Author's response to reviews

Title: Factors Associated with Default from Treatment among Tuberculosis Patients in Nairobi Province, Kenya: A Case Control Study

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Author's response to reviews:

Author’s report
Title: Factors Associated with Default from Treatment among Tuberculosis Patients in Nairobi Province, Kenya: A Case Control Study
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We highly appreciate the comments from the reviewers. It has greatly helped us in improving the paper.

Reviewer's report:

(1) Abstract: “default occurred most frequently during the intensive phase of treatment, 43% defaulting within the initial 2 months.” This has been corrected by use of ‘monthly default rate highest in 1st and 2nd months’

Background: The last sentence of the background section is incomplete. It has now been completed appropriately

In the intensive phase of treatment, patients collect drugs from facilities weekly while monthly collections are done during the continuation phase. Daily supervision in taking drugs done by DOTS observer (health care worker, relative) explained

Incident cases of tuberculosis increased nine-fold from 11,625 in 1990 to 116,723 cases in 2007[6] and was largely attributed to the HIV pandemic.

It had the highest Case Notification Rate (652 /100,000 population and defaulter (Out of Control) rate (16.7% all cases) among provinces (National defaulter rate was 9% all cases) within the same period [6]. Revised

(3) Methods:
a. Study Population: please provide a brief definition for ‘Out of Control’. The
WHO definition was used for OOC ie patients who abandoned treatment for 2 months or more.

c. Ethical consideration. “sputum test results were obtained from treatment registers.” sentence removed

Sampling procedure: <= A total of 1033 controls were randomly selected from among 5659 patients who completed treatment course. Matching for case and treatment site. = meant approximately an equal number of cases and controls per facility. This has been clarified

(4) Results:

Table 1. The age data presented proportions of each age group represented among cases and among controls (children < 13, adolescents 14-19, young adults 20-40, middle-aged, adults 41-59, elderly >60). For analysis all other age groups are compared with children who had better adherence.

Risk factors for default. Rather than state that multivariate logistic regression was employed to identify factors independently associated with default some data has been provided as suggested

Table 3. I Order of Yes/No made to be consistent

Use of herbal medication Odds ratio corrected

(5) Discussion.

a. In the “limitations” paragraph “some defaulters could not be traced while others had died” and it is also possible that the treatment outcomes for some of these patients were miscategorized as “default” when really they should have been classified as “died.” This has been reported as a potential limitation of the study

Discussions revised

Bernard N. Muture