Reviewer's report

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

Version: 1 Date: 4 June 2008

Reviewer: Ekaterina Kourbatova

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General comments

This paper reports study of seroprevalence and risk factors for having markers of viral hepatitis B and C among patients co-infected with TB and HIV, and assessment of adverse effects during treatment and outcomes of TB treatment in Thailand. The study has clear objectives, methodology is appropriate and well described, the Results are clearly presented and relate to the study objectives, the Discussion covers the main issues raised by the results, and the study limitations are clearly stated.

Taking into consideration that the data and analysis done are pretty solid, the article can serve as evidence for further studies, and all suggestions are minor and could be easily addressed, I recommend this article for publishing.

Specific comments

I. Minor Essential Revisions

Methods

1. On page 6, line 7 stated that patients received anti-TB therapy for <4 weeks before enrollment. Please clarify that this is during current episode of active TB.

2. Please provide detailed description of factors that were assessed in the study. For example, in Discussion on page 14 there was mentioned that no association was found between high-risk sexual practices (not using a condom, multiple partners) and HBsAg seropositivity, but in Methods, Results or Tables there is no mention of which exactly risk factors were assessed.

3. On page 8 under “Statistical analysis” term “saturated model” was used. Although some statisticians use this term for defining full model, the most accepted meaning of term “saturated model” is a model that has as many parameters as there are values of the independent variable. I advise to change this term for “full model”.

4. Please provide definition of the “adverse event during TB treatment”. Please define adverse event “liver disease” reported in results/tables.

Results

5. What was the median and range of CD4 counts?

6. Was the difference in median ALT, AST, and bilirubin at the beginning of treatment significant among patients reactive to HBsAg, anti-HCV, and both...
compared to non-reactive patients?

Discussion

7. Part of the second sentence in first paragraph of the Discussion on page 14 “Viral hepatitis markers were not strongly associated with elevated liver enzymes at the beginning of TB treatment…or the development of clinical hepatitis during TB treatment” is not supported by reported in paper study findings.

II. Discretionary Revisions

Introduction


Methods

9. Please add dates when study was conducted (or move from Results to Methods).

10. Please state under “Study settings and population” that study population included new and re-treatment cases of tuberculosis.

11. Please state if patients provided written or oral informed consent for participation in the study.

Table 3

12. Please provide denominators for number of patients for whom assessment of immune reconstitution inflammatory syndrome adverse event was applicable.

Figure 1

13. It is advisable to add percentages after absolute numbers of enrolled patients to enrollment chart.

Level of interest: An article of importance in its field

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.