Reviewer's report

Title: Severe fever with thrombocytopenia syndrome in children: A case report

Version: 2
Date: 11 May 2014

Reviewer: Ameneh Khatami

Reviewer's report:

Major Compulsory Revisions

Section: Background
1) Please clarify where the data from adult patients is drawn from, ie previous data from the authors’ own publications, other publications or unpublished data. Please provide the references for this. Please also give further details of exactly which countries or regions and hospitals this data has been derived from.

Minor Essential Revisions
1) There are multiple grammatical and spelling errors throughout the manuscript. The manuscript would require editing from an editing service or a native English speaker prior to publication. A list of some of these errors can be provided to the authors on request.

Section: Case presentations
2) The significance of the last sentence of the first paragraph is not clear. According to Table 1, all of the paediatric cases had fever and malaise. Do the authors mean that only case four had fever and malaise on admission or at first presentation? What is the significance of this finding?
3) The description of fever time-course is not clear. The manuscript describes the “duration” of fever in adults, but describes fever in children based on normalisation of temperatures after disease onset. The duration of fever in children is unclear because the onset in relation to disease onset is not provided. Is this information available based on the history provided by parents/guardians?

Discretionary Revisions

Section: Background
1) Please clarify what other regions in the world bunyavirus and SFTSV have been reported? Does it include countries out of Asia?

Section: Conclusions
2) This section should be titled “Discussion and Conclusions”
3) It is stated that the impact on disease course and severity based on access to health systems is assumed to be small. Do the authors have evidence to support this? Intuitively this seems incorrect because parents are more likely to take their
children to see a doctor, even with milder illness, or at earlier time-points in illness, compared to working adults who may delay visiting a doctor until they are more unwell. There are probably large differences in the health-seeking behaviours of children (in reality the parents of ill children) and adults.

4) It is stated that the developing immune system of children is likely to account for the major differences in presentations of adult and paediatric cases since overwhelming immune response is thought to contribute to disease severity. The ages of the children described in this case series are 4-15 years. Is there any evidence that the immune system of children in these ages is significantly functionally different to that of adults? Is there evidence on the rates of severe immune response to other infections in children compared to adults? Some comments on the pathogenesis (or probable pathogenic pathways) of bunyavirus causing SFTS would be useful in this section of the discussion.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.