Reviewer's report

Title: How well do clinical prediction rules perform in identifying serious infections in acutely ill children across an international network of urgent-access datasets?

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Reviewer: Nader Shaikh

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The authors have done a good job responding to the reviewer's critiques. Several issues remain:

Major:

1) As the authors point out in the first paragraph of the discussion, the sensitivity of the NICE and NHG guidelines are high. However, these two rules had horrific false positive rates even in low prevalence settings (up to 99%). What are the practical used of a rule that declares almost every child as high risk? This is not discussed adequately in the paper, and not mentioned in the abstract. I would suggest starting the discussion with the 5-stage tree, which performed much better.

Minor:

2) Add one sentence describing each rule/guideline early on in the manuscript
3) Define “consecutive inclusion” (page 6)
4) The abbreviation CPR used for the 1st time on page 8. Add parentheses with 1st use.
5) “Urgent access” (page 17) is not clear (seems closer to the emergency department than to “primary care”).
6) Gastroenteritis does not require a hyphen (page 11 and appendix)
7) Add paragraph before “For the well known Yale Observation Scale…” on page 15.
8) The negative likelihood ratio for NICE in Figure 3 seems wrong. Should it be 0.11 (not 2.11)?
9) Rewrite this sentence on page9: “Whenever more than one (for the CPRs) or more than two (for the fever guidelines) original variables were missing, sensitivity analysis was deemed unsuitable.” What does unsuitable mean?
10) The abbreviation “n/N” mean different things in different tables. Confusing. Please fix.

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