Author’s response to reviews

Title: Tuberculosis and HIV are the leading causes of adult death in northwest Ethiopia: evidence from verbal autopsy data of Dabat Health and Demographic Surveillance System, 2007-2013

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Rebuttal Letter

Comments    Response of author

We are very pleased to appreciate your precious time and concerns to increase the quality of the manuscript

1. Please only show 1 decimal place for all numbers.    We amended to 1 decimal place for all numbers as per the comments
2. What is the evidence that the VA process they use can reliably distinguish between HIV and TB? Since these are the two main causes of death they identify, and TB is twice as common as HIV, is there much likelihood that some TB deaths are actually HIV, and the converse? This needs to be better argued and defended. TB is one of the commonest causes of death among people living with HIV worldwide. The questionnaire on section 5; context and history of previously known medical conditions, had questions about, Was there any diagnosis of Tuberculosis? And Was there any diagnosis of HI/AIDS? These question could help to physicians to distinguish between the two.

Yes, there is much likelihood that some TB deaths are actually HIV. But, the respondents might inform about TB which was already known by them. This might be limitation of VA.

Most deaths because of HIV is because of the opportunistic infections. TB is the commonest opportunistic infection and a killer as well.

3. The finding that Communicable disease mortality is higher among better educated than less well educated is counter-intuitive. Please explain. In case of HIV, the educated lived in urban where HIV incidence and prevalence is high comparing to rural residents. For other infectious diseases, uneducated are more vulnerable and can be causes of deaths for these group. The other explanation is that, educated families might understand and told to data collector’s approximate sign and symptoms.

4. On pg18, at the end of the para on VA, they say that physicians also had access to the open narrative. What effect did that have on physician ability to diagnose the CoD correctly? It is not clear from their text. The data collectors, after completing the interview, they do write their observation on open narrative. The open text could help to physician to verify the causes of death. However, if they do relay on to diagnosis the CoD only open narrative, it might affect the diagnosis. See the details in text.
5. What were the top 10 causes grouped together under the category of ‘other’ causes of death, and which accounts for about one third of all deaths in the Table? Please discuss. It is difficult to make much sense of the causes listed when one-third are unknown.

The types of causes of deaths listed are many to list them in table and most cells are zero and below 5. That is why we used others as causes of deaths.

As per your valuable comments, we modified the tables to include more rows and listed other ten top causes as footnote of the table.