**Basu Sharma latent TB Management:**

***Review comments;***

Reviewer 1:

1. The paper discusses the issues relevant to the fields of bioethics and medical ethics in the developing countries.

1. The information is not new but the Indian perspective makes it relevant.
2. The Abstract is not well developed and might be confusing to the readers.
3. There is a major problem in the flow of ideas in the manuscript. The authors putting conflicting statements/ideas in successive paragraphs can confuse readers. I request the authors to rework on the flow.

It might be good if the author could discuss the entire manuscript around current LTBI management practices or advocating the implementation of the latest World Health Organization (WHO) guidelines in high burden countries and its ethical implications. Ethical implications could be discussed from (a) individual’s point of view and (b) society’s (public health programs) point of view.

**Authors may discuss the following points also in ethical perspective**

Huge resource implications for the developing countries while adopting the new policy

High background rates of comorbidities, such as hepatitis B infection and diabetes, which are linked to increased risk of severe adverse effects.

The [diagnosis](https://www.sciencedirect.com/topics/medicine-and-dentistry/diagnosis) of LTBI may only be made once active TB has been excluded, otherwise it could result in development of resistance. Unavailability [of chest radiography](https://www.sciencedirect.com/topics/medicine-and-dentistry/radiography-of-chest) and lack of strength of health systems in many settings need to be discussed in this context.

In high incidence settings, the protective effect of preventive therapy is transient – given the high likelihood of future [re-infection](https://www.sciencedirect.com/topics/medicine-and-dentistry/reinfection). Many experiences have shown that expanded use of mass treatment for LTBI may be futile if ongoing community transmission is not addressed concurrently. Is it justified to adopt the policy without efforts for early case finding and air borne infection control in community/households/hospitals?

Contacts of patients with known multidrug-resistant (MDR)-TB have a high risk of [infection](https://www.sciencedirect.com/topics/medicine-and-dentistry/infection) with a drug-resistant organism. What regimens to prescribed for LTBI for contact of MDR TB? What are the ethical implications of adopting the new policy in a setting with high MDR TB?

Stigma is another potential impact of routine screening for LTBI, which otherwise is an asymptomatic condition. The significant majority of individuals with a positive LTBI test will never develop TB. The [diagnosis](https://www.sciencedirect.com/topics/medicine-and-dentistry/diagnosis) can potentially causing [anxiety](https://www.sciencedirect.com/topics/medicine-and-dentistry/anxiety) and [prejudice](https://www.sciencedirect.com/topics/medicine-and-dentistry/prejudice).

Sensitivity and specificity of diagnostic tests also need to be discussed in view of false positive and false negative results

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Reviewer 2:

*1. An important topic is discussed with good elaboration.*

*2. The paper could influence policy and practice.*

*3.* Important omissions which need to be added:

* 1. Ethical aspect of diverting finances from active TB treatment to LTBI treatment.
  2. Experience of any other high burden country implementing LTBI treatment at national level**.**

*Specific suggestions for modifications****:***

1. *Page 5, Para 2;*

**Please clarify Authors' position about selective versus comprehensive LTBI treatment for India with proper justification.**

1. *Page 5, Para 2*

*The existence of an inefficient and inequitable dichotomous health structure built on doubtful evidence is likely to overlook the potential health needs of a large proportion of the global population*.

**Provide reference/ further elaboration for this line.**

1. *Page ,6 Para 1*

The lack of data on awareness, acceptability, and attitudes of people towards LTBI infection and its management further hamper the construction of evidence-based approaches for addressing this challenge.

**Please elaborate on this statement. Conclusion seems apt and needs description of background thinking and references specific to India.**

1. *Page ,6 Para 1*

*Generating high-quality evidence is the best way forward for resolving the ethical considerations at the heart of LTBI management in the developing world.*

**Specify which specific evidence generating studies are required**.

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Additional points to be considered: (MS Editor)

1. Increasing uptake of treatment of LTBI largely depends on providing standard quality of life, good nutrition support and better social determinants, to prevent harms of long term use of INH.  
2. The authors draw a comparison to treatment of mild hypertension. One of the biggest challenges in getting people to take regular medications for non-communicable diseases like hypertension is the fact that these diseases are silent. There is a need for concerted behaviour change communication strategies to improve the utilization of LTBI treatment similar to treatment of non-communicable diseases.  
  
  
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