Author's response to reviews

Title: Strengthening Contact Tracing Capacity of Pulmonary tuberculosis Patients in Enugu, Southeast Nigeria: A Targeted and Focused Health Education Intervention

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COVER LETTER

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The editor

BMC Public Health

Sir,

RE-SUBMISSION OF MANUSCRIPT ENTITLED: STRENGTHENING CONTACT TRACING CAPACITY OF PULMONARY TUBERCULOSIS PATIENTS IN ENUGU, SOUTHEAST NIGERIA: A TARGETED AND FOCUSED HEALTH EDUCATION INTERVENTION STUDY

We wish to re-submit the above manuscript with corrections made in accordance to the two reviewers and editors recommendations. The following corrections were made:

1. The abstract has been structured according to specifications, with 350 words exact

2. The first reviewers comments, 62.5% and Tb patients have been corrected. Consistency in the use of TB rather than tuberculosis patients affected where appropriate. Limitations of the study included as recommended.

3. The second reviewers’ comments: assistance changed to assistants, categorical changed to selected. Sentences starting with numbers or percentages rewarded. Conclusions were sharpened to reflect the stated objectives
4. Editor's recommendations were affected. Limitations of the study and the generalization section have been added. The 95% CI have been added in the abstracts for significant calculations. References were upgraded and the particular reference article has been used in the discussion section. Vertical lines on the tables were removed and the figure made simple, with reduced dimensions. Abstracts have been structured and the main document was edited by an academic English professional.

In this era of TB/HIV co-infection and collaborative activities, with the MDG targeted year in view, any study such as this that would enhance early detection and management of TB diseases should be encouraged. This is more so in environments that stigmatize and discriminate against persons suffering from TB disease. This will help us to achieve the set targets of detecting at least 70% of the estimated infectious cases, to cure at least 85% of the detected cases and to reduce by 2015 TB prevalence and death rates by 50% relative to the 1990 level. Increasing case finding and detection is the first step wise direction to achieving the laudable MDG goals. In this article, targeted educational intervention technique has been used successful to improve TB case finding by enhancing the contact tracing skills of the TB patients that enabled them to reach out to their household contacts and subsequently bring them for screening and treatment. Publishing this work will help make the findings far reaching as to fulfill the intended objectives.

Yours sincerely

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