Author's response to reviews

Title: The presence of a booster phenomenon among contacts of active pulmonary tuberculosis cases: a retrospective cohort.

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Author's response to reviews: see over
Dear Dr. Pemberton

Thank you for your message dated November 29, 2006 regarding our manuscript entitled "The presence of a booster phenomenon among contacts of active pulmonary tuberculosis cases: a retrospective cohort", MS 1642028773111056

Below we have provided point-by-point responses to questions and changes requested. I hope we have responded adequately to all changes requested. If you have any further questions, please feel free to contact me.

Regards
Marcus

Reviewer Murli L. Mathur

Major compulsory revisions

- We elaborated in the discussion and stated in the conclusion that the conclusion of the study must be taken with caution, as requested.
- We highlighted in the discussion that the observation of contacts of TB with TST conversion not developing TB within two years of follow up may not be taken as a definitive criteria to undermine importance of two step TST strategy in a different clinical context, as requested.

Minor essential revisions

- We modified the text, as suggested.

Reviewer Cynthia Chee

Major compulsory revisions

1. We stated in the text that the contacts were routinely evaluated 4-6 weeks after the beginning of the treatment of index case. We expanded the discussion regard this, as suggested.
2. The characteristics of the contacts are shown in a table format, as requested.
3. Information regarding the BCG vaccination was stated in the text, as requested.

Minor essential revisions

1. During the period of study Brazil did not recommend LTBI treatment for contacts with TST ≥ 5 mm but only for contacts with TST ≥ 10 mm (if no previous BCG) or TST ≥ 15 mm (if previous BCG). Because of this the treatment of LTBI among contacts is quite different among the different Health Units. In order to answer this excellent question we conducted a cohort study with the aim of determining the risk of TB among contacts who did not receive treatment because they did not meet the Brazilian criteria but did meet the International criteria. The preliminary results were presented during the last ATS meeting and the MS should be submitted in a couple of months.

2. The TB Clinic only performs the TST in contacts with a negative screening for active TB. Because in this study we only evaluated contacts with TST performed, we did not have access to the rate of TB among contacts during the screening evaluation.