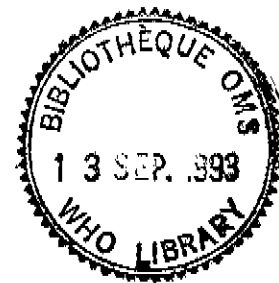




EXPERT COMMITTEE ON THE INTERNATIONAL
CLASSIFICATION OF DISEASES - 10TH REVISION
Second meeting

Geneva, 23 to 27 November 1987



16886

REPORT

	<u>Page</u>
1. INTRODUCTION	2
2. BACKGROUND	2
3. THE FAMILY OF CLASSIFICATIONS	2
4. GENERAL COMMENTS ON THE FOURTH DRAFT PROPOSAL FOR ICD-10	4
5. CONSIDERATION OF INDIVIDUAL CHAPTERS IN THE FOURTH DRAFT PROPOSAL FOR ICD-10	7
6. SHORT TABULATION LISTS FOR ICD-10	14
7. INFORMATION SUPPORT TO STRATEGIES FOR ACHIEVING "HEALTH FOR ALL"....	16
8. INTERNATIONAL CLASSIFICATION OF IMPAIRMENTS, DISABILITIES, AND HANDICAPS (ICIDH).....	16
9. INTERNATIONAL CLASSIFICATION OF PROCEDURES IN MEDICINE (ICPM)	17
10. INTERNATIONAL NOMENCLATURE OF DISEASES (IND).....	17
11. DEFINITIONS AND STANDARDS RELATED TO MATERNAL AND CHILD HEALTH AND THE PERINATAL PERIOD	17
12. RULES AND DEFINITIONS IN DEATH CERTIFICATION IN RELATION TO ICD-10 .	18
13. TRAINING COURSES IN THE USE OF ICD-10	18
14. PUBLICATION OF ICD-10	18
15. CODING OF ACQUIRED IMMUNODEFICIENCY SYNDROME [AIDS] IN ICD-9	19
16. FUTURE ACTIVITIES	19
LIST OF PARTICIPANTS	21
Annex A PROPOSED OUTLINE OF ICD-10.....	23
Annex B GENERAL MORTALITY SHORT LIST.....	24
Annex C INFANT MORTALITY SHORT LIST	26

R 1288

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other without the prior written permission of WHO.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

The views expressed in documents by named authors are solely the responsibility of those authors.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.

1. INTRODUCTION

The Expert Committee on ICD-10 met in Geneva from 23 to 27 November 1987. The meeting was opened by Dr J.-P. Jardel, Assistant Director-General, on behalf of Dr H. Mahler, Director-General of the World Health Organization. In his opening remarks Dr Jardel highlighted certain important milestones in the development of the Tenth Revision of the International Classification of Diseases (ICD-10).

2. BACKGROUND

The International Classification of Diseases (ICD) was originally used as the basis for the collection and presentation of statistics first of mortality and later of morbidity. In recent decades it has increasingly been used or proposed for a variety of other applications and needs, especially for the planning, monitoring and evaluation of health services. Meetings have been held in many parts of the world to evaluate ICD-9 and to consider the form and direction that ICD-10 should take. Deferred for a number of reasons beyond the normal 10-year period, ICD-10 is now proposed to be available for use in 1993.

The first Expert Committee on ICD-10, in 1984, recommended that ICD-10 should follow the traditional pattern of previous revisions but replace the numeric system of coding by an alphanumeric one so as to (a) provide more space in the framework of the classification, (b) minimize code-number changes at future revisions, and (c) offer scope for greater detail. The form finally agreed on comprised a three-character code, with an alphabetical character in the first position followed by two numeric characters, and with a fourth-digit extension where appropriate. Countries using alphabets other than the Roman would be able to substitute a series of 25 of their own characters corresponding as far as possible with the Roman.

Following the first Expert Committee's acceptance in principle of a draft at the three-character level of the main ICD, successive drafts of the fully elaborated four-character classification were widely circulated to countries and other interested parties. The comments received were considered by successive meetings of the Heads of WHO Collaborating Centres for Classification of Diseases. WHO arranged special consultations of experts on specific sections of ICD raising particular problems, on definitions in the field of maternal and child health, and on mortality coding rules. The resulting fourth draft was submitted for consideration at the present meeting whose task was to consolidate a final draft for approval by the International Conference for the Tenth Revision in 1989. A list of the proposed chapters of ICD-10 is shown in Annex A.

