## *Read et al. Respond*

We appreciate the thoughtful comments of MacDorman and her colleagues from the National Center for Health Statistics (NCHS) regarding our recent article in the Journal.[1] We understand that the current classification system for causes of death, which includes separate categories for specific types of infectious disease deaths such as "pneumonia and influenza," "septicemia," and "meningitis," was developed to be consistent with that recommended by the World Health Organization. However, the current system of categorization of causes of death has the inadvertent effect of spreading infection-related mortality over many different categories and thus deemphasizing the importance of infection as the etiologic agent of these deaths. For example, one prevention strategy may prevent septicemia, meningitis, and pneumonia caused by a specific bacterium, yet in the current classification system the number of deaths attributable to invasive disease caused by that organism is distributed among several different categories of causes of death. We would like to emphasize that we did not suggest abolishing the current system of reporting disease-specific categories such as "meningitis" or "septicemia," which are used by NCHS in accordance with international agreement. Instead, we suggested the incorporation of a new category for all deaths due to infectious diseases, similar to the current cause-of-death category used by NCHS for all deaths due to congenital anomalies (which itself is extremely heterogeneous with respect to etiology).

We acknowledged in our article the inherent heterogeneity, in terms of etiologies and prevention strategies, of a new cause-of-death category in which all infectious diseases are grouped together. However, there are many infectious diseases for which the same prevention strategy (e.g., immunization, clean drinking water, or sanitary food preparation) would be preventive. Historically, the proportion of deaths due to infectious diseases considered in the aggregate has been an extremely useful indicator of the general level of sanitation—as well as availability of and access to preventive health care such as immunizations in a given city, region, or nation. Therefore, in terms of public health planning, it would be useful to aggregate infectious causes of death into one cause-of-death category.

We agree that the *International Classification of Diseases* (ICD)[2] system allows flexibility in grouping of causes of death. What is important to emphasize, though, is that selecting a few ICD codes for study (e.g., to evaluate what proportion of all infectious disease deaths are due to a specific disease or organism) is much easier than undertaking what is now the extremely laborious task of tabulating the number of deaths caused by all infectious diseases or infectious agents (as was done in our paper). □

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## References

1. Read JS, Troendle JF, Klebanoff MA. Infectious disease mortality among infants in the United States, 1983 through 1987. *Am J Public Health.* 1997;87:192–198.
2. *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, Based on the Recommendations of the Ninth Revision Conference, 1975.* Geneva, Switzerland: World Health Organization; 1977.