorily in the text with “Surveillance data for TB are available in Norway, but not for asylum seekers specifically”. To my view, it would be better to clarify in the text that asylum seekers cannot be distinguished from immigrants in the register.

2. PAGE 6 METHODS

For clarity inclusion criteria could be defined first, before data on the study group are reported. Why are children < 18 years excluded from the study population?

In their response the authors explain that children <18 years are excluded from the study group because of different referral routes on ‘positive screening results’, which would have complicated the study design. This should be clarified in the paper as well. A further comment on the limitation of the study results to persons > 18 years and the views of the authors on the need for evaluation of the effectiveness of entrant screening for children <18 years in particular would be appropriate.

Tables:

Although I have not indicated this earlier, to my view Table 1, 3 and 4 give overlapping information and perhaps could be combined to one table. An example of the table I would have in mind is attached.

Table 3
This is not a case control study: is it appropriate to call non-cases ‘control’?
I think the authors missed my point here: I disagree with calling the non-TB cases in this table ‘control (group)’. This could be addressed when table 3 is combined with 1 (and 4) or be called ‘non-cases’.

Table 4
The added value of displaying the three different logistic models in table 4 is not clear as they do not seem to influence the outcome for gender and origin from Somalia and are not further explained. Perhaps it would be better to choose one of the models for the table and describe the results and consequences when using the other models in the text?

Table 5
The statistical analysis may be influenced by the relatively high proportion of missing values, in particular of CXR-results.
(As I indicated in my previous review, I do not feel adequately qualified to assess the statistics, but do feel this should be this should be looked into.)

MINOR
1. PAGE 8 LINE 4 / LAST LINE
   AN X-RAY IS NOT ‘POSITIVE’ BUT ‘ABNORMAL’ OR ‘SUSPECT’
   This was not corrected in the abstract.

2. PAGE 10 ‘OF 12 CASES… CENTRAL TB CLINIC’.
   IT IS UNCLEAR HOW THIS IS RELEVANT FOR THE RESEARCH QUESTION.
   In their response the authors explain that this is relevant because it shows to what extend guidelines are (not) followed, as all persons with abnormal CXR-findings should be referred to the central TB clinic. This should also be clarified in the text, either by the addition of ‘according to guidelines’ in the sentence in the result section, or in the discussion where the consequence of not following the guideline could be further commented upon (since apparently the cases were still classified as ‘detected by screening’).

3. PAGE 14
   “HOWEVER, THE NORWEGIAN GUIDELINES DO NOT GIVE DEFINITE RECOMMENDATIONS FOR TREATMENT …. ONLY 30 PERSONS WERE TREATED FOR LATENT TUBERCULOSIS.”
   I think the authors mean ‘recommendations for PREVENTIVE treatment’? The proportion of eligible asylum seekers who received for preventive treatment rather than the absolute number would be more illustrating here.

4. The paper still needs further editing by a native speaker and spelling checks.

Level of interest: An article of limited interest
**Quality of written English:** Needs some language corrections before being published

**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