Reviewer's report

Title: Pulmonary tuberculosis in outpatients in Sabah, Malaysia: advanced disease but low incidence of HIV co-infection

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Reviewer: Lisa Nelson

Reviewer's report:

General Comments
In general this is a clear and well written manuscript.

Major compulsory revisions: none

Minor essential revisions
- Table 2 documents an association between weight and age and diabetes and hypertension among patients diagnosed with TB. This is not surprising, and may not really add much to the findings of this study.

- The authors state that migrants composed roughly one-third (27.8%) of the population in this region of Malaysia. Migrants also compose roughly one-third of the TB cases in this study, which suggest they are not at disproportionate risk of TB. It is recommended that authors review this association, and revise if needed.

- The HIV prevalence in this study is low (1.7%) and lower than in Eastern Malaysia as a whole (6.1%) One possibility is the relatively large number of people did not consent to the study (128), introducing a potential bias if those not wanting to be HIV tested were at higher risk of HIV infection. In addition, as authors note, this study focused only on smear-positive TB and so would naturally not include the burden of coinfection among smear-negative patients. Future studies using molecular diagnostics (e.g. Xpert MTB/Rif) could shed further light on this issue. Authors could consider saying a bit more on this point.

Table 1—it is not clear that all variables (e.g. co-morbidities) are available for all participants. Please review to ensure that denominators for comparisons are correct in all cases.

Table 3—while this reviewer agrees with the authors that the very few HIV positive results preclude a meaningful sensitivity and specificity analysis, suggest adding to Table 3 so that it «stands alone» by clarifying title (e.g. HIV test results among TB Patients, 2012-14), and making clear that ALL patients received a Determine test as here only the results from patients with other positive tests are listed.

Discretionary revisions-
- While the median delay in diagnosis was 8 weeks, the range (1-52 weeks) was
long and might mask important differences in care-seeking behaviour. The authors could consider further analysis among the group with delayed diagnosis (e.g. greater than 8 weeks)

-Given the findings of delayed diagnosis and high disease severity in this study, authors could consider other case finding strategies including contact tracing and better sensitization of health care personnel and communities on common symptoms of TB.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.