Reviewer’s report

Title: Diagnostic accuracy of an integrated respiratory guideline in identifying patients with respiratory symptoms requiring screening for pulmonary tuberculosis: a cross-sectional study

Version: 2 Date: 5 June 2006

Reviewer: Bernt Lindtjorn

Reviewer’s report:

General
This is a well-written and important paper.

Many readers would be interested to see the questionnaire. I advice the questionnaire used by the nurses is published with the paper.

The design weakness of the paper is the authors’™ definition of the "golden standard". The authors use sputum cultures taken from patients seen by the general practitioners as their reference. From a design point, it would have been better that they had taken sputum tests from all patients with productive cough. In that way they would have been able to calculate the diagnostic accuracy of their questionnaire for nurses, and performance of general practitioners and respiratory specialist doctors. However, the paper discusses this limit.

-------------------------------------------------------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I have one major concern:
I do not understand their sputum results. 24 of 40 patients were smear (AFB) positive, and culture negative? Only 5 of 40 were smear and culture positive and 11 of 40 patients were culture positive only.

If these results are true, only 16 patients had bacteriologically confirmed pulmonary tuberculosis.

Their proportion of smear positive and culture negative is too large. Often, we find a few percentages that are smear positive and culture negative. Some of these cases are explained by contamination of the culture and some are false positive smears. However, in this paper, this inconsistency is larger than expected. The authors need to explain this discrepancy. How was the microscopy done and how did they quality check the AFB procedure and microscopy? If their AFB results are true, I doubt the validity of their cultures.

-------------------------------------------------------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Table 1: The authors should explain what they mean by Cardiac[0] disease.

-------------------------------------------------------------------------------------------------------------------------------

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests