



By E-mail (agboat@gerrys.net)

TDR.4/10  
T5/72/6

10 April 2005

EMRO/TDR Small Grants Scheme for Operational Research in Tropical and Other  
Communicable Diseases

Dear Dr Agboatwalla,

We acknowledge with thanks the receipt of the final technical report of your research project, ID reference number SGS03/178 entitled: "To study the role of community involvement in enhancing case detection and treatment success rates of DOTS patients in Pakistan."

Your report has been reviewed at our end and we wish to congratulate you on the outstanding results of your project. However, we would suggest the attached minor modifications and clarifications in your report. ( Annex 1).

We would appreciate making these minor requested modifications and submitting the revised report at your earliest convenience.

With kindest regards.

Yours sincerely,

Dr Zuhair Hallaj, Director  
Communicable Disease Control

Dr Mubina Agboatwalla  
Director  
Health Oriented Preventive Education  
HOPE  
5 Amir Khurso Road  
Karachi  
PAKISTAN

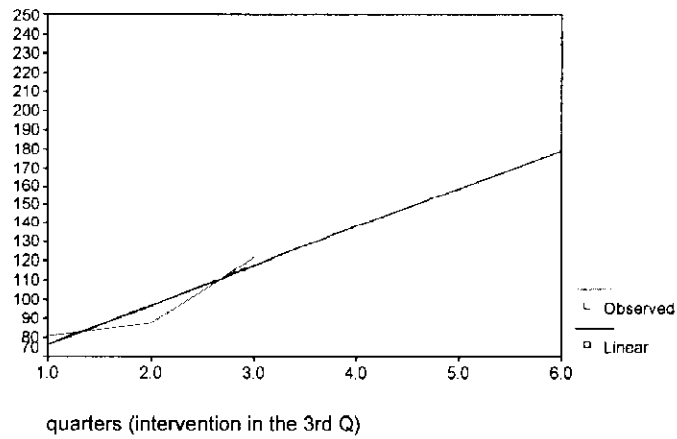
Cc: WR Pakistan

## Annex 1

- 1- **Executive summary and introduction:** The first sentence should read as follows: Pakistan ranks 6<sup>th</sup> among the high tuberculosis burden countries in the world and the **estimated** disease incidence is 181/ 1000, 000.
- 2- **Methods:** the study design is a community intervention and the term “randomized controlled trial” is inaccurate since there no randomization was performed as described in the report. This should be revised.
- 3- **Table 1, 4, 7:** the total number of cases per age group (table 1) and per center (table 4) and their relative percentages should be included in these tables. In table 4, the number of tuberculosis patients detected in Juhi centre (n=76) differs from that presented in table 6. Similarly in table 7, the number of tuberculosis patients detected in the intervention centers (n=299) differs from that presented in table 3, and this needs justification or revision.
- 4- **Results, p.14, last paragraph:** the interpretation of table 4 is related to the number of cases detected not to the case detection rate and this should be revised.
- 5- **Table 5.** there is a need to include a Chi square test to compare the proportion of sputum positive cases which was significantly higher in the intervention compared to the control group ( $X^2$  test  $(1) = 8.21$ ,  $p=0.004$ ). A significant increase in the proportion of sputum positive cases was also noticed over time (Chi square for trend =3.84,  $p=0.0499$ ), whereby there was a 2.33 fold increase in the proportion of sputum smear positive cases in the intervention centers compared to the control ones.
- 6- **Table 6.** there is a need to clarify the numbers based on which percentages were calculated. Moreover, the figures presented in the interpretation of the table results need to be revised.
- 7- **Table 8.** There is a need to compare between the case detection rate before and after the intervention and between the intervention and control groups.
- 8- It would be useful to predict the number of tuberculosis cases and case detection rate for the future 3 quarters by developing a prediction equation using regression analysis as per Annex 2.

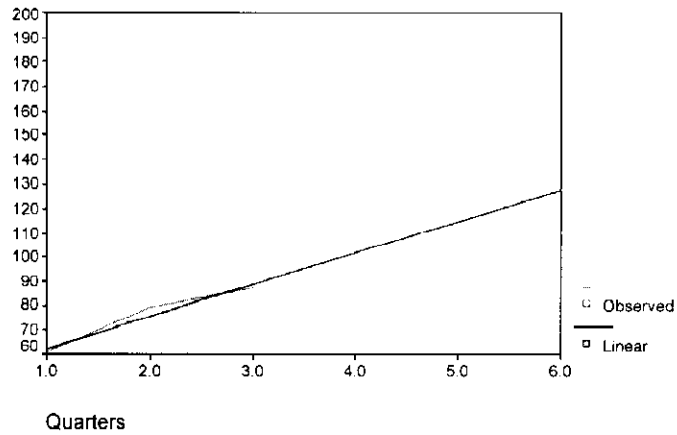
**Annex 2.**

**Fig 1. Predicted increase in the TB cases detected in the intervention district**



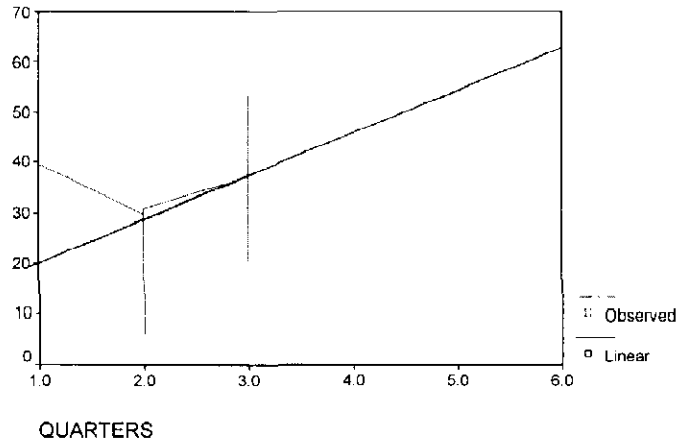
**Number of predicted cases:  $56 + 20.5$  (quarters)**

**Fig2. Predicted increase in the TB cases detected in the control district**



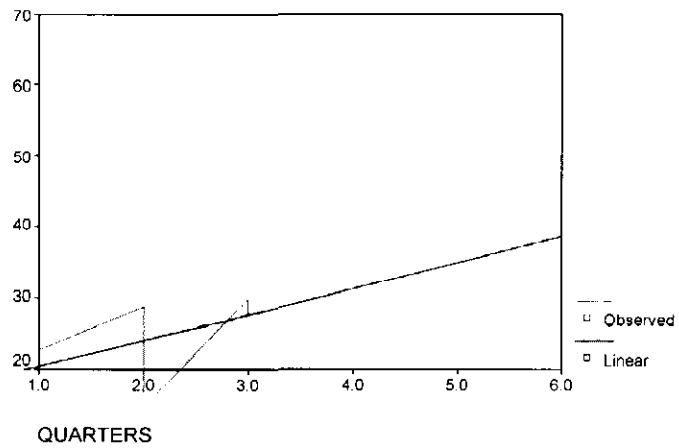
**Number of predicted cases:  $49.7 + 13$  (quarters)**

Fig 3. Predicted values of the case detection rate in the intervention group over time



**Predicted case detection rate:  $11.5 + 8.6$  (quarters)**

Fig 4. Predicted values of the case detection rate in the control group over time



**Predicted case detection rate:  $16.8 + 3.6$  (quarters)**