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. Makri

Thank you for your message dated March 6, 2007 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
Discretionary revision
We appreciated the comment and deleted the “SD”.

Reviewer Cynthia Chee

Minor essential revisions

Comment 1. Page 7, para 2: “International guidelines” should be more precisely referred as from “North America” (where BCG is not widely used – to my knowledge, countries with mass BCG vaccination use a higher TST cut-off to advise isoniazida preventive treatment even close contacts). Should specify the mm increase in induration for definition of tuberculin conversion

Response: We precisely referred the International Guidelines as from “North America” and specified the mm increase in induration for definition of tuberculin conversion, as requested.

Comment 2. Sentences in the last para of Discussion (pg 9) need rephrasing for clarity

Response. We rephrased sentences in the last para of Discussion for clarity, as requested.

Discretionary revision
Comment 1. The authors could discuss the arguments for and against abandoning two-step testing in their population based on their finding of a low rate of boosting.

Response. We appreciate the suggestion of the reviewer. However, because the low number of contacts of active TB cases with boosting, the cost and the time consumed and the difficulty in distinguishing boosting from TST conversion in the second TST, we believe that the strategy of two-step TST among contacts of active pulmonary TB cases for identify boosting subjects is not worthwhile

Comment 2. It would be interesting to know if the TST conversion rate was as low as the rate of boosting.
Response. We agree that it would be an interesting issue. However, we are not able to discuss these data at this moment.

Comment 3. Is there available information regarding the other characteristics such as ethnicity, rural vs urban origin, which may shed light on unexpected low rate of boosting give the relatively high TB incidence in Rio? ie, perhaps these contacts were not representative of the city’s population?

Response. Ethnicity is difficult to define in Brazil, due to the racial mix typical of the country. Rio de Janeiro is essentially an urban city and most patients and contacts are basically from the urban area. We believe that those contacts are representative of the city’s population. We have clarified in the manuscript that this study took place in Rio de Janeiro city.