Author's response to reviews

Title: A Retrospective Review of a Tertiary Hospital’s Isolation and De-isolation Policy for Suspected Pulmonary Tuberculosis

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Author's response to reviews: see over
To:
The Editor
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Dear Editor,

We are pleased to enclose a revised copy of our manuscript titled ‘A Retrospective Review of a Tertiary Hospital’s Isolation and De-isolation Policy for Suspected Pulmonary Tuberculosis.’

We thank the reviewer for his detailed review of the manuscript and have addressed his comments below.

**Reviewer 1**

1. First, author stated in the introduction that “there is no specific guideline to define such patients, and the decision to isolate is left to the discretion of the managing physician. Thus, “Patients with suspected PTB are isolated till three consecutive respiratory samples have been shown to be smear-negative for AFB” is only a suggestion. In the discussion “Based on CDC guidelines, our institution’s infection control policy requires patients to have at least three negative sputum AFB smears before they can be de-isolated [8].” I am confused with your institution’s current infection control policy for the isolation of patients with suspected PTB. Please state precisely.

**Authors reply:** Our institution does not have a specific guideline to determine which patients are at high risk of having PTB and thus need to be isolated – this is left to the discretion of the managing physician. However once a decision has been made to isolate the patient, our institution’s infection control policy requires the patient to remain in isolation till three negative AFB smears are obtained.

To make this point clearer we have added the following statement to page 6 paragraph 1:
“Although our institution does not have specific guidelines to determine which patients are at risk for suspected PTB and require isolation, once a decision has been made by the managing physician to isolate a patient, our infection control policy requires them to remain in isolation till three consecutive respiratory samples have been shown to be smear-negative for AFB.”

2. If patients with less than 3 negative AFB smear are de-isolated prematurely still yielded positive TB culture later. How can the author jumped to the conclusion that “our institution’s current infection control policy for the isolation of patients with suspected PTB is robust.”
Authors reply: We agree with the reviewer that this is an over-reaching statement. We have thus amended our conclusion to state:

“Our study suggests that our institution’s current infection control policy for the isolation of patients with suspected PTB is fairly satisfactory, but may need to be tightened further to prevent true cases of PTB being de-isolated prematurely.”

Once again we thank the reviewer for his constructive comments and we hope we have addressed his concerns satisfactorily. We look forward to a favourable reply from the Editorial team.

Yours Faithfully,

Dr Shirin Kalimuddin