Author's response to reviews

Title: The magnitude and factors responsible for delays in management of smear positive Tuberculosis in Dar es Salaam, Tanzania.

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Author's response to reviews: see over
Dear Sir/Madam,

Re: Re Submitting a manuscript

On behalf of my co authors, I am re submitting a revised manuscript titled The magnitude and factors associated with delays in the management of smear positive tuberculosis in Dar es Salaam, Tanzania according to reviewers comments; for publishing in the BMC health services research journal.

We have addressed each comment with its respective response in this cover letter.

We hope that this revised manuscript will be considered for publication with your journal.

Kind regards,

Dr Beatrice Mutayoba
Reviewer: Elsa Zerbini

Abstract

Comment:
It should be said if the “diagnosis delay” is due to health services or not and “which health services”.

Response:
We agree with the comment and we have revised the abstract as shown in blue fonts.

Comments:
Introduction
In line 11: “Fifth ed.”
In line 13: (PTB) (+) is not necessary because it is not use again.
In line 21: “et al”

Response:
Thanks. We have corrected the errors in the revised manuscript.

Comments:
Selection of DOTS centres and TB patients
Which is the difference between health centres and dispensaries? In some countries are the same. Explain it.

Response:
Dispensary Services: This is the second stage of health services. The dispensary caters for between 6,000 to 10,000 people and supervises all the village health posts in its ward.

Health Centre Services: A health Centre is expected to cater for 50,000 people which is approximately the population of one administrative division.

Comments:
In the second line: erase “in each stratum”. It should be said: “A random selection…………a total of 18 health facilities in the three districts”.
Explain who is considered a “confirmed tuberculosis patient”.

Response: We have rephrased the sentence as advised.

Comment:
Analysis
Line 12: I think it would be better: “The patient’s self referral…………and the first doctor visit at any health facility”.

Response: The sentence has been revised.
Comment:
Which do you consider a definitive diagnosis? One sputum positive? Two? And if the sputum is negative? Explain it in methods.

Response: We have included this definition in the section

Comment:
In the last line: delayed treatment. Put it in cursive.

Response: We have corrected this as suggested.

Comments:
Results
Health seeking behavior
Line 6: Use the definition. Don’t explain it again. “The mean (SD) patient’s self referral interval…”
The second interval (the time interval between…) isn’t it the same as before? Why? It’s not clear. Please, explain better.
Don’t repeat “the interval”. Use the definitions explain in methods.

Response: We have corrected the text as recommended

Comment:
Line 16: correct “colleted”. It’s better “done”.

Response: We have corrected the text as recommended

Comment:
Page 9. Line 1. Use the definition. “A time duration…..”. Isn’t it the same as “the health facility referral interval”?

Response: We have revised the sentence in the text.

Comments:
Line 9: (199/224)

Response: We have corrected the error.
Comment:
Acknowledgements
“to participe”

Response: Corrected as recommended.

Comment:
References
Please, check all “:” and “;”. In some parts they are incorrect.

Comments: Table 1
In the first line, put: “388 (60.7) 251 (39.9) 639 (100.0)”
The addition of percentages never is exact.

Response: Corrected as recommended.

Comment:
In age: Mean (SD) should not be put. It’s different from the other parameters.

Response: We have put it in different category.

Comment:
In divorced/separated: 8.9 (57) is incorrect. 57 (8.9)

Response: Corrected as recommended.

Comment:
Table 3
In 1st and 3rd sputum, put >0 days and # 1

Response:
1st Sputum: We considered two categories, those who didn’t submit sputum on the same day of consultation and those didn’t submit sputum on the following day.

3rd Sputum: We considered two categories, those who didn’t submit sputum on the second day when submitted morning sputum and those didn’t submit sputum on the following day.

*******We wanted the study data to show this problem in different levels*******

Comments:
Table 4
Where is the value 30? In >30 or <30?
Put 100 nearby: 385 (100.0) 248 (100.0) 633 (100.0)
Response:
We have corrected errors as indicated in the table.

Commentaries:
The question posed by the authors is well defined. The methods are appropriate and well described. The discussion and conclusions are well balanced and adequately supported by the data. The writing is acceptable.

Reviewer: Mohammed Yassin
Reviewer's report:
The manuscript “The magnitude and factors responsible for delay in tuberculosis management in Dar-el-Salaam, Tanzania: A cross sectional study” assesses one of the important issues related to TB control programme activities. The authors reported the magnitude of delay in TB care at different levels of health systems and risk factors related to delay among TB patients attending public and private health facilities in urban settings in Tanzania.

Comments:
Major compulsory revisions
The manuscript has several limitations and inconsistencies.
As the characteristics of patients who attend the public and private health services are often different, the manuscript could be improved by re-analysing the data and presenting the possible corresponding difference in risk factors.

