Reviewer's report

Title: Factors influencing specialist care referral of multidrug- and extensively drug-resistant tuberculosis patients in Gauteng/South Africa: a descriptive questionnaire-based study

Version: 2 Date: 3 May 2013

Reviewer: Hendrik Simon Schaaf

Reviewer's report:

Review of revised version: Factors influencing specialist care referral of multidrug- and extensively drug-resistant tuberculosis patients in Gauteng, South Africa

As said with first review I think this study is important and has merit. The revised version is much improved and easier to follow. The authors should understand that the reviewer’s comments are not criticizing the study but hopefully help to improve the manuscript. The reviewer therefore still has a few more comments:

Abstract:

1. The numbers in the results section do not reflect the number in the main body of the manuscript! Second line of result 4/148 should be 3%. The results in the third line should be 74/97; 76% and 11/21; 52% (this percentage is also incorrect in the main body on page 7 – not 62%. Fourth line: suggest “Nineteen per cent…”

2. Not MDR nor XDR-TB is defined in the manuscript – the readers may not all be aware of what MDR- and XDR-TB means (even though this is hard to believe)

3. Page 3, line 10: suggest replace “multidrug resistant cases” with “MDR-TB cases”

4. Page 3, last line: “…detection and treatment of drug-resistant TB.”

5. Page 4, last paragraph, 1st line – add space after comma

6. Page 5, Methods, line 3: delete full-stop and replace with space after XDR-TB

7. Methods, lines 4-8. This sentence does not read well. May I suggest the following: “Patients who were suspected of having DR-TB at any of the health care facilities throughout Gauteng province had their drug susceptibility testing (DST) performed at the South African National TB Reference Laboratory (NTBRL). The DST results were sent back from the NTBRL to the requesting health care facilities, drug-resistant results indicating to the facilities the eligibility of the patients for being referred to SH for specialist treatment.”

8. Page 6, Data collection, lines 1-4. Although the authors may disagree, the reviewer still thinks that not having a lag period of at least a month after the last laboratory confirmed diagnosis of DR-TB before admission to SH is a limitation. The reviewer fully understands the urgency of tracing DR-TB cases and starting them on treatment, but he also has many years of experience working in clinics,
referral (academic) hospitals and receiving TB specialist hospitals. Unfortunately it does take time to receive results, trace patients and get them to a specialist centre, despite all the efforts of dedicated staff (personal experience). The authors actually make a statement at the end of the discussion which the reviewer can only interpret as agreeing to this – or what else does this statement imply?

9. Page 6, Data collection, last 3 lines: The authors suggest that they want to keep the manuscript concise – if so, delete collected information which was not reported on at all including “previous treatment for TB”. Also, the reviewer could not find any result on “date of laboratory reporting…care facilities.” – therefore suggest deleting this as well (and if not, delete “of” which is out of place.

10. Results: The results in table 1 are better (more complete) presented in the text than in table 1. This table should be deleted (does not add any additional information)

11. Table 2: It is still not clear what is defined as “Loss to follow-up” compared to “Did not come for results”. Could the authors please define this? Am I correct in interpreting it as a clinic/hospital representative trying to get hold of the patient (by whatever method they use) but not being successful (loss to follow-up), while “Did not come for results” were patients who had definite appointments made (or were contacted), but did not come? Please clarify – I understand this is difficult as it is only a retrospective folder review, but the authors should have had a definition to make such a distinction?

12. Page 7, Results, line 12 – remember to correct percentage to 52%

13. Discussion, line 2: Suggest clarification as follows: “…MDR- and XDR-TB patients to specialist care, both for hospital and PHC diagnosed cases.”

14. Page 9, lines 3-4: The meaning of this sentence is not clear, as it implies that MDR- and XDR-TB patients in hospital were not treated for their disease. What most likely is referred to is that “…absolute numbers of MDR- and XDR-TB patients who were not started on appropriate treatment (because they were not referred) were highest for those diagnosed in hospitals (compared to those diagnosed at clinics).”

15. Page 9, 3rd paragraph, line 3: I think “caregivers” is not the correct word? Are you referring to DOT supporters or community health workers?

16. One issue the reviewer does not see addressed in the discussion is the rotation of staff through the TB rooms in clinics. Are “TB staff” permanently in this position, or do they rotate through other “disciplines” in the PHCs as in other provinces? This makes continuation of care (and building of knowledge) very difficult, one of the factors the reviewer thinks needs to be addressed (may not be appropriate for Gauteng)

17. Page 10, lines 3-5: I don’t understand this statement – this is what the authors studied by going through SH admissions and the clinic folders, and now they don’t know? Also, if this is kept in (and hopefully better explained), it should be “number of patients” not amount.

18. Conclusions:, 2nd paragraph, line 3: I think this should read: “…functioning
follow-up and referral systems in hospitals and clinics diagnosing DR-TB.”

19. I have a question which I don’t see an answer for in the results/tables (although this is mentioned): How many patients did come back to the clinic, received their result (with/without a letter to SH) but did not go to SH?

20. Table 3: Did the authors expect the staff to know the SH telephone number by heart, or do they mean the staff did not know where to get the number?

21. Table 4: Incomplete – suggest add other modes (e.g. courier, etc) for the different subheadings (should have space deleting table 1)

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

**Quality of written English:** Acceptable

**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'