Author’s response to reviews

Title: Characteristics and treatment outcomes of tuberculosis patients who "transfer-in" to health facilities in Harare City, Zimbabwe: A descriptive cross-sectional study

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Author’s response to reviews: see over
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Dear Editor in Chief

Please find below a reply letter to our submission, MS: 1864240008722870 titled:

Characteristics and treatment outcomes of tuberculosis patients who "transfer-in" to health facilities in Harare City, Zimbabwe: A descriptive cross-sectional study

We thank the Editor and the reviewers for their valuable comments to our initial submission. We have attempted to address all the queries made. We provide below a point-by-point response, and we have made changes to the paper which are highlighted in red font.

Editors report

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal’s manuscript structure will help to speed the production process if your manuscript is accepted for publication.

Editors comment
1. Please change the title 'Introduction' to 'Background'.
Authors response
This has been noted with thanks and amended as per your request

Editors comment
2. Please change the title 'Conflicts of Interest:' to 'Competing Interest' and re-allocate it after the Conclusion section.
Author’s response
This has been corrected as requested. Thank you

Editors comment
3. Figure cropping: It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimize white space around the image. For more information, see the instructions for
First Reviewer’s report

Reviewer's report
Title: Characteristics and treatment outcomes of tuberculosis patients who "transfer-in" to health facilities in Harare City, Zimbabwe: A descriptive cross-sectional study
Version: 1  Date: 24 August 2012
Reviewer: Wilfred Chalamira-Nkhoma

Reviewers comment
1: Study question and objectives are well posed and stated.
2: The methods are well described and are appropriate for the nature of the study

Reviewers comment
3: Limitations are not acknowledged or specified
Author’s response
We have added to the limitations section in the Discussion that completeness and accuracy of data may have been compromised as this was a records review of routinely collected programme data and also that the true outcomes of TB patients with unevaluated outcomes could not be established as we were unable to trace them to their recorded physical addresses. These were the important limitations for this study. We hope this adequately addresses the reviewers concerns.

Reviewers comment
4: Data presentation in Tables is incomplete with regard to use of specified statistical methods and statistics that have been provided in the text (e.g comparison of treatment outcomes between new and retreatment cases)
Author’s response
We thank the reviewer for this comment. However the table comparing TB treatment outcomes in relation to characteristics of transfer-in patients was omitted in the interests of space, since the only significant difference was between new and retreatment TB patients (OR 2.6, 95% CI, 1.3 – 5.5, p<0.01) as highlighted in paragraph 4 of the Results. We are open to adding this table if the Editor and Reviewers see fit, but we ourselves feel that the narrative covers the points made well enough.
Minor essential revisions

Reviewers comment
Adding statistics (from Chi or other tests used) to table, and providing comparison data for "alternative patient cohort" such as the non-transfer in cohort.

Author’s response
We feel that a comparison of data among the transfers-in to the rest of the patient cohort will lead us astray from our patient sample and also our study objectives. We hope the Editor and Reviewers understand and can accept this.

Reviewers comment
1: Consistently need to provide comparison data (from the rest of the registered patient cohort) in interpreting the significance of the results of the "trans-fer-in" patient cohort.

Author’s response
We thank the reviewer for their suggestion. However whilst it is interesting to compare the outcomes between transfer-in patients and the rest of the patient cohort, this was not part of our study objectives and hence will lead us astray from the aim of the study. Our main interest was to describe the proportion of these transfer-in patients to the total number of patients, their characteristics and treatment outcomes and whether there was adequate flow of communication of their treatment outcomes between referral and receiving districts. We hope this adequately addresses our viewpoint.

Second Reviewer's report

Title: Characteristics and treatment outcomes of tuberculosis patients who "transfer-in" to health facilities in Harare City, Zimbabwe: A descriptive cross-sectional study
Version: 1 Date: 30 August 2012
Reviewer: Robert Ranganai Makombe
Reviewer’s report:
These are all Minor Essential Revisions

ABSTRACT

Reviewers comment
1. Results:
Third sentence: Did these 176 patients have complete data for all variables or, as stated under "Characteristics and treatment outcomes of transfer-in patients", second paragraph, third sentence, did they have data on time between transfer-out and transfer-in?
Author’s response
We are sorry for not making this clear. Indeed as you last mentioned, the 176 patients were those with data on time between transferring-out of a referral district and transferring into a receiving health facility. We have clarified this in the Results section of the abstract.

MAIN ARTICLE

Reviewers comment
2. Introduction
First paragraph, last sentence: explain meaning of “high burden country”

Author’s response
The term refers to “the 22 WHO TB high burden countries”. We have therefore rephrased this accordingly and also added a reference (World Health Organisation: Global Tuberculosis Control 2011. Geneva; 2011). We hope this adequately explains this term.

Reviewers comment
3. General diagnosis and management of TB patients
Second paragraph, first sentence: “..at 2, 5 and 5 months”. Amend accordingly
Second paragraph, last sentence: first use of acronym “OI” – spell out.
This section should be condensed and moved to Introduction section.

Author’s response
Thank you for noting the errors. We have also tried to condense this section as you have suggested. However, we feel that moving this section to the Introduction is inappropriate as this is not related to the study objectives and thus overly complicates the background to the study. We feel there is enough background information about how TB is diagnosed and treated in the national TB program for the reader to understand what the study is all about. We do hope this position is acceptable, although we are open to your suggestions.

Reviewers comment
4. Recording and reporting system in the NTP
Second paragraph, third sentence: describe what happens, not what should happen. This section too should be condensed and moved to Introduction section.

Author’s response
We have rephrased the second paragraph as you have suggested. We have also condensed it and moved it to the Background section. We hope this is satisfactory.

Reviewers comment
5. Characteristics and treatment outcomes of transfer-in patients
First paragraph, fifth sentence: Give the denominator from which 95% of patients with an HIV test result are derived.
Author’s response
Thank you for noting this omission. We have corrected it accordingly.

Reviewers comment
6. Discussion
Second paragraph, second sentence: The figure of nearly 90% taking less than 31 days to transfer-out and transfer-in is important and should be mentioned in the results section.

Author’s response
We thank you for noting this. We have rephrased the statement in the discussion to match with the statement in the Results section (paragraph 2, line 4) as follows, “Most of the patients for whom there were data had transferred-in during the intensive phase of treatment, with 52% taking more than 1 week to transfer-out and transfer-in.”

Reviewers comment
Fifth paragraph, fourth sentence: Give reference for “Reasons for not communicating TB treatment outcomes have often been attributed to shortage of TB treatment outcome request forms coupled with increasingly unreliable postal services in Zimbabwe.”

Author’s response
We acknowledge that this statement requires referencing. However, we have been unable to find a relevant reference. We have thus indicated that this is based on anecdotal reports. We hope this terminology is acceptable in a scientific paper.

We hope the paper is now acceptable to be considered by BMC Public Health for publication, but we are willing to make further changes if there is a need.

Yours faithfully

Kudakwashe C. Takarinda
(On behalf of co-authors)