Reviewer’s report

Title: Tuberculosis screening and follow-up of asylum seekers in Norway. A cohort study.

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Reviewer: Alberto Matteelli

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This is a retrospective analysis which evaluate the performance of the system for tuberculosis screening of asylum seekers and refugees in Norway.

The main finding is that in Norway asylum seekers and refugees are not prescribed treatment for latent TB infection despite a national recommendation to do that and despite the availability of a system to implement the recommendation.

The research is of high significance and provides interesting information. Results may be applicable to a limited number of countries, however they provide information which is universally useful to discuss principles and methods of TB screening of immigrants in affluent countries.

The methods are appropriate. Though, it should be clearly stated that this is not a longitudinal cohort analysis: evaluation refers only to the screening of TB at entry. The follow-up refers to the initial screening procedures, it is not a follow-up to detect incident TB cases during the stay in Norway. In fact, the short follow-up period precludes any meaningful measurement of such incidence.

Overall the final message is clear, although the presentation of data need to be focused not to loose in clarity.

Major revisions

The discussion should be more focused: for example, the section on diagnostic methods seems not to be essential.

Table 1 is not essential and could be removed

Table 2 is not essential and could be removed

Table 3: the breakdown in age groups is not informative – the total is sufficient

Figure 1 and 2: the flow of patients is unclear

Minor revisions

Abstract: the number of patients assessed by the primary health care system (n=758) is different from what is reported in the result section (673). Percentages should be reported. As far as assessment by specialists is concerned, I would suggest to merge those seen by the TB clinic in Oslo and those seen by
internists and to specify the total denominator (those eligible for a second care level examination).

Abstract: in the conclusion please specify number and rates of persons referred to first line care, second line care, and treated for latent tuberculosis infection

Background: third paragraph: the identification of cases of pulmonary tuberculosis should be based on microbiological methods in addition to radiological one. Please include this concept in the sentence.

Background: fifth paragraph: the nature and role of follow-up of latent TB as part of the Norwegian TB control programme would require some explanation (is it specific for migrants or apply to the general population ?).

Recommended screening and management of TB: second paragraph: the sentence on the management of cases with positive chest X-ray of Mantoux > 15 mm is unclear. If screening is done only once, at the National Reception Centre, why some cases are referred to the central TB clinic while other are sent to other specialists ? What is the role of municipal health care in the initial screening for TB (as they seem to refer some cases to specialist care) ?

Results: details on country of origin of subjects is not essential for this report, it is not required to mention it for both all persons attending the national reception centre and those being eligible for further TB follow-up. This information would be very interesting if used to determine OR for need of further follow-up, which, however, is not measured in this study.

Inclusion into the cohort: the first paragraph is confusing. The number of persons eligible for TB follow-up is 2293, of whom 323 with positive chest X-ray (with or without a significant Mantoux test) and the remainder with positive Mantoux test or QTF.

Inclusion into the cohort: for one quarter of the cases no information was obtained from the municipalities. How do they differ from the 56 excluded because could not be traced (second paragraph of this section) ?

Results: the paragraph showing numbers and proportions seen at either the primary health care level or by an internists is a bit confusing because it contains many details which are not essential for the final message. The three concepts that should remain are a) n (%) seen of those eligible; 2) differential proportion of examined among those with a positive chest X-ray and those with positive TST; 3) median time to PHC and internist visit.

Results: The proportion of those who started treatment of latent TB infection is really marginal. Was it possible to identify any specific characteristics of the 11 cases who started treatment and how they differ from the others ?.

Discussion, study endpoints: as mentioned in the results, the number of persons with information from PHC visit is 673 – the new number, 794, is confusing, I would suggest to remove this sentence.
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