

LETTERS

The authors respond to: “Questions on analysis of firearm injuries study”

Thank you for your comments and questions of clarification¹ pertaining to our article in *CMAJ*.²

Our definition of a firearm injury was based on the International Statistical Classification of Diseases and Related Health Problems, 10th rev, Clinical Modification (ICD-10-CM) codes for external causes of injury and includes only injury from discharge or malfunction of a firearm. This firearm definition is consistent with the definition of Section 2 of the Criminal Code of Canada which defines firearms as “a barrelled weapon from which any shot, bullet or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person, and includes any frame or receiver of such a barrelled weapon and anything that can be adapted for use as a firearm.” This does not include cross-bows, slingshots, “Nerf guns” or water guns. These injuries do not include, for example, a hand injury from being pinched in the gun, or if the butt of a rifle were to be used in an assault.

We have done further analysis of our data around the types of firearms used. Table 1 describes the total proportion of firearm injuries by specific firearm type, where known, and by intent. Given that these are data collected by health care practitioners treating the injuries, there are some firearm injuries where the type of firearm used was not specified on health records.

To compare how these firearm injuries relate to those from other causes, we refer readers to our recent paper in *CMAJ Open*,³ which describes cause-specific injury rates in this same population.

In addition, we have had questions from other readers around why we chose to define youth as those up to age 24 years. In high-income countries, youth (compared with young children and older adults) are the age group at highest risk of injury and most in need of targeted strategies for injury prevention. A considerable number of research programs that explore youth injury and violence typically include those from 10 to 24 years (including routine reporting by the World Health Organization and the United States Centers for Disease Control and Prevention). As such, we felt it important to include those up to

24 years of age in our study. Although there is no international consensus on age boundaries for youth, our study is consistent with the definition used by the United Nations (15 to 24 years).

We hope these additional data are helpful in putting more context around our findings and will help target prevention efforts.

Natasha R. Saunders MSc MD

Fellow

Astrid Guttman MSc MDCM

Chief Science Officer

Institute for Clinical Evaluative Sciences,
Toronto, Ont.

■ Cite as: *CMAJ* 2017 May 29;189:E753.
doi: 10.1503/cmaj.733042

References

1. McGuffin J. Questions on analysis of firearm injuries study [letter]. *CMAJ* 2017;189:E752.
2. Saunders NR, Lee H, Macpherson A, et al. Risk of firearm injuries among children and youth of immigrant families. *CMAJ* 2017;189:E452-8.
3. Saunders NR, Macpherson A, Guan J, et al. Unintentional injuries in children and youth from immigrant families in Ontario, Canada: a population-based cross-sectional study. *CMAJ Open* 2017;5:E90-6.

Competing interests: None declared.

Table 1: Firearm injuries among children and youth aged 0 to 24 years (2008–2012) in Ontario, by type of firearm and intent

Intent	No. of firearm injuries (%)						Total
	Not specified/ unknown	Handgun	Rifle, shotgun	BB gun	Air gun	Legal intervention	
Unintentional	478 (36.0)	33 (2.5)	75 (5.6)	619 (46.6)	113 (8.5)	11 (0.8)	1329
Assault	256 (57.1)	83 (18.5)	29 (6.5)	70 (15.6)	10 (2.2)	0 (0.0)	448