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Answer to the Reviewers comments

Title: Patient and health service delay in the diagnosis and start of treatment of tuberculosis patients in Addis Ababa.

Reviewer: Dr N. Long

1. Reference included to paragraph 1 of the introduction. Recent references on patient delay are included.
2. The first patient health care contacts are the health stations (dispensary) in the rural areas and the health centers and private clinics in Addis Ababa. A doctor examines all symptomatic persons appearing to the health centers and three sputum samples are collected from each of the symptomatic. Those who turn to be positive in two of the smears are diagnosed as smear positive TB. For the diagnosis of smear negative tuberculosis there is a flow chart in the national guideline which recommends antibiotics treatment, chest x-ray examination and repeat sputum examination.
3. The diagnosis in almost all cases is followed by treatment that is why the title says the "delay in diagnosis and start of treatment".
4. Patients were interviewed using a structured, closed ended questionnaire. Patients were asked a yes or no question to indicate which symptoms they had had and were specifically asked which symptom forced them to seek medical care and the duration of that symptom. All the TB nurses had training and same questionnaire was used in all the health centers. We believe this could minimize interviewers bias.
5. The TB control programme functions through the public health centers. Diagnosis of tuberculosis is mainly done in these health centers. Therefore, we believe that we could find majority of the TB patients. Those going to private sector are minority who can afford the expensive fee in the private clinics.
6. Page 7 last paragraph, last sentence is now moved to the 1st paragraph, last sentence on the same page.
7. "The health service delay had no association with other socio demographic characteristics" is now changed to "health service delay had no significant association with other socio demographic characteristics.
8. Health service delay is low in Ethiopia compared to other countries why?
   • Addis Ababa is one of the very few places in the country where health facilities are well equipped and well staffed. The DOTS programme started in the city in 1993 and the programme is well established and this facilitates the service.
   • The high prevalence of tuberculosis in the country makes the health workers alert to suspect the diagnosis of tuberculosis.
• The long patient delay observed also suggests that patients reach health care when they get very sick which makes the diagnosis based on clinical grounds easier for the doctor.

• However, 55% of the patients were smear negative and the median health service delay was 6 days indicating that the steps to be followed in the diagnosis of smear negative tuberculosis (flowchart prepared by the NTLCP) was not followed which suggests there may be an over diagnosis of smear negative tuberculosis.

9. Patients were asked using closed ended questions about
   - The cause of TB
   - Transmission
   - Cure, patients who visited in less than 30 days and those who visited health care more than 30 days were compared by their knowledge to each of the categories.

10. We have tried to correct language and spelling mistakes.
Answer to Reviewers Comment

Title: Patient and health service delay in the diagnosis and start of treatment of tuberculosis patients in Addis Ababa

Reviewer: Dr. Stephen Lawn

A. Using the annual risk of infection of 2% the estimated incidence for Addis Ababa during the study period was 5060 (The 2% ARI was driven form the last tuberculin survey in the country).

B. There are many private clinics in Addis Ababa. We involved only the public health centers that are directly involved in the national TB control programme and majority of tuberculosis patients go to the public centers since diagnosis and treatment of tuberculosis is free.

Compulsory revision

1. Interview of patients was conducted the same day when the diagnosis of TB was made.
2. Patients were asked using closed ended questions (yes/no) about:
   - The cause of TB
   - Transmission
   - Cure, patients who visited in less than 30 days and those who visited health care more than 30 days were compared by their knowledge to each of the categories.
3. All patients were residents of Addis Ababa and this was confirmed by seeing their identification card.
4. Smear negative TB diagnosis should follow the flow chart presented in the national guideline that recommends the use of antibiotic treatment, x ray examination and repeat sputum smear examination, which takes many days. However, 50% of the smear negative patients were diagnosed in less than 6 days. Therefore, the possibility of over diagnosis of smear negative tuberculosis cannot be ruled out. Nevertheless as mentioned in the manuscript compared to the previous reports the smear negative to smear positive ratio was not significantly high.
5. It is true that patients may not tell the exact truth about the duration of their illness. However, with the response we got we could document a very long patient delay before reporting to medical care.
6. Some new references are referred including the reference from Gambia.
7. The symptom heamptysis had significant association with patient delay in both the smear negative and positive patients which suggests patients seek medical care when they observe some symptoms which they think are life
threatening and the heamoptysis may be the result of longer duration of illness.

8. The P value in Table 3 refers to the difference in health service delay between the smear positive and negatives.