Reviewer’s report

Title: Patient and health service delay in the diagnosis and start of treatment of pulmonary tuberculosis in Ethiopia

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Reviewer: Dr Stephen Lawn

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Comments

Tuberculosis is a major public health problem in the continent of Africa. The majority of National TB Control Programmes reply on passive case-finding. This study addresses the important issue of the delays associated with the diagnosis of tuberculosis. This a cross-sectional survey of a large number of patients and it is well written. However, there are some important questions that the authors should address.

Discretionary revisions

What is the estimated incidence of tuberculosis in this population and the estimated TB case finding rate?

Are there any private clinics in the city and what is the delay in diagnosis for patients there?

Compulsory revisions

1. What was the duration between the time of diagnosis and the time of the questionnaire survey? The text simply states "soon after registration" and a delay in collecting the data is likely to introduce recall bias.

2. Assessment of patient's knowledge about TB: Methodological details of how the patient's knowledge was assessed and scored are not given. If this assessment was made any time after the diagnosis was established and treatment started, then this data is likely to be confounded. This data may need to be excluded.
3. What proportion of patients were non-residents of Addis Ababa? Patients from outside the city who were not diagnosed in rural areas might have sought temporary accommodation in the city and then presented to the city health centres.

4. It is important to include details of how smear-negative TB diagnosed. Quite a large proportion of the TB patients in this series had smear-negative disease, which may suggest overdiagnosis. Were chest radiographs available? Were trials of simple antibiotics given? Frequent misdiagnosis of pneumonias or asthma as smear negative TB, for example, could affect the outcome of the study.

5. The key data is completely reliant upon accurate reporting by the patient themselves. How was this data corroborated? If patients perceive that they might be regarded as foolish if they failed to present promptly with symptoms, then they will tend to under-report the duration. Information from relatives is often a very helpful clarification in this situation.

6. There are several other similar studies from sub-Saharan Africa (eg Lienhardt C et al from The Gambia) which should also be referenced and included in the discussion for comparison.

7. How did the symptom of haemoptysis affect the delays? As it is stated in the Results section, it is not clear.

8. What does the P value in Table 3 refer to?

9. What was the overall median health service delay for smear positives and smear-negatives? One would expect smear negatives to have a substantially greater delay if standard practices are followed for suspected smear-negative disease eg trial simple antibiotics, serial chest radiography etc. This should be discussed.

**Competing interests:**

None declared.