Reviewer’s report

Title: Tuberculosis diagnosis delays in Chad: a multicenter, hospital-based, survey in Ndjamena and Moundou.

Version: 3 Date: 10 March 2012

Reviewer: Rachel Royce

Reviewer’s report:

I reviewed the re-submitted improved manuscript and have the following comments.

Abstract – Conclusions section only contains one sentence that does not fully reflect the conclusions in the report. There were some additional useful conclusions about structural changes (where to offer diagnostic tests) capacity building (training health care workers) that are important to mention.

Methods. Study Population. Pg 5. Error in the 5th line stating that patients were not excluded (no consent, too ill, etc) when they were excluded.

Methods. Data. Pg 6, para 2. Starting point is now listed as onset of symptoms but manuscript does not mention what those symptoms are. What symptoms were counted as legitimate starting points for this analysis?

Methods. Data. Pg 7, para 2. “acid fast bacilli test” usually this is described as smear or culture. Which one is it? Or both?

Discussion. There are several instances of the language suggesting causality or a level or certainty that is not warranted. Here are some examples.

Pg 11, para 1. Last sentence says that delays are important in spread of TB in this study. It should say that the delays observed in the study are likely to be important in the spread of TB.

Pg 13, para 1. “Referral seems to shorten the PD” would be more appropriate to say that referral is associated with a shorter PD.

Pg 15, para 2. This para has more than one example and is problematic from other standpoints as well. “being a woman may shorten the PD”, “sought care because they were younger...”. Women’s behavior is compared to men’s attitude; these should be parallel. Also in this para, the authors make explanations about gender differences that ignore the most obvious – that women may seek care for symptoms promptly but that navigating the health care system to get diagnosed may be more complicated by the demands of their family responsibilities than for men.

Discussion. Pg 11, para 2. Starting on the 10th line there is a section of results
(numbers) that belong in the Results section.

Discussion. Pg 13, para 1. The first paragraph is fairly incomprehensible and needs to be re-written for clarity.

Discussion. Pg 14, para 1. Word choice is problematic in second line – “denounced”. This is just not used in this context in English.

Discussion. Limitations. Pg 15-16. This para should lead with the limitation described in the 4th sentence. The statements about recall bias do not add much here. Issues with recall would add error but not necessarily bias.

Conclusion. Pg 16, para 1. Should temper the sentence stating that 286 patients exposed 1740 members to TB. First, it should say that they may have exposed. Second, some of those members may have been the ones that transmitted TB. At best this is an estimate and included household members that were already exposed at the time that the case in the study was infectious.

Table 5 is written in French as Tableau. Also in this table “57,5” should be written “57.5”. It should be noted that the numbers in the brackets refer to references. Column headings could be “PD [ref]” and a note after the table.

Figure 1. Title is in awkward English. Consider “Study recruitment” or “Establishment of study population”. Also one of the boxes has incomplete text – “4% questionnaires with non coherent”. This needs to be revised. Lastly, were all 286 patients interviewed? If so, consider adding that to the bottom box of the figure.

Minor points


Results. Population characteristics. Pg 9, para 1. Should not use contraction. Instead of “didn’t” should write out “did not”.

Discussion. Pg 11, para 3. Health should not be capitalized.

Acknowledgment, pg 17. “advices” should not be plural.

Table 1: Title should be revised to say something like “Characteristics of study hospitals”

Table 3: Title should say “adjusted for hospital site” instead of “adjusted on the hospital site”.