Author's response to reviews

Title: Factors associated with mortality in HIV-positive and negative patients with sputum smear positive pulmonary tuberculosis receiving anti-TB therapy.

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Author's response to reviews: see over
Dear Dr. Bucceri,

Thank you for considering our manuscript “Factors associated with mortality in HIV-infected and uninfected patients with pulmonary tuberculosis” for publication in your journal. Please find below a response to the reviewers’ comments.

Reviewer: In the follow up of patients no data was reported concerning relapse of TB. Authors should detail whether data are available and discuss the possible impact on mortality, especially in the subgroup of HIV-positive subjects.

Response: Thank you for reviewing the manuscript and your comments. We agree that TB relapse could be a potential risk factor for mortality; however, in our data, relapse was not significantly associated with mortality in multivariate models. We did indicate that it was a univariate predictor of mortality in Table 2 in the manuscript (p=0.18).

Reviewer: Baseline CD4+ cell count was similarly high in both survivors and not survivors HIV-positive subjects, while CD8+ cells count was significantly higher in the latter. These patients are consequently expected to show lower CD4+ percentage and CD4+/CD8+ ratio. Authors should provide such data if available and evaluate the impact as predictors of mortality. Evaluation of CD4+ percentage was shown to be even more appropriate than simple CD4+ count as markers of immunological impairment, especially in developing countries.

Response: We agree and hence, have revised the data tables to include CD4/CD8 ratio as a predictor of mortality in Tables 4 and 5.

We have also formatted the manuscript in accordance with the journal style and have included a statement on competing interests and a paragraph on author contributions.

Please feel free to contact us if you have any further questions. Thank you once again for your review and consideration of our manuscript.

Best wishes,

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