Author’s response to reviews

Title: Knowledge and practice of Tuberculosis infection control among health professionals in Northwest Ethiopia

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Author’s response to reviews: see over
Cover letter

Tuberculosis infection control is an area where countries should invest to prevent and control the spread of tuberculosis. Sub-Saharan countries including Ethiopia are one of the regions with the highest HIV burden. Tuberculosis infection and coinfection with HIV have been additional challenges in the fight against HIV/AIDS. In addition tuberculosis is the commonest cause of morbidity and mortality affecting the workforce of the region in general and Ethiopia in particular.

Knowledge and practice of tuberculosis infection control affects the effect of infection control. Evidence on the existing knowledge and practice level is important for policymakers and implementers to take appropriate action to break the transmission cycle of tuberculosis.

Hence publishing this paper will contribute to the knowledge pool in sub-Saharan Africa to enable evidence based decision.

Point by point response to the Peer review comments

1. ...., the authors should justify in the background why they have conducted the study at hospitals level, ...

Comment well taken and incorporated in:

The background section: page # 1, Para #3 ... most health facilities have nonexistent TB infection control (TBIC) practice (8) exposing for TB infection especially at high case load health facilities where TB patients and suspects stay longer for inpatient or outpatient follow up care, which increase the risk of infection transmission, ...

The methods section: Page #2, Para # 2, Hospitals were selected for the study as the TB patient and TB suspect client load is high and duration of stay for inpatient and outpatient care is longer, which increase the risk of infection transmission, compared to health centers.

Minor Essential Revisions

1. There are several editorial problems especially use of capital and small letters (e.g “Hospitals” “Nurses” “Physicians”) through the whole document,

Editorial comments addressed
2. use of abbreviations (e.g. Tuberculosis Infection Control is abbreviated as TBIC, or IC?), and inconsistency in the use of abbreviations (i.e. sometimes the authors use Tuberculosis Infection Control, sometimes they use TBIC or IC, tuberculosis or TB, Health care workers or HCWs etc).

Use of abbreviations checked and corrected for consistency

3. In the background, the 5th paragraph, which states about lack of TBIC measures in Ethiopia is somewhat redundant with what has been stated in paragraph three.

Para 5 in the back ground section, which states about lack of TBIC measures... is taken out

4. The last paragraph of the methodology section “regarding about the dissemination of the results to the study hospitals may not important.

Last paragraph in the methodology section, is not important and is taken out

5. Acknowledgement: The second author, Meaza Demissie is acknowledged for her advisory role. Similarly, her contribution is mentioned as advisor under the author’s contribution. In this condition, I doubt whether she deserves co-authorship or not?

The role of the second author is restated

**Major Compulsory Revisions**

**Methods section**

1. The statistical method used to select the study participants is not clear

The statistical method used to select the study participants is included in the methods section at Page #2, Para #3. Proportional numbers of study participants were allocated to each Hospital according to its contribution to the sampling frame and individual participants were randomly selected from each facility taking the contribution of each discipline into consideration. Health professionals working in units where TB patients/suspects get health care are included in the study.

2. What was the reference for the definition of Good knowledge (i.e. correct response to ≥ 60% of the knowledge questions), and reference for the definition (i.e. Good Practice: when a respondent practices ≥ 50% of the practice questions)
• .....The operational definition was set based on literature review. In a study referenced under #14, the median percent of Tuberculosis infection control knowledge questions answered correctly was 55%.....
  o Considering the high prevalence of TB in our setup, cut off point for this study was set at 60%.
  o On the other hand TBIC practice needs the translation of knowledge and skill in to practice and a lower cut off point was set at 50%.

Results section

1. Table 1 is not presented (missed)

Table 1 on socio demographic characteristics included

2. Describe the socio-demographic characteristics of the non-respondents

   Among the none respondents, two were female nurses on maternity leave; two male pharmacists were in Addis Ababa to do drug procurement for their hospital; four nurses (3 female and one male) were participating in an in service training at Gondar university Hospital. The remaining were on annual and sick leave: no other difference from the rest of the participants.

3. Out the 313 study participants, 59 (18.8%) were trained on TBIC, provide the job responsibility of these participants (are they working in the TB unit or others?), and also discuss this point in the discussion part based on tuberculosis infection control guideline in Ethiopia.

   TBIC Job responsibilities are included in the discussion section, under Para #8, at Page #7:
   
   • Health professionals working in units where TB patients/suspects get health care are included in the study.

   • The Ethiopian TBIC guideline clearly depicts that, health providers should triaging and fast trucking of TB suspects, educate on cough etiquette, improve the cross ventilation of the room by opening windows, adjust sitting arrangement, isolate TB suspects at the waiting area and wards, ambulatory management, routine TB screening, follow up of TBIC activity implementation by IP committee and use of respirators and fans to minimize TB infection.
4. Multivariate logistic regression analyses (both Table 2 and 3) are not clearly presented (i.e. please, provide complete data on socio-demographic characteristics like age, sex, etc, so that it will be easy for the reader)

Table on sociodemographic characteristics is included as table 1 at page #13

Discussion part

1. A paragraph about the impressive finding of the study “The most impressive finding of this research was …”

   Comment well taken and incorporated in the discussion section at page # 9, Para # 2.

References

1. Inconsistency in references writing (please check use of comma and dot) -some of the references are not appeared in the order they should (e.g. Ref.no.13 is appeared after ref no. 27, and Ref. no. 27 is appeared before refs no. 14 and 15)

   Reference writing checked for consistency and order, and corrected accordingly

2. Some of the references are missed in the text (references no. 20, 22, 23, 24) but listed in the ref list.

   References missed in the text but listed in the reference list are checked and corrected

3. Some of the references (27, 28, 29) are indicated in the text but not listed in the references list

   References indicated in the text but not listed in the reference list were checked and corrected.