Reviewer's report

Title: Delayed consultation among pulmonary tuberculosis patients: a cross sectional study of 10 DOTS districts of Ethiopia.

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Reviewer: Bernt Lindtjorn

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Major Compulsory Revisions

We already know much about what cases delay in seeking treatment for tuberculosis in Ethiopia. Many such studies have been published during the last years. Do we need more such studies? The answer is not simple, and this study adds new knowledge. The flow chart (Figure 1) represents new information. However, I would like the authors to discuss the ethical difficulty of describing the behaviour of patients without putting this in a context of tuberculosis control. From Ethiopia we know that patients wait too long before getting treatment. Should we not rather develop interventions that would reduce the patient and health workers delay? How are the authors using their information to improve health services in Tigrai?

This study discusses the role of traditional medicine in Ethiopia. They state that “However, the relative contribution of such alternative sources of treatment to patient delay has never been investigated.” I advice the authors to refer and compare their findings with the many papers published on traditional medicine and tuberculosis from Ethiopia.

The authors conclude that: “These findings suggest that proximity in terms of walking distance to health facilities alone may not improve patients’ health seeking behaviour for tuberculosis treatment”. I am not sure about the validity of this statement. The reason for my question is that such a statement is valid if their sample is representative of the tuberculosis patients in Tigrai. By looking at their data, it seems as if most patients were seen at hospitals, many come from urban areas, and many were HIV positive. This suggests the urban patients are overrepresented in their material. From other studies from Ethiopia we know that tuberculosis is also highly prevalent in rural communities. Thus, by studying patients living near to institutions, it is expected that nearness is not important. Why are there so few patients from the rural areas among these patients? I suggest the authors provide more information on the sampling and discuss this selection bias.

How did the authors ask about delay? What questions did they use? How did they validate these questions?

A question about the statistics and the models used. Why are the authors not including all significant variables in their model? It seems as if they have left our
some significant variable (for example malnutrition?). Did they look at interactions between some of the variables? How good is their model? A minor point, the P values in Table 3 on nutritional status have been swapped. Table 3 also has some missing values, sometimes they add up to 924 and sometimes to 921.

Minor Essential Revisions
There are some spelling errors, for example Collage on the title-page and Sever in Table 3.

**Level of interest:** An article of importance in its field

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

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interest