Since ICD alone could not cover all information required, it had been proposed that there should be a family of classifications related to ICD. Other WHO activities therefore included work on various related classifications, such as the Classification of Impairments, Disabilities, and Handicaps; classifications applicable to the needs of specialties; primary care classifications; and a Reason for Encounter classification. The Organization was also developing information support for the monitoring and evaluation of progress towards "health for all by the year 2000", and preparing basic training material for coders new to ICD. In all these activities WHO was greatly aided by its Collaborating Centres for Classification of Diseases.

3. THE FAMILY OF CLASSIFICATIONS

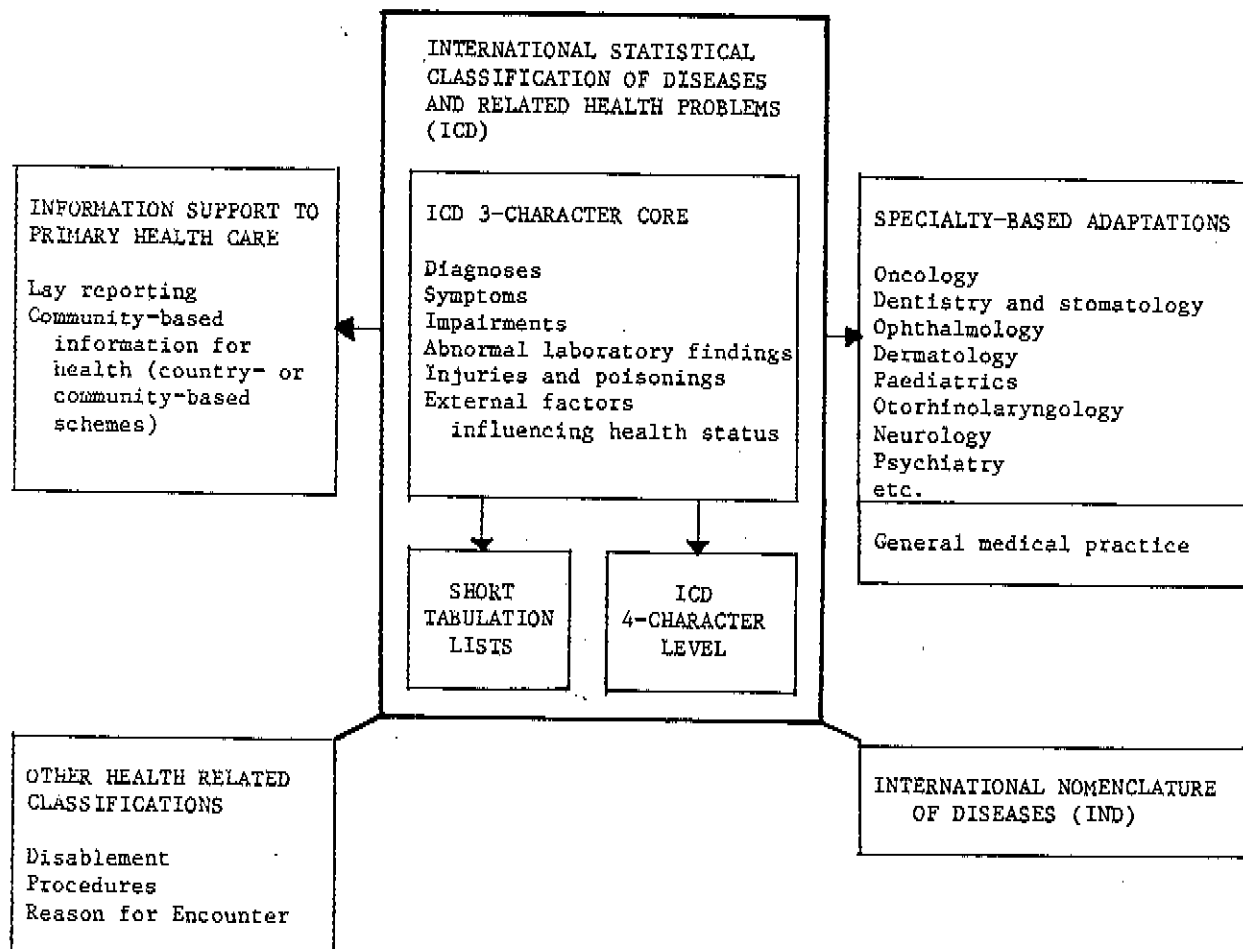
At its first meeting, the Expert Committee had recommended that ICD-10 be developed as the "core" of a family of related classifications, and a schema of such a family had been presented to the Centre Heads when they met in Sao Paulo, Brazil, in 1985.

The present meeting reconsidered and revised that schema in the light of WHO's responsibilities and the requests that had since been received for international health-related classification systems. It agreed that the three-character level of ICD-10 should provide the core of the family of classifications. The introduction to ICD-10 should clearly and prominently state that this is the basic level of the classification for purposes of international comparison, as the Nomenclature Regulations no longer emphasize this fact.

