Author’s response to reviews

Title: A Four-Year Trend in Pulmonary Bacteriologically Confirmed Tuberculosis Case Detection in Kampala-Uganda

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Author’s response to reviews:

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To
The Editorial Office,
BMC Pulmonary Medicine

Dear Pietro,

Re: A Four-Year Trend in Pulmonary Bacteriologically Confirmed Tuberculosis Case Detection in Kampala-Uganda" (PULM-D-19-00019)

Thank you for your email dated 26th February 2019. We thank you and the reviewers for the time taken to read through our manuscript and the necessary suggestions made to its revision. We very much look forward to a final decision on the publication of our manuscript with your journal subject to
adequate revision and response to comments raised by the reviewer. Based on the instructions provided in your email, we uploaded the file of the revised manuscript on the journal’s website.

We considered and responded to all comments from the reviewers. Appended to this letter our point-by-point response. We, again, express our sincere gratitude to the reviewers who identified areas of our manuscript that needed modification.

We would also like to thank you for allowing us to resubmit a revised copy of the manuscript and have prioritized making these very necessary changes to avoid any delays.

We hope that in the revised manuscript, we have addressed all comments satisfactorily to be acceptable for publication in BMC Pulmonary Medicine.

Sincerely,

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Response to comments from Reviewers

To appropriately mark where changes were made in reference to the responses below, please consider reviewing the manuscript while “displaying the tracked changes/showing comments”.

Reviewer reports:
Maxwell Oluwole Akanbi, MD, MS (Reviewer 1): The authors carried out a retrospective cohort study to describe trends in bacteriologically confirmed pulmonary tuberculosis among patients treated for tuberculosis between January 2012 and December 2015 in Kampala, Uganda. The results show an increase in bacteriologically diagnosed pulmonary tuberculosis in 2014 and 2015, compared to 2012 and 2013. This increase coincides with the increased utilization of Gene Xpert for the diagnosis of pulmonary tuberculosis and may not necessarily due to an increase in the number of patients with pulmonary tuberculosis.
A pertinent finding from this study is the high burden of smear positive pulmonary tuberculosis in the study population. This highlights the need to employ comprehensive measures to address the tuberculosis epidemic in Uganda, and other countries with high burden of tuberculosis.

Response: Thank you, Dr. Maxwell for time taken to review our work. Thank you, yet again, for this observation. This is a true observation, in our manuscript on page 10 line 198-202, we also mentioned that there was an association between the increasing trend observed and the increase in geneXpert testing. You make a good point about the pertinent finding and we have made necessary edits on the same page line 229 – 233.
Major Comments

1. Scope of the study: The study title and study aim was to describe the trend of bacteriologically confirmed tuberculosis over the study period. The results presented however went beyond this scope and included outcomes of tuberculosis treatment.
Response: Thank you for your comment. Although our primary focus was on trends, we found it necessary to add some information on outcomes. We have taken your comment in consideration and have made some edits to our study scope on page 6 line 117-120.

2. Additional information is needed in the methods section stating the statistical methods used to achieve the main study objective(s).
Response: Thank you, Maxwell. In our “Methods” on page 6 describing our “Data entry and statistical analysis” on line 122 to 130, we provide for statistical methods used. We hope that it will satisfactorily address this comment. Please let us know in case further information is needed.

3. New information and data were presented in the result section, which were not described/defined in the methods section. All treatment outcomes need to be defined.
Response: Thank you for this observation. We made this very crucial revision on page line 117-120.

4. Lines 150-152: Results of linkage to HIV care are presented. It will be helpful if information on how 'linkage to care' was defined and assessed in your study is presented.
Response: Dear Maxwell, thank you for your guidance. On page 6 line 115-117 in the methods sections, we have provided a definition for linkage to care for our study.

5. Could the authors provide information in the methods sections on the guidelines for tuberculosis diagnosis during the period covered by the study?
Response: Thank you very much. We found this suggestion very helpful to possible readers of this manuscript and have made revisions accordingly on page 5 line 113-114

Minor Comments

1. Line 69- An abbreviation 'PBC TB' is presented without prior definition. All abbreviations should be written in full at first mention to aid the readers understanding of the manuscript.
Response: Thank you for this observation. A correction has been made in the same line.

2. There appears to be some inconsistency in the abbreviation of 'PBC TB'. Sometimes it was written as 'PBC-TB' and other times written in full(Line 78).
Response: Thank you. We have conducted a search and edit to ensure uniformity. All abbreviations are as “PBC TB”

3. The abbreviation 'CPT' appears several times in the manuscript without first being written in full.
Response: Thank you. This has been addressed. In its first appearance on page 6 line 116, it has been written in full.

4. Line 119: Based on the distribution of the study population, only the median or mean needs to be presented and not necessarily both.
Response: Thank you. Your comment has been considered. We have found the mean age more applicable. The median age has been deleted. See page 7 line 136

5. Line 189-191: Smear positive pulmonary tuberculosis is used as an indicator of late presentation of tuberculosis. It will be helpful if a reference is provided to support this.
Response: Thank you. We have made necessary revisions to this paragraph now on page 10 line 197-201. We could not find a solid reference that speaks to our suggestion though. We hope that our revision makes this more understandable and responds to your comment just as much. Please let us know otherwise. We are also open to any suggestions for reading materials.

6. Tables: All abbreviations in all tables need to be written in full at the bottom of the table. All
titles need to be self-explanatory.
Response: Thank you. This has been corrected as recommended.
7. Table 1: HIV status- 404?
Response: Thank you. This has been edited to HIV Serostatus.
8. References: References need to be formatted to comply with the instructions of the journal
Response: Thank you, any references not previously formatted appropriately have now been re-formatted to Vancouver reference style. An additional reference has been added (Ref No 1)

Sourin Bhuniya (Reviewer 2):

1) The period of study in the abstract is mentioned as from 2012 to 2016, that does not correlate with that in the manuscript
Dear Sourine, Thank you for your comments and the time you took to review our work.
Response: Thank you for this crucial observation. This was a typo and has been corrected.

2) In the results section, in the line number 151, there is an increase in the absolute values of the numbers whereas the text says there is decrease in the HIV positive cases
Response: Thank you. Our text emphasized the percentage decrease, however, in consideration of your comment, we have made an edit to the paragraph, see page 8 line 169.

3) There are some typographical and grammatical errors throughout the manuscript, that need to be reviewed and corrected by the authors
Response: Thank you. The authors have double checks the manuscript and made all observed necessary corrections.