Reviewer’s report

Title: Performance of four computer-coded verbal autopsy methods for cause of death assignment compared with physician coding on 23,000 deaths in low and middle-income countries

Version: 1 Date: 11 September 2013

Reviewer: Robert E Black

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Major revisions
1. Because the physician PCVA from the study site was used instead of redoing this diagnosis for the analysis more detail on this is needed. The sites vary in how much data is available to the physicians and how they use the data. Most sites have one underlying cause of death but I believe at least 1 ie Agincourt allows fractional causes when there is not agreement among physicians. I think additions to table 1 or a separate table should include how the original cause of death was classified eg 1 or more causes and how were these used in the comparisons in this paper.

2. They claim in the discussion that the PCVA was high quality but they should present data to show this eg the percentage of unknown causes and garbage codes by study.

3. The discussion mentions the limitations of using physician coding as the standard but should add more on how limiting this is in regard to accuracy of PCVA in comparison to gold standard known medical causes of death. Ultimately the latter must be used for comparison with CCVA to see if it is better or worse than PCVA.

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 that I have no competing interests.