Response:
We have revised table1 which deals with profile characteristics of study population and included the private and public profiles as suggested. As you can see only a few patients attended private facilities (14.2%), therefore sub-analysis on association with risk factors will be affected by a small number of patients attended private facilities. Furthermore, since we have already demonstrated gender differences, if we were to analyze by private public level we will be required to stratify by sex which will further reduce the numbers of patients in private facilities. We would, therefore, request the reviewer to reconsider this fact. The distribution of TB patients in our study has well reflected the distribution of TB services in our normal setting whereby only a few private facilities offer DOTS services compared to public facilities. However, we do acknowledge that we had overlooked this part of analysis in the discussion in the first version of our manuscript. The discussion has been revised to include this limitation.
Comments:
The conclusion seems biased towards patients’ delay and addressing it although the authors reported that there are serious problems related to the health service including protracted diagnostic process where sputum samples were not collected as recommended from more than 63% the patients, furthermore, these problems were not discussed in the relevant sections at all.

Response: The conclusion and discussion have been revised and included in the manuscript.

Comment:
1. Abstract: The abstract should be explicit and a summary of all relevant information should be presented clearly.

Response: We have revised the abstract to include a summary of all relevant findings.

Comment:
a. Design - it is not clear what was surveyed, how the survey was conducted and which instruments were used to collect the data. This includes some of the definitions and technical words.

Response: We have revised that part of methodology accordingly. We also included definitions and explanations.

Comment:
b. Result:
   i. should include numbers not only percentages
   ii. how significant the risk factors mentioned were significantly associated with delay

Response:
i) We have included numbers as well.
   ii) The level of significant association can be measures by the ODD RATIOS and 95% Confidence interval given in the tables and results section. In other aspects we have also given Chi square, degree of freedom and corresponding p values.

Comment:
c. Conclusion: could be expanded - the main risk factors for delay and what should be done to address them

Response: The conclusion has been expanded

Comment:
2. Introduction: the source of some of the figures (estimated prevalence...) and comments should be included
Response: We have revised the introduction and included sources of figures as recommended.

Comment:
3. Methods: the flow of information is not clear; the paragraph on analysis could be included as the last part of the methods.

Response: We have revised the Method section and included analysis as last part.

Comment:
a. No references for the statistical packages used

Response: We have included a proper referencing for the statistical packages used.

Comment:
It is not clear at least to me, why the authors want to adjust variables for sex as far as they use multivariate analysis which would control confounders/interaction?

Response: In order for multivariate analysis to adjust for a confounder/interaction it must be specified when entering each variable its confounder or effect modifier into the model. Sex was associated with several risk factors and was likely to affect the level of risk for patients delay.

Comment:
Was there any reference for the definitions and time intervals periods used?

Response: Definitions were derived from NTLP guidelines for diagnosis and treatment of TB patients. Patient’s delays and referral delays were derived from interviews with consultants involved in policy and management of TB and experience from previous publications.

Comment:
b. It is not clear what information and how the information was collected and what instruments were used.

Response: The methodology section has been expanded to include what and how information was collected.

Comment:
c. It was mentioned that only “confirmed cases TB” were interviewed, but no mention of how TB was confirmed among this group; was it by smear microscopy (how specimens were collected ?, what is the definition for smear-positive TB case?) or by culture. How about other TB cases (smear-negative, EPTB)? A brief description of the routine diagnostic process would be necessary.
Response: We have revised and explained how TB was confirmed in the manuscript.

Comment:
4. Result:
a. The first para, should be revised; The mean age (SD) was 35.1 (12.1) “years and 71.5% (454/635) of the participant were 18 to 40 years old.” And delete the last sentence.

Response: We have revised the paragraph accordingly

Comment:
b. Page, Para 2: move the first and 3rd sentence to the methods section.

Response: We have revised the paragraph and moved the sentences to method section.

Comment:
c. Page 8, para 2, it would be better to use median than mean for duration of illness as it seems there are outliers (the SD is very wide)

Response: we have revised and included both mean and median

Comment:
d. Page 8, para 4. Inconsistent numbers and percentages when calculated by sex
Response: This has been revised.

Comment:
e. Page 8, para 5, important finding, but this was not discussed at all

Response: This finding has now been discussed in the discussion section.

Comment:
f. Page 9, last para. Same question as 3.a

Response: We have explained this in 3a above.

g. Revise tables:

Comment:
i. Table 1: present the characteristics of patients for patients from private and public health facilities

Response: We have revised table1 which deals with profile characteristics of study population and included the private and public profiles as suggested.
Comment:
ii. Table 2: include p values in the last column,
Response: No statistical significance differences were observed in all variables for males and females in this table. We therefore did not include the Chi Squares and p values.

Comment:
iii. Table 3: define "severe disease" as footnote, traditional healer - wrong number?
Response: We have explained in the footnote the meaning of severe disease and corrected the number for traditional healers.

Comment:
iv. Table 4: include the adjusted odds ratios
Response: The reported ODD RATIOS are the one that are adjusted

Comment:
5. Conclusion:
a. Page 10, line 5; delete the sentence “However...”
Response: The sentence has been revised and the word however had been deleted.

Comment:
b. Same page, line 8: Although there was a study... which study? Reference.
Response: The reference has been added in the appropriate area.

Thank you
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:
I declare that I have no competing interests.