Reviewer's report

**Title:** Physiological-social score (PMEWS) vs. CURB-65 to triage pandemic influenza: a comparative validation study using community-acquired pneumonia as a proxy

**Version:** 2  **Date:** 20 December 2006

**Reviewer:** Alberto Capelastegui

**Reviewer's report:**

**General**
The authors have performed a retrospective observational study to compare the performance of a non-disease-specific physiological-social score (PMEWS) and a disease-specific score (CURB-65) as prognostic prediction rules for patients admitted for community-acquired pneumonia (CAP). They state that the PMEWS score was a better predictor of need for admission and need of higher level care when compared with the CURB-65 score.

**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**

1. The physiological-social score (PMEWS) proposed by the authors did not perform well to predict mortality (AUC 0.66). This outcome (mortality) is basic to the assessment of the predictive power of severity scores for community-acquired pneumonia.
2. The new rule does not add practicality or usability. I am skeptical about the practical usability of a score that uses 10 variables, 7 of which are weighted. In contrast, both the CURB-65 and CRB-65 scores are easier to apply (venipuncture to measure serum urea in the emergency department is not problematic), and the CRB-65 score does not mandate hospital-based assessment.
3. Since the study was only carried out in one hospital, how generalizable are the data?

**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)**

**Discretionary Revisions (which the author can choose to ignore)**

**What next?:** Accept without revision

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

**Quality of written English:** Acceptable

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