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### From the authors:

We would like to thank M. Don for his valuable comments. We disagree, however, with his conclusion that our results [1] were biased because not all community-acquired pneumonia (CAP) diagnoses were confirmed by chest radiograph. As explained in our discussion, our selection of cases reflected daily practice in primary care. Therefore, the external validity of results was better than if we had restricted our analysis to radiographically confirmed CAP. M. Don also criticises us for including non-Western minorities but not including risk factors that he thinks are relevant in these subgroups, such as malnutrition, low birth weight and measles immunisation. However, non-Western immigrants included in this database were almost exclusively

people from Turkish and Moroccan origin in whom these health parameters are not different from the native Dutch population.

Finally, we thank M. Don for pointing out the fact that our findings are in line with the results of the study by HEISKANEN-KOSMA *et al.* [2]. The reason why we did not mention this study was that it almost exclusively included CAP that was confirmed by chest radiograph. Half of the children in the Finnish study were referred to hospital, indicating that they studied a selected subgroup of children with severe lower respiratory disease. However, the fact that our results are in line with their findings supports the validity of both studies.

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