Reviewer’s report

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

Version: 2 Date: 11 January 2009

Reviewer: Connie Erkens

Reviewer’s report:

The subject matter is interesting as an example of evaluation of a national policy, but could be presented more comprehensive and clear, especially for readers who are not familiar with the Norwegian health system.

# Major Compulsory Revisions

The authors state that the aim of the study is to assess the implementation of the national policy on screening, treatment and follow-up of TB disease and TB-infection among asylum seekers by two levels of health care. Feedback on persons eligible for further evaluation for the two levels of health care was retrieved for 73% and 93% persons referred. Results show that for only one third of persons eligible for further evaluation, further evaluation at the municipal level took place, but evaluation was not according the national recommendations in 293/673 cases on the primary level. Authors report that the observed prevalence of TB disease is comparable with reports from other countries. But only few persons were put on preventive treatment. However, they do not state clearly whether they expect underdiagnosis of active TB disease or comment upon expected level of loss of follow-up of TB-suspects.

Generally the structure of the paper (background - results - discussion - conclusion) is not very clear. The method section is missing / not well indicated.

There is no description of the content of the different questionnaires included.

The background section should be more specific on the Norwegian policy for screening (now in methods section). The relevance for this study of the distinction between asylum seekers and refugees in the background section remains is and definitions would be better placed in a methods section.

The sections 'recommended screening and management of TB' and 'flow of asylum seekers' can be more comprehensive and integrated.

The section 'inclusion into cohort' mixes results with methods / limitations.

The section 'study endpoints' is difficult to follow and numbers are not consistent with figure 1 and 2. Adding / replacing one of the flow diagrams with a flow diagram would probably be more informative. Figure 1 and 2 are very complicated and difficult to grasp: they should be revised and explained in the text. Table 2 (descriptive information study population) seems of limited relevance.
Table 3, stratified analysis by age category shows a higher likelihood for persons >50 years to be referred, but the table and the conclusions are not discussed. Either some explanation of these results should be added, or the tables can be removed.

Discussion

The relevance of the section 'Diagnostic methods' is unclear. The sentence on the possible reason of non-compliance to national policy on preventive treatment is base on assumption and not supported by any data form this or other studies. This raises questions like: Were these internist part of the national program? How was implementation of the policy recommendations organized (through professional training, guidelines)? What are the consequences of the findings of this study for the policy recommendations?

The section 'information flow and data ascertainment' addresses the issue of risk of loss of follow up of TB-suspects or persons at risk due to complex organization of the screening program and lack of compliance on referral level with the policy recommendations on the other hand. It is unclear whether these observations are based on the results of this study or on general experiences with the program.

Limitations of the study (loss of information on the asylum seekers due to the complex organization / closure of centers) or administrative problems with personal characteristics) should be presented as such and the possible effect on the results of the study should be discussed more clearly.

# Discretionary Revisions

Study population

The authors state that only patients with TST>5mm, positive QFT or abnormal radiological findings were included, but add information on coverage of screening in the whole group of asylum seekers registered in the study period the results section. This coverage seems an important component of an evaluation of a country policy.

Stratified analysis of follow up of persons with TST 6-14mm / TST>15 mm / abnormal X-ray findings (suspect for TB) would be of interest. Which subgroups were more likely to meet the inclusion criteria / demand further evaluation according to the policy?

I suggest to include a table with descriptive characteristics of identified patients, including bacterial confirmation of disease.

Discussion:

Study endpoints:

Is comparison with other countries possible without adding information on the characteristics of the refugee population?
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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