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PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Comparative effectiveness of injectable penicillin versus a combination of penicillin and gentamicin in children with pneumonia characterised by indrawing in Kenya: A protocol for an observational study
AUTHORS	Malla, Lucas; Perera, Rafael; McFadden, Emily; English, Mike

VERSION 1 - REVIEW

REVIEWER	Tor Strand
	University of Bergen, Norway
REVIEW RETURNED	26-Apr-2017

GENERAL COMMENTS	The abstract gives a very clear and concise idea of what the scientists are going to do, and why. The introduction expands well on the rationale and the feasibility of this study in a Kenyan setting.
	The listing of objectives should be briefer and sharper. Explanations of the rationale for these objectives and the methods should come after listing the objectives in a separate paragraph.
	This is predominantly a statistical exercise and the statistical methods are thoroughly described, and the methods that are familiar to me, are in my view correctly described.

REVIEWER	Sudha Basnet
	Department of Child Health, Tribhuvan University Teaching Hospital,
	Kathmandu, Nepal
REVIEW RETURNED	02-May-2017

GENERAL COMMENTS	I commend the authors for designing this study that looks at mortality due to pneumonia in young children in Kenya, in a 'real world' setting and look forward to the results of this exercise. The protocol is written well and easy to follow. I do have a few comments/suggestions. 1. Reference number 17 is a 'cross reference' Citing the original article that looks at the burden of pneumonia deaths in the region would be better. 2. Given that higher childhood mortality due to pneumonia and otherwise can partly be attributed to HIV infection in this region, I wonder why HIV infection is an exclusion criterion. After all isn't initial treatment for this subgroup of children who present with pneumonia the same. In fact would it not be prudent to explore if treatment with gentamicin, when not indicated according to the guidelines, makes a difference to the outcome in this group of children.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 requests:

• The listing of objectives should be briefer and sharper. Explanations of the rationale for these objectives and the methods should come after listing the objectives in a separate paragraph.

Action: This has been revised in the main document (highlighted text).

Reviewer 2 requests:

• Reference number 17 is a 'cross reference' Citing the original article that looks at the burden of pneumonia deaths in the region would be better.

Action: A reference quoting pneumonia as one of the leading causes of death in Kenya has been added.

• Given that higher childhood mortality due to pneumonia and otherwise can partly be attributed to HIV infection in this region, I wonder why HIV infection is an exclusion criterion. After all isn't initial treatment for this subgroup of children who present with pneumonia the same. In fact, would it not be prudent to explore if treatment with gentamicin, when not indicated according to the guidelines, makes a difference to the outcome in this group of children.

Action: Pneumonia patients with a comorbidity of HIV have a different treatment recommendation. According to the current Kenyan guidelines, HIV negative children with indrawing pneumonia should be treated with amoxicillin alone. However, if a child is HIV+ (in addition to pneumonia), then Kenyan guidelines recommend all cases of inpatient pneumonia to be treated with combination therapy. A statement to this effect is now included in the manuscript.