Noting that the fourth-character codes of the classification are not mandatory at the international level, the Expert Committee nevertheless regarded them as an integral part of ICD, as it did the short tabulation lists. The three- and four-character levels comprise the classification of diagnoses, symptoms, injuries and poisonings, external causes, abnormal findings, impairments, and other reasons for contact with health services such as factors influencing health status.

A revised version of the schema as agreed by the Expert Committee is shown below.

Family of disease and health-related classifications



The family of disease and health-related classifications should include specialty-based adaptations, such as for oncology and dentistry, that would be largely expansions of ICD itself, as well as classifications suitable for general medical practice that would tend rather to condense some categories but emphasize others of particular relevance to general practitioners. The Expert Committee suggested that specialty-based adaptations of ICD-10 should not alter the classification at the fourth-character level but provide further detail only at the fifth-character level and beyond. A number of nongovernmental organizations have already expressed an interest in collaborating with WHO in the preparation of adaptations of ICD-10. To ensure the coordinated development of all specialty-based adaptations, the Expert Committee considered it essential that WHO act as a clearinghouse for such activities and provide the necessary technical guidance to the groups involved.

In many circumstances, general medical practitioners will be able to use a special adaptation of ICD. However, reporting personnel in the field of primary health care who are less conversant with medical terminology will require adaptations of their own. The Expert Committee felt that, while it was impossible to design an internationally applicable classification for primary health care, WHO should be active in providing technical support and devising guidelines for regional or subregional schemes. These classifications would cover the main types of information contained in ICD but would need to be simpler and perhaps structured differently.

The meeting considered a further group of classifications covering information not represented in the main ICD but having important medical or health implications. These include disabilities and handicaps, medical procedures, and reasons for encounter, the first and last of these being primarily research tools. The Committee considered it important for WHO to take an active part in the design and revision of all such classifications.

4. GENERAL COMMENTS ON THE FOURTH DRAFT PROPOSAL FOR ICD-10

4.1 Title of the classification

At its first meeting, the Expert Committee had recommended that the title of ICD-10 should be "International Classification of Diseases and Related Health Problems". Since that meeting in 1984, it had been necessary on a number of occasions to insist on the classification's unsuitability for purposes for which it had not been designed, including resource allocation and physician reimbursement. To emphasize the main purpose of the classification, the Secretariat now recommended that its title should be amplified to read "International Statistical Classification of Diseases and Related Health Problems", the abbreviated title remaining "ICD".

The Expert Committee endorsed this proposal and recommended that the full title should appear both on the cover and on the fly leaf of ICD-10.

4.2 Space for future expansion within the classification

The proposal as presented contained 21 chapters using 25 of the 26 letters of the Roman alphabet. The only alphabetical character not used was U, as it fell between Chapters XIX and XX, where expansion might be required in future revisions. The Expert Committee supported the view that available space for later expansion of the classification should be left between these two chapters.

The chapter titles and the range of codes used by each chapter are listed in Annex A to the present report.

It had been recommended at the first meeting of the Expert Committee and endorsed at subsequent meetings of the Centre Heads that 25 to 30 per cent of the available three-character categories should be left vacant for future expansion and revision within chapters. While the Expert Committee remained convinced that this was a good general guide, it agreed that in those chapters where anatomy was the major axis of classification, such as the chapters on "Neoplasms", "Congenital malformations", and "Injuries", it was acceptable to breach this guideline.

4.3 Priority of chapters

When ICD was first developed in the nineteenth century, an understanding grew up that the "special groups" chapters should have priority over the "body system" chapters, and that within the former the highest priority of all should be given to the chapters on "Pregnancy, childbirth and the puerperium" and "Certain conditions originating in the perinatal period".

The Expert Committee noted that this priority of assignment had never been clearly explained in ICD, as a result of which it had not always been respected. The Committee agreed that it should be emphasized by the addition of exclusion notes in the body system chapters and the special group chapters giving overall priority of assignment to the latter and, within that group, to the pregnancy and perinatal chapters.

4.4 The dagger and asterisk system

At its first meeting, the Expert Committee on ICD-10 had recommended that the dagger and asterisk system should be expanded and classified in homogeneous three-character categories. Endorsing this recommendation, the Heads of Centres had added that, while no uniform system was possible, standardization should be aimed for within chapters, depending on the needs of the individual specialty.

This approach was agreed to by the Expert Committee. It approved the use of the convention "See also" in non-asterisk categories for cross-reference to the asterisk categories for the same conditions arising in diseases classified elsewhere.

