Reviewer's report

Title: Viral hepatitis and HIV-associated tuberculosis: Risk factors and TB treatment outcomes in Thailand

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Reviewer: Robert Paris

Reviewer's report:

The authors have studied the impact of serologic evidence for viral hepatitis on TB treatment in a Thai population that is HIV co-infected. This study has important implications for the treatment of co-infected persons from low-to-middle income countries.

Major comments:

1. The methods section says that CD4+ T-lymphocyte counts were obtained, but there is no presentation of this data. The effect of CD4 count on the incidence of hepatitis, IRIS, and death would help with the interpretation of the data. It would also be important to exclude an association with hepatoxicity and CD4 count. This may be difficult since liver profiles were collected at only one time point.

2. The statement, "Our study provides reassurance that TB patients with HCV and HIV infection have adverse event rates and treatment outcomes no worse than TB patients with only HIV infection"(page 15, first paragraph, 3rd sentence) should be removed. As pointed out in the subsequent paragraph, the limitations of the study preclude saying this.

3. Selection bias is one potential limitation that was not addressed. If available, how many persons were screened for enrollment? This should be mentioned in the discussion of limitations on page 15, second paragraph.

Minor comments:

1. Laboratory reference ranges (upper limit) for liver enzymes would be helpful to the reader as only small elevations in ALT or AST in someone with chronic active hepatitis may portend TB treatment complications depending upon age.

2. Were there standardized criteria to diagnose clinical hepatitis?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests.