Validity of using Hospital Episode Statistics data on monitoring disease trends

We read with interest the article by Koshy et al. The findings are important in documenting changes in admission rates of childhood pneumonia and empyema since the introduction of heptavalent pneumococcal conjugate vaccine (PCV7). We are concerned that undue emphasis has been placed on conjugate vaccine (PCV7). We agree that pneumonia is a clinical diagnosis of pneumonia among those identified by HES codes, pneumonia (N=5) and lower respiratory tract infection (N=2) were coded as secondary diagnoses. These figures suggest that reliance on primary diagnostic codes on the basis of HES data could underestimate the levels of pneumonia. There are no reasons to think that levels of miscoding have changed over time.

This article does not describe trends in bacterial pneumonia as stated throughout the paper but all causes of pneumonia. We suggest that use of HES data should be limited to analysis of changes in the overall incidence of pneumonia.

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