Reviewer's report

Title: Utility of clinical parameters to identify HIV infection in infants below ten weeks of age in South Africa: a prospective cohort study

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Reviewer: Philippe Msellati

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To develop a clinical definition for HIV infection in children has been regularly tried for more than two decades and it regularly failed. To do it for infants less than 10 weeks is really challenging and to my knowledge, as authors state dit, it has never been done.

New recommendations of WHO are to treat HIV infected infants as soon their HIV status is known. But in many places early diagnosis is not available or they are many delays before the diagnosis of infection comes back to pediatrician allowing to treat the child with HAART. A clinical algorithm giving a high probability to be infected or not and helping to decide to treat or not is important to have.

Discretionary Revisions

I have no specific comments except that
- authors should stress in the discussion that specificity is not so important. It is better to treat by excess infants and to change after the final result has been done rather not to treat and have the risk that the child could die of HIV infection.

In the text, formula feeding should not be noted as a co morbidity. Formula feeding IS NOT a co morbidity but a rational nutritional choice for HIV exposed children that is done in all continents except Africa, because of poverty.

Level of interest: An article of importance in its field

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 I have no competing interests