4.5 Unsubdivided three-character categories

The presence within ICD of codes of both three and four characters can create data processing difficulties if a variety of "filler" codes (e.g., 0, X, 9) are used with unsubdivided three-character categories to derive standard length four-character codes. The use of different "fillers" could cause problems not only within a country having decentralized coding but also in international studies, as has occurred in the international death certificate study related to cancer mortality. Those responsible for that study and others have proposed that a standard fourth character should be printed in ICD-10.

The Expert Committee endorsed this proposal. Considering that the use of .0 or .9 would lead to confusion and noting that X was the most popular filler code among the major users of ICD, it suggested that the use of X should be recommended in the Introduction to the classification.

4.6 Category and subcategory titles

It has been traditional to attempt to keep the ICD category and subcategory titles as concise as possible so as to facilitate their inclusion in the stubs of published tabulations. As a result, unless the four-character subcategory title is read in conjunction with that of the three-character category, its exact nature is often unclear. For example, the subdivisions to the leukaemia categories in ICD-9 merely read: .0 Acute, .1 Chronic, .2 Subacute, .8 Other, .9 Unspecified.

The Expert Committee recommended that, to the extent possible, titles should be formulated so that they can stand alone; where titles risk becoming unwieldy, they should be evaluated individually. "NEC" (not elsewhere classified) could be used in titles to help shorten them. The Committee was also informed of work by the WHO Collaborating Center for Classification of Diseases for North America, aimed at reducing titles to a maximum of 25 characters for use as table stubs and in medical informatics. This work will be reported in full to a future meeting of the Heads of Centres.

4.7 Desirable level of inclusion terms

In the proposed ICD-10 the number of three-character categories is almost 70 per cent greater than in ICD-9. Concern over the resulting size of the ICD-10 tabular list prompted the Secretariat to question the extensive use of inclusion terms in the sections of the classification where all the items were contained in the alphabetical index. This related particularly to the chapter on "Neoplasms" and to the classifications of drugs and chemicals.

The Expert Committee emphasized that inclusion terms are an important aid to accurate coding and in some cases are essential for defining the content of categories and subcategories, for example in the positioning of anatomical sites. It requested the Secretariat to bear the problem in mind when further reviewing the individual chapter proposals.

4.8 Glossary definitions

The "Mental disorders" chapter of ICD-9 for the first time contained glossary items defining the meaning of terms and the content of categories and subcategories. A more comprehensive glossary has been developed for ICD-10 that is to form part of a separate publication of the Chapter on "Mental, behavioural and developmental disorders" for use by specialists. The draft proposal for ICD-10, before the Expert Committee, contained an abbreviated version of this glossary as well as a small number of glossary definitions in other draft chapters.

In addition, the Committee was informed that several specialist groups including neurologists, obstetricians and paediatricians had requested that a wide range of definitions be included in chapters mainly related to their specialty. There was, however, concern over the effect of the inclusion of all of these on the eventual size of the published volume.

The Expert Committee recommended that additional glossary items should be included only when necessary for defining new terminology or concepts, and that ICD should draw attention to specialty-based glossaries such as those that exist for obstetrics, gynaecology and paediatrics.

4.9 Eponymous diseases

The meeting discussed the recommendation in the International Nomenclature of Diseases (IND) that eponymous diseases and syndromes should drop the possessive form 's on the grounds that it is not the person suffering from the disease or syndrome who described it. This recommendation was consonant with the policy of CIOMS (The Council on International Organizations of Medical Sciences).

As IND has not been completed and subjected to international acceptance, the Expert Committee felt that it would not be appropriate to follow its recommendations where they differ from current usage. While the Expert Committee was unhappy at rejecting CIOMS policy, it considered adoption of this particular suggestion premature and recommended that ICD-10 retain the 's for eponymous diseases and syndromes.

4.10 Post-surgical and post-procedural disorders

At its first meeting, the Expert Committee on ICD-10 had recommended that where post-surgical or post-procedural disorders are solely associated with a disease or organ/system, they should be classified to the relevant system chapter; otherwise, they should be classified with the complications of medical care in the chapter on "Injury, poisoning and certain other consequences of external causes".

In accordance with this recommendation, the draft before the meeting had been supplemented by categories for post-surgical and post-procedural: endocrine and metabolic disorders (E89), disorders of the eye (H59), disorders of the ear (H93), disorders of the circulatory system (I97), respiratory disorders (J95), disorders of the digestive system (K92), and disorders of the genitourinary system (N99).

This approach was endorsed by the Expert Committee.

