LETTERS

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

Thank you for your comments and ques-
tions of clarification1 pertaining to our
article in CMAJ.2

Our definition of a firearm injury was
based on the International Statistical Clas-
sification of Diseases and Related Health
Problems, 10th rev, Clinical Modification
(ICD-10-CM) codes for external causes of
injury and includes only injury from dis-
charge 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 dis-
charged 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 fire-
arm 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 inju-
ries 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 (com-
pared with young children and older
adults) are the age group at highest risk of
injury and most in need of targeted strate-
gies for injury prevention. A considerable
number of research programs that explore
youth injury and violence typically include
those from 10 to 24 years (including rou-
tine reporting by the World Health Organi-
zation 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 consis-
tent 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 preven-
tion efforts.

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References

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tional 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