Reviewer’s report

**Title:** Cause-specific mortality estimates for Malaysia in 2013: Results from a national sample verification study using medical record review and verbal autopsy

**Version:** 0  **Date:** 09 Dec 2018

**Reviewer:** Jeanine Young

**Reviewer’s report:**

This was a well written paper that addressed an important issue relating to accurate measurement of national mortality statistics which have important implications for public health in terms of improved death investigation and classification and preventative health strategies.

The authors have comprehensively addressed statistical and epidemiological questions that related to methodology and analysis as suggested in by Reviewer 1 in the first review.

However request for justification for 2013 data should be summarised as a sentence and included in this paper in addition to being provided comprehensively in the response to reviewer.

I believe that this study is worthy of publication in its current form.

Minor edits suggested:

**Background**

Clarify number of countries use; 195 countries in the world today including 193 which are member states of the UN and 2 countries that are non-member observer states... - so which192 mentioned here... some clarity needed as to which countries are not included. Perhaps to make the point, rather than provide exact numbers - suggest that less than/or around a third of the world's countries have 100% completeness of death registration.

Line 17-18: This step resulted in the corrected numbers of deaths by age, sex and cause for the hospital and home deaths. Remove:,' as per the study findings'.

Please make reference to ethical review processes given home visits to deceased family and review of medical records for deceased, were undertaken.

The proportion of the data for 2013 indicated that 12.5% of medically certified deaths were assigned to conditions listed in the chapter titled 'Symptoms, signs and ill-defined conditions' in the International Classification of Diseases and Health Related Problems, Tenth Revision (ICD-10) [4]. Deaths attributed to sudden unexpected deaths in infancy including SIDS and fatal sleeping accidents, normally categorised within Symptoms, signs and ill-defined conditions' in the International Classification of Diseases and Health Related Problems, Tenth Revision (ICD-
10), by definition require an autopsy to be classified as SIDS (according to the Krous et al. 2004 definition). The majority of these deaths occur in the home environment and according to the background provided may not necessitate an autopsy in Malaysia (required by international definition recommendations for a sudden infant death to be included as a SIDS, and not an undetermined or unascertained sudden infant death). Please make some comment as to contribution of sudden infant deaths to the category of symptoms, signs and ill-defined conditions given it was 12.5%, and a rationale for the age grouping of 0-14 years rather than 0 to <5 years and 5-14 years given comments that Malaysia belongs to a stratum of countries with low child mortality (as infant and child mortality have been rolled together).

Overall, a well written paper worthy of publication in its current form with minor revisions suggested.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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