Author’s response to reviews

Title: Tuberculosis among people living with HIV/AIDS attending care and treatment in rural northern Tanzania

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To the Editor

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Ref: resubmission of the revised manuscript titled: “Tuberculosis among people living with HIV/AIDS attending care and treatment in rural northern Tanzania”

Dear Editor

Please find attached a revised version of the above manuscript with ID: 1527281039184712.

We feel honoured and appreciate your interest in considering our paper for publication in your esteemed journal. We are grateful to the three reviewers for their critical and constructive comments. Below is our detailed response to the reviewer’s comments on a point by point basis, as suggested.

REVIEWER’S COMMENTS

Reviewer: Wil M Dolmans
I. Major compulsory revision: None
II. Minor essential revisions:

1. Methods chapter: Sub-heading study subjects Page 4, we included the following sentence: “All patients were able to provide sputum samples, but for those who could not produce sputum spontaneously (43 patients), we used induced sputum by inhalation of nebulised hypertonic saline”

2. Results chapter: Sub-heading HIV/AIDS TB coinfection and immunological status

Page 8 we rephrased the sentence to read as follow: “Two thirds (13/20 (65%)) of the HIV tuberculosis patients had a CD4+T cells count of <349cells/mm3. “

3. Sub-heading: Nutritional status assessment Page 9

Significantly more TB/HIV AIDS coinfected patients were malnourished (BMI <
18.5 Kg/m2) (14/20 (70%), X2= 7.2, p=0.007) as compared with HIV positive TB negative patients (83/213 (39%)). We included numbers and percentages instead of Chi-squire and p value only.

3. Discussion

Yes it was a typing error Reference number 27, the study was done three years ago between April and September 2005, this is now reference number 28.

4. Results section, Page 7, 4th sentence has been rephrased as follows: “Twenty (8.6%) of all patients enrolled had active tuberculosis, and thirty six (15.4%) of them had a history of tuberculosis in the past 5 years. One (5%) of the tuberculosis/HIV coinfected patients and thirty five (16.4%) of the HIV positive/tuberculosis negative patients had a history of previous tuberculosis within the past five years.”

Reviewer: Jaime Esteban

1. About Silent tuberculosis

We used this term meaning the tuberculosis without or with few clinical symptoms which make it difficult to diagnose. However we agree with the reviewer that this term is confusing and we changed it to read as “Tuberculosis among people living with HIV/AIDS attending care and treatment in rural northern Tanzania”.

2. We agree with the reviewer that the Lowenstein Jensen media lacks sensitivity; in this case we might have missed some cases of tuberculosis. However in a resource poor setting countries like Tanzania the only available culture media is Lowenstein-Jensen media, therefore we used the available media to reflect the actual situation in this poor setting.

3. We appreciate the comment, but all data presented are actual data from our study, and we fail to understand what is confusing. Since the comment is unspecific, we have not changed this chapter apart from what is mentioned above.

4. In this article we reported the number of cases we counted/ found during our study. Since this is not a follow up study we can’t say that these are new cases that are incident cases. So we will still prefer to use the term prevalence instead of incidence, since this is not new cases diagnosed over a period of follow up.

5. We accept that some of the data we present are not entirely new. However, we still believe that our results are of interest for those who work with tuberculosis and HIV in resource poor settings.

Comments from the editorial board

1. We counted the number of the tuberculosis among HIV patients attending care and treatment once in a time (prevalence), we didn’t do a follow up to count the occurrence of tuberculosis among HIV patients (incidence), So we think this is prevalence rather than incidence cases.

2. We agree that the word silent tuberculosis we used is confusing so we changed the title to read as mentioned above. We used the word silent meaning
the tuberculosis without or with few clinical symptoms which make it difficult to diagnose, but we realise now that this is confusing, so we fully agree to use the term suggested by the Editorial Board.

3. Reference 13 is changed to the article published in Lancet with the title “Diagnosis of smear negative pulmonary tuberculosis in people with HIV infection or AIDS in resource constrained setting: informing urgent policy changes”.

4. We included under a sub-heading “Ethical considerations” in the methodology chapter page 6 as follows: “The protocol was approved by the Medical Research Coordinating Committee of the Ministry of Health and Social Welfare, Tanzania. Oral informed consent was obtained from the patients prior to enrolment”.

5. The abstract is now formatted to conform to the requirements of the medical journals in the BMC series.

6. Page 2. On the background read as “Tuberculosis (TB) is the commonest opportunistic infection and the number one cause of death in HIV patients in developing countries, and accounts for about 40% of all manifestations seen in HIV patients”. It does not mean that Tb is the number one opportunistic infection and number one cause of death among PLHIV globally, it is in the developing countries, and the reference is cited in this case.

7. We defined PLHIV on regular care in the results section Page 7. These are patient who are not yet eligible for antiretroviral drugs but they attend HIV clinic for monitoring the progression of the HIV disease.

Yours Sincerely
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