Reviewer’s report

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

Authors:

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Reviewer: Dr N Long

Level of interest: not specified

Advice on publication: Other (see below)

Dear Sir/Madam,

Thank you for sending me again the revised paper on "Patient and health service delay in the diagnosis and start of treatment of pulmonary tuberculosis in Ethiopia" by Demissie M, Lindtjorn B and Berhane Y. I see that the paper has been much improved, compared with the one that I first reviewed. Many of the comments that I raised in my first review were not for me, but possibly for other readers who are not familiar with the study setting and/or TB control. Therefore, it is important to make the paper clear, not only to the reviewers.

It is good that definitions of the delays were revised. However, I do not agree with the explanation that: The diagnosis in almost all cases is followed by treatment that is why the title says the "delay in diagnosis and start of treatment", because (i) "Definition" should be exact and concrete; and (ii) median health service’s delay is very short in Ethiopia (6 days), therefore, a short time period between diagnosis and treatment also can influence health service delay. Furthermore, studies in other countries normally report a delay between diagnosis and initiation of treatment of 2-4 days.

The paper is recommended to accept for publication if the following comments are properly addressed:

1. It is important to mentioned (in the discussion part) some figures about TB case detection rate, e.g., by public health sector, private health sector, using Annual Risk of TB Infection rate to indicate how large proportion of TB cases was covered by the study.

2. References: Four out of 22 references are publication during 1970s. I suggest to update these references. Reference number 7 is from Web. I do not that that is relevant for a formal scientific publication.

3. Recommendations are not relevant. It seems that patient’s delay, as reported by the study, is rather long compared with studies in other countries, e.g., Botswana (Steen and Mazonde, 1998), Ghana
(Lawn et al., 1998), Malaysia (Liam and Tang, 1997), Korea (Mori et al., 1992). Long distance from home to a health facility and poor knowledge of TB are the factors that significantly contribute to the delay. With these findings, I do not think it is evidenced to recommend active-case finding, that is very expensive for low-income countries, and poorer compliance to TB treatment. In stead, the recommendations can be: (i) to expand/decentralise TB case detection system to improve geographic access of the people to TB care services; and (ii) to increase health education or so to improve knowledge of the population about TB.

4. Please be constant with number of decimal numbers for the same category of data. For instance: "The majority of patients came with a combination of symptoms. The most frequently reported symptom was cough in 666 patients (95%), followed by weakness in 638 (91.1%), weight loss in 637 (91%), loss appetite in 586 (83.7%), night sweating in 578 (82.6%), shortness of breath in 563 (80.4%) and chest pain in 545 (77.9%) patients".

5. Table 1 and table 3 are not relevantly presented. I recommend the following format:

<table>
<thead>
<tr>
<th>Patient's delay</th>
<th>Smear positive</th>
<th>Smear negative</th>
<th>Total</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. As recommended before, one of the two major findings of the study is that patients with poor knowledge about TB were at risk of delaying more than 30 days. However, knowledge variable is not included in the table 2.

7. Please check for spelling mistakes.

**Competing interests:**

None declared.