Reviewer's report

Title: Pulmonary Tuberculosis among Women Attending Family Planning and Maternal and Child Health Clinics in Dar Es Salaam, Tanzania.

Version: 2 Date: 17 March 2009

Reviewer: Ekkehardt Altpeter

Reviewer's report:

The study question is well posed by the authors. It covers an important subject: integration of TB services. The data are sound. The main outcome (PTB yes/no) should be included for all items tested. Table 1 should include odds ratios with confidence intervals rather than chi2 with p-values. All digits should be checked since in Table 1 and Figure 1 the totals are not summing up to the grand total (N=749). The discussion and the conclusion are well supported by the data. Unfortunately the limitations of the study are not discussed. The published literature seems to be cited adequately (only the WHO reports are out of date). Title and abstract are accurately conveyed. The writing is clear.

Abstract: Please represent odds ratios instead of chi2 and p-values.

Background: Last paragraph: As not all readers are familiar with the differences between passive and active case finding, please define what you mean. Please write all abbreviations once in the text.

Methods: Please present odds ratios and 95% C.I. in Table 1 with diagnosis of smear positive TB as outcome. The risk factors of prolonged cough are of minor interest.

Results:

Baseline profile of the study participants: The precision of mean age and its 95% C.I. is too high. 3 digits are precise enough. Age: Please present either the range (minimum to maximum) or quartiles (25% to 75%).

Table 1 and figure 1: The totals are not summing up. In Table 1 it concerns “occupation” and in Figure 1 the totals are not adding up to the grand total (N=749). There must be an error anywhere or an explanation is needed. Please give the varying number of missing values in Table 1 and Figure 1.

Discussion and conclusion:

The limitations of the study are not discussed. The impact of a missing control group is not considered, e.g. a control group without screening despite cough. The data could be taken from the period before introducing an active case finding strategy (historical comparision). Confounding (e.g. by social status) is not evaluated. The wording is clear. But is a yield of about 4% (according to Figure 1) cost effective (compared to the approximately 10% smear positive cases
found in passive case detection of a standard National TB Program)?

Literature:
In the meantime, there are newer versions of the WHO-Report on TB.