4.11 ICD-9 codes as a guide to changes

All the ICD-10 proposals drafted thus far have included the equivalent ICD-9 codes in parentheses after the category and subcategory titles, as a guide to the changes proposed and as an aid to the Secretariat in preparing the alphabetical index. It was pointed out that at each stage of drafting, the equivalences have inevitably become less accurate. The Secretariat's proposal that the equivalences be dropped from the draft to be submitted to the International Conference for the Tenth Revision was agreed by the Expert Committee.

4.12 ICD-9/ICD-10 and ICD-10/ICD-9 conversion keys

Great importance was placed by the Expert Committee on the early and accurate production of conversion keys between the outgoing and the incoming ICD revisions, and on the availability of the keys on magnetic media. The Secretariat undertook to ensure that such equivalences would be available as soon as possible after completion of the revised alphabetical index. Noting that alterations to the mortality and morbidity coding rules are important factors in the changes in data across revisions, the Committee pointed out that bridge-coding helps to ensure comparability between the revisions. The Committee recommended that the equivalence tables between ICD-9 and ICD-10 should be produced as a separate publication.

The Pan American Health Organization reported on a study being carried out on bridging between ICD-9 and working drafts of ICD-10 as a contribution to the work on the Tenth Revision. The final results of the study should be available by mid-1988.

5. CONSIDERATION OF INDIVIDUAL CHAPTERS IN THE FOURTH DRAFT PROPOSAL FOR ICD-10

Drafts of the individual chapters of ICD-10 were presented to the Expert Committee for discussion. A preamble to each chapter explained the changes made and pointed to particular problems requiring solution. The drafts received the general approbation of the Committee, which recommended that certain changes of detail should be made or considered, as set out below. Other minor comments were referred to the Secretariat for action.

5.1 Chapter I: Selected infectious and parasitic diseases (WHO/DES/EC/ICD-10/87.1)

The Committee considered that the chapter title should be "Certain infectious and parasitic diseases", to make it clear that while most such diseases are covered in this chapter a significant number are classified elsewhere.

The Committee endorsed the classification of AIDS and related conditions in a special section for viral immunodeficiencies, rather than in the section for sexually transmitted diseases. It was, however, agreed that the classification of these conditions, where knowledge was evolving rapidly, should be finalized as late as possible before the International Conference for the Tenth Revision. In any case, additional space should be provided in Chapter I for at least three three-character codes, by changing the code numbers of categories following B24. It was noted that there were many AIDS-related diseases and reasons for contact throughout the classification which would have to be considered at the same time. The Committee's recommendations on the coding of AIDS in ICD-9 are presented in section 15, below.

It was considered advisable for the categories for "Classical dengue" (A90) and "Dengue haemorrhagic fever" (A97) to be separate but contiguous. The Secretariat was asked to consider whether this could be achieved by amalgamating the two blocks of categories for "Arthropod-borne viral fevers" and "Viral haemorrhagic fevers".

The Secretariat was also asked to reconsider the classification of "Malaria" (B50-B54) together with the appropriate headquarters unit, with a view to devising a simpler version.

"Smallpox" should be retained in the classification as a three-character category but without fourth-character subcategories.

"Listeriosis" (A32) should include food-borne infections; a consequent exclusion should be made at category A05.

It was recommended that both neonatal and obstetrical tetanus should now be included in this chapter at the three-character level.

5.2 Chapter II: Neoplasms (WHO/DES/EC/ICD-10/87.2)

The Committee learned that the special adaptation of ICD for Oncology-ICD-0 would be produced for ICD-10 in similar form to that for ICD-9.

There was a problem with the categories for in situ neoplasms of cervix, vulva and vagina (D06, D07.1 and D07.2) in that the term "Grade III intraepithelial neoplasia", which was becoming widely used, embraced both in situ neoplasms and severe dysplasia, classifiable currently as noninflammatory disease of the relevant sites. The Committee recommended that there should be no change in the content of the categories between ICD-9 and ICD-10. A note should appear at the categories in Chapter II to make it clear to coders that part, but only part, of Grade III intraepithelial neoplasia was to be classified there.

It was noted that the classification of neoplasm morphology from ICD-9, as amended, would continue to appear in Volume I of ICD-10. Care should be taken to avoid confusion with Chapter XIII, whose codes also start with the character M.

5.3 Chapter III: Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism (WHO/DES/EC/ICD-10/87.3)

The Committee agreed to the inclusion of sarcoidosis at D86 in the section for disorders of the immune mechanism. There were a number of multisystem disorders of unknown etiology which had no fully satisfactory place in the classification, but sarcoidosis appeared to be the only one that should not be classified in Chapter XIII.

