Reviewer's report

Title: Kingella kingae infections in children

Version: 2  Date: 27 April 2015

Reviewer: Saul Faust

Reviewer's report:

Minor Essential Revisions

1. The authors refer to Kingella kingae as Kk throughout which is scientifically incorrect, the organism should be abbreviated to K. kingae after being called Kingella kingae in the first incidence. If the authors are trying to keep to a word limit, there is an element of repetition from lines 138 to 158.

2. line 69 should be "have been reported by one group" not "are"

3. Lines 105-113. The authors talk about the use of PFGE to establish the number of K. kingae clones known to be circulating. There are other papers by the same author as the one cited in this text which further elaborate on this.

4. Line 118 note daptomycin, currently under investigation for clinical trial, also has no activity against Kingella.

5. line 214 the algorithm "is valid" should be adjusted to "may be valid"

6. line 222 "is also common" is incorrect - endocarditis in children is much less common than osteoarticular infection. Proven Kingella endocarditis cannot be described "common".

7. line 228 "relatively common" should be changed to "relatively frequent"

8. line 232 “meningitis (46%), they” which should read “meningitis (46%) which”

9. Lines 241-446. The authors could clarify what they mean by “benign”. Although physical morbidity and mortality may be very low with adequate treatment septic arthritis and osteomyelitis can be devastating for all members of the family at the time of infection due to the diagnostic delays and hospital admission often associated with osteoarticular infection.

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

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 am chief investigator of a UK national NIHR HTA funded feasibility study of antibiotic course length in paediatric bone and joint infections. A component of this study used targeted PCR to assess Kingella kingae in a subset of the patients studied as part of this assessment.

Other than that I have no competing interests.