Author’s response to reviews

Title: Delays to anti-tuberculosis treatment initiation among cases on Directly Observed Treatment Short course in districts of Southwestern Ethiopia. A cross-sectional study

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Author’s response to reviews:

Dear Alice Zwerling,
Editor, BMC Infectious Disease

We are pleased to submit our re-revised version of manuscript entitled “Pathways to anti-tuberculosis treatment initiation among cases on directly Observed Treatment Short course in districts of Southwestern Ethiopia (INFD-D-17-01386)”. All the comments and suggestions forwarded by you and the reviewers were very helpful to enrich the manuscript. We are very grateful for all the invaluable comments and suggestions. Below is our point-by-point response to the second reviewer’s comments where our responses are written in bold and the reviewer’s comments are in italics. Accordingly, we made all the suggested and requested amendments in the manuscripts and uploaded two copies of it, one in marked up version in track changes and a clean version. We also reviewed the journal guideline and adjusted the revised manuscript accordingly.

We look forward to receiving your favorable response to the re-revised version.

Warm regards,

Abyot Asres
Corresponding author
Response to reviewer

Dear Mr. Daniel,

We are grateful for your thorough review and invaluable comments those are vital to enrich the manuscript to the current state.

Daniel Mekonnen, MSc (Reviewer 2): Review Report-R2
TITLE: Pathways to anti-tuberculosis treatment initiation among cases on Directly Observed Treatment Short course in districts of Southwestern Ethiopia. A cross-sectional study, By Abyot Asres et al
By: Daniel Mekonnen
I review this MS for the second time and it has improvement compared to the first submission. However, still there major issues that should be addressed. I put the detailed comment from the document using Yellow highlight and sticky notes. Below is my general comment
Response
As per your suggestions with highlight and sticky notes in the documents, we made the suggested changes to the manuscript. We put the amendments with track change that is uploaded along with clean copy.

1. Avoid word collection: The author should focus on the message and use single words. For instance, the author use Median (IQR), Woreda (district)…. Thus, use one word only and don't collect words.
Response
Comment well taken and such collection of words are avoided by putting only one word. However median (IQR) is not to mean either of the two, rather it was to show the median along with the corresponding inter-quartile range. The comment to put as median (IQR: Q1-Q3) is taken and used throughout the manuscript.

2. Define key words and use them subsequently to avoid the using the definition of that word every time. For example, define what do you mean 'patient delay' and use this word only rather than its definition
Response
Suggestion well taken so that definition of terms is provided at the end of method section and the key terms are used instead of the definitions throughout the paper.

3. Paragraph structuring and language need improvement
Response
Suggestion well taken and paragraphs indicated with sticky notes were re-written to maintain better structure and flow. We also made changes with language throughout the manuscript.

4. Too many typographical errors
Response
We corrected all the indicated errors and others throughout the paper.
Method
The study subjects were not defined very well. The report of delay will good if disaggregated by type of TB cases. Otherwise, the finding is not informative and difficult to identify gaps. For example, currently, triage and cough separation, spot-spot sample collection strategy are in place. Moreover, ZN and Gene Xpert are being used. Thus, most infectious cases can be diagnosed within 1 or 2 days. However, due to facility, experts and overlapping sign and symptoms with other diseases, PTB- and EPTB are delayed. Thus, unless separately treat these group of people, the delay data will be imprecise

Response
As you rightly put it, diagnosis of smear negative and extra pulmonary TB cases is difficult and took more time than those smear positive cases. However, the most sensitive test, Gene xpert is not available at all facilities and there were only two machines in the study zones. Thus, detection of the infectious cases took much more time you estimated. In the current study, we disaggregated the delays across the types of TB and reported statistically significant difference among smear positive, smear negative and extra pulmonary cases.

Sample size and sampling
* The sample size calculation method is not clear. Make it clear

Response
Comment well taken and the sample size computation is clarified in the document. We calculated sample size to identify predictors of delays Epinfo that requires level of significance, power, and proportion of the outcome (delay) among exposure (Eg educational status).

Results and discussion
* These sections need major revision. The message is not clear and it is not to the point. The author should focus on the main objective (Patient delay, provider delay and total delay) and associated factors. Avoid unnecessary details and narration, wordy.
* The messages are not well structured and organized
* Tables are not informative

Response
Suggestion well taken and requested amendments are made to the result and discussion section. We clarified the messages and focused to the main objectives of the paper. We avoided unnecessary details and organized statements to focus to the main objectives of the paper. Similarly, we made requested changes to presentation of the tables including titles and contents. So that the tables are made informative.

Conclusion
* The conclusion is not focused and clear. Need Major revision!
Response
Comment well taken and the conclusion section made focused and clear.