5.4 Chapter IV: Endocrine, nutritional and metabolic diseases (WHO/DES/EC/ICD-10/87.4)

There was concern that, in countries using the classification at the three-character level, the proposed category E10 for "Diabetes mellitus with coma" would lead to a loss of information about the type of diabetes. The Committee recommended that category E10 be deleted and a subcategory for "with coma" be inserted for each of the diabetes categories.

The title of E64 should read "Sequelae of caloric malnutrition", etc. The Secretariat was asked to find an appropriate place for a category related to imbalance of constituents of food intake. It might be necessary to change the title of one of the blocks of categories.

5.5 Chapter V: Mental, behavioural and developmental disorders (WHO/DES/EC/ICD-10/87.5)

The Expert Committee congratulated the WHO Division of Mental Health on the quality of the draft proposal, which had been produced after extensive international consultation and prepared in the six WHO official languages (Arabic, Chinese, English, French, Russian, Spanish) as well as in German, Japanese, and Portuguese. Field trials are being carried out in 158 centres in 52 countries. Preliminary results of the field trials show that there is general acceptance and support for the proposal but that certain clinical guidelines will require some amendment.

"Dementia, Alzheimer's type" (F00) should become an asterisk category with the relevant dagger code in the chapter on "Diseases of the nervous system" at G30 ("Alzheimer's disease").

A number of psychiatrists have requested that the title of category F51 ("Psychogenic sleep disorders") be amended to "Emotional sleep disorders". The Division of Mental Health undertook to consider this proposal.

The Committee recommended that the block title of F50-F59 should be changed to "Behavioural syndromes and mental disorders associated with physiological dysfunctions and hormonal changes" and a new category should be added, F54, entitled "Mental disorders associated with the puerperium NEC", with subcategories for mild and severe forms and the appropriate glossary definitions.

It was noted that menstrual distress was included in category F53 ("Psychological distress related to hormonal change") while "Premenstrual tension syndrome" was included in the chapter on "Diseases of the genitourinary system" at N94.3. A clear distinction would need to be made concerning the respective use of these categories.

The Expert Committee took note of category F66 ("Psychological and behavioural problems associated with sexual development and orientation"). It requested that a specific statement be included to the effect that homosexuality per se is not classified as an abnormality. Likewise, a statement should be made at F65 ("Abnormalities of sexual preference") specifying that this category is not intended for the classification of homosexuality.

A request was made by the Expert Committee that the classification should permit the identification of unspecified mental disease or disorder, which is often mentioned as a contributory condition on medical certificates of cause of death.

5.6 Chapter VI: Diseases of the nervous system (WHO/DES/EC/ICD-10/87.6)

The Committee endorsed a recommendation from the Division of Mental Health that an item for "Degenerative and demyelinating diseases" should appear in the short lists. The Secretariat undertook to investigate whether this was justified on the basis of mortality data.

In connection with the Committee's decision to retain the categories for cerebrovascular diseases in the chapter on "Diseases of the circulatory system" (see section 5.9 below), the relevant WHO units agreed to work with neurologists to devise an asterisk classification for Chapter VI for neurological syndromes resulting from cerebrovascular diseases. It was hoped that this proposal could be presented to the next meeting of Centre Heads, scheduled for June 1988. In the meantime the Expert Committee was content to endorse the draft proposal as presented.

5.7 Chapter VII: Diseases of the eye and adnexa (WHO/DES/EC/ICD-10/87.7)

The Expert Committee endorsed the proposal as presented.

5.8 Chapter VIII: Diseases of the ear and mastoid process (WHO/DES/EC/ICD-10/87.8)

The Expert Committee endorsed the proposal as presented.

5.9 Chapter IX: Diseases of the circulatory system (WHO/DES/EC/ICD-10/87.9)

This draft had been developed in collaboration with the WHO Cardiovascular Diseases (CVD) unit, which pointed out that there might be practical and epidemiological difficulties with the proposal to include a three-character category for "Repeat myocardial infarction" (I22). The unit undertook to discuss this with experts and report back to the DES unit.

The Expert Committee considered that problems of continuity of time-series would occur in some countries as a result of the inclusion of both "Atherosclerotic cardiovascular disease" and "Atherosclerotic heart disease" in the subcategory of "Coronary heart disease" (I24.0). It therefore recommended that these terms should be separated at the fourth-character level.

It was recommended that "Ischaemic cardiomyopathy" should be separated at the fourth-character level from the other "Unspecified chronic ischaemic heart diseases" included at I24.9.

Advice received from South American countries, and confirmed by the CVD unit, indicated that the cardiac complication in Chagas' disease is in fact a chronic myocarditis and not a cardiomyopathy. It was thus recommended that the title of category I41* be amended to "Myocarditis in diseases classified elsewhere" to accommodate this change. The inclusion term of "Cardiomyopathy in Chagas' disease" would then be deleted.

Because of the frequency of "Atrial fibrillation", included in I48.0, it was recommended that classification of this entity be elevated to the three-character level.

At the Eighth Revision of ICD, categories for "Cerebrovascular diseases" (I60-I69) were transferred from the chapter on "Diseases of the nervous system" to that on "Diseases of the circulatory system". The Expert Committee was informed that a strong and reasoned plea had been put forward by the World Federation of Neurology, supported by other groups, for these categories to be moved back to "Diseases of the nervous system" in ICD-10. Equally, the CVD unit backed by a number of international and national organizations argued that these diseases should remain classified with "Diseases of the circulatory system".

It seemed to the Expert Committee that the justification provided by the CVD unit to maintain the assignment was valid. It was inappropriate to seek to change an ICD classification with a view to increasing the apparent workload of a specialty or to influencing the organization or funding of health services. It was further pointed out that in countries with low mortality from cerebrovascular disease, these low rates were often counterbalanced by higher reported rates of death from the main underlying causes of stroke, i.e., arteriosclerosis and hypertension, which were also classified under "Diseases of the circulatory system".

Recognizing that the consequences of cerebrovascular diseases were treated by neurologists, the Expert Committee recommended that provision be included in the chapter on "Diseases of the nervous system" for manifestations of these conditions. Considerable space for expansion existed in that chapter, and the Division of Mental Health agreed to consult with neurologists, the CVD unit and the DES unit to identify neurological syndromes resulting from cerebrovascular diseases which would then be classified in asterisk categories with the other neurological diseases.

The draft proposal for the classification of cerebrovascular diseases contained a time distinction depending on whether the interval between onset of the condition and admission to a care facility, or onset and death, was four weeks or more but less than one year, or one year or more. The Expert Committee appreciated the underlying concept and the needs of the WHO Monica project. However, it felt that the proposal would create difficulties in hospital morbidity coding and that the use of the expression "Old cerebrovascular episode" (I65) to describe conditions with an interval of more than four weeks but less than one year would lead to confusion. As the neurologists had also recommended a time limit of four weeks to distinguish between acute and non-acute cases of cerebrovascular disease, the CVD unit agreed to reconsider the matter, consult with experts and report back to the DES unit.

5.10 Chapter X: Diseases of the respiratory system (WHO/DES/EC/ICD-10/87.10)

The draft proposal for revision of this chapter was approved by the Expert Committee with only three minor suggestions for improvement:

- consideration should be given to the creation of a block of categories for "Pneumonia" (J14-J20), which had been recommended as a Short Tabulation List item;
- an inclusion term should be added to category J10 ("Acute bronchitis") to indicate that "Bronchitis unspecified whether acute or chronic" was to be classified there if the death or illness occurred in someone under 15 years of age;
- expert advice should be sought on the possibility of subdividing "Asthma" (J44) as allergic, infective, emotional or mixed.

5.11 Chapter XI: Diseases of the digestive system (WHO/DES/EC/ICD-10/87.11)

While approving this chapter, the Committee proposed:

- that the appropriate WHO units review the level of inclusion terms contained in the section on "Diseases of the oral cavity, salivary glands and jaws" (K00-K14);
- that an exclusion note should be added to subcategory K59.3 ("Megacolon other than Hirschsprung's") for "Megacolon in Chagas' disease" (B57.2);
- that provision be made in category K71 ("Drug-induced liver disease") for chronic toxic liver disease and the title of the category amended accordingly.

5.12 Chapter XII: Diseases of the skin and subcutaneous tissue (WHO/DES/EC/ICD-10/87.12)

The draft for this chapter represented a radical revision, which had been prepared with the collaboration of the American College of Dermatology and temporary advisers. The Expert Committee considered it to be a significant improvement over the ninth revision and endorsed the proposal.

5.13 Chapter XIII: Diseases of the musculoskeletal system and connective tissue (WHO/DES/EC/ICD-10/87.13)

The Committee noted that this was the only chapter containing recommended subdivisions beyond the fourth character. It felt that these subdivisions should be called "supplementary character subdivisions" rather than "fifth character subdivisions" for the following reason. Where specialists are using their own adaptations of the classification, it is proposed that their special characters (fifth, sixth, etc.) should be positioned in codes immediately after the ICD four characters, and that the "supplementary" character for site should always come last, after a further full stop.

Some concern was expressed about category M99, at present entitled "Nonallopathic lesions". The title was considered to be obscure, and the Secretariat was asked to try to find a clearer one. It was also felt that the detailed subcategories might not be entirely suitable for the chiropractic and osteopathic practitioners for whom they were intended. The Secretariat was requested to seek further advice.

5.14 Chapter XIV: Diseases of the genitourinary system (WHO/DES/EC/ICD-10/87.14)

The Committee recommended that the words "intraepithelial neoplasia" should be replaced in the subcategory titles of N87.0, N87.1, N89.0, N89.1, N90.0 and N90.1 by "dysplasia [so-called intraepithelial neoplasia]" with the appropriate grade. A new subcategory should be added, as follows:

N87.2 Severe cervical dysplasia [part of so-called severe cervical intraepithelial neoplasia or CIN, Grade III]

The title of N87 should be changed to "Dysplasia of cervix".

Room needs to be found in N89 and N90 for corresponding subcategories for severe dysplasia.

5.15 Chapter XV: Pregnancy, childbirth and the puerperium (WHO/DES/EC/ICD-10/87.15)

It was pointed out that provision was now to be made for postnatal depression and puerperal psychosis in Chapter V. Category 091 in this chapter could therefore be deleted, although 093.4 should be retained.

Reservations were expressed by some members about the continued distinction between legal and illegal abortion. The distinction created problems because laws differed between countries; moreover, in some countries it was not appropriate for medical and other health personnel to determine the legality of procedures. Other members considered that the distinction needed to be maintained. WHO was also asked to consider whether a term such as "medical abortion" or "professional abortion" might be preferable to "legal abortion". WHO was also asked to give further consideration to:

- the possible provision of some glossary definitions, especially in categories 013 and 020
- the question of whether "Unspecified ectopic pregnancy" should be presumed to be tubal
- the possible provision of a category for delivery following induction of labour
- the order of the categories for hypertensive disorders in 010-016.

5.16 Chapter XVI: Certain conditions originating in the perinatal period (WHO/DES/EC/ICD-10/87.16)

It was proposed that omphalitis should be given a three-character category in line with the recommendation to include it as an item in the Short Tabulation List.

5.17 Chapter XVII: Congenital malformations, deformations, and chromosomal abnormalities (WHO/DES/EC/ICD-10/87.17)

The Expert Committee endorsed the proposal as presented.

5.18 Chapter XVIII: Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified (WHO/DES/EC/ICD-10/87.18)

The Committee emphasized that explanatory notes should be inserted after the chapter heading as in ICD-9.

Septic shock (R59.0) should be included with "Septicaemia" (A40) in Chapter I.

The Committee accepted the grouping of blood-alcohol levels proposed in R77, recognizing that it was a necessary compromise between groupings used in different countries.

"Visual hallucinations", duplicated in the draft at categories R44.1 and at H53.1 in the eye chapter, should be classified in Chapter XVIII alone.

5.19 Chapter XIX: Injury, poisoning and certain other consequences of external causes (WHO/DES/EC/ICD-10/87.19)

The general structure of the injury part of this chapter, which was very different from that in ICD-9, was acceptable to the Committee.

The Expert Committee agreed with the Secretariat that inclusion terms are not necessary in the categories for poisoning by drugs and medicaments except where a drug might possibly fit into more than one subcategory (e.g. where the axis of classification is the action of the drug).

Concern was expressed that the section on poisoning by drugs was over-detailed in comparison with that for poisoning by non-medicinal substances, where extra detail might be advantageous. The Secretariat agreed to review the situation.

It was felt that a note was needed at category T40 to indicate that coders should classify there (rather than in the categories for drug dependence or abuse) accidental ingestion of these substances. The Secretariat was asked to try to provide a specific subcategory in T40 for "Methadone".

The Secretariat was also asked to review the subcategories of T49 in the light of the frequency of reported cases, but bearing in mind that medical practice in the use of some of the drugs was changing.

The mention of body temperatures in the subcategories of T68 was accepted on condition that these are clearly understood to be for guidance only.

5.20 Chapter XX: External causes of morbidity and mortality (WHO/DES/EC/ICD-10/87.20 and 87.22)

The title of this chapter had been amended to reflect its increasing use and importance for morbidity statistics in the field of prevention.

The June 1987 meeting of Heads of Centres in Leningrad, USSR, had identified a number of deficiencies in the third draft proposal presented to it. The Centre for Classification of Diseases for North America had offered to prepare a revised proposal on the basis of the third draft, maintaining the same order of sections. At the same time the Secretariat had proceeded with a further elaboration of the third draft in which the order of sections was changed to permit a more efficient use of the available space, and which reflected the comments that had been received too late for incorporation in the third draft. Unfortunately, the timetable for revision had not permitted the two groups to collaborate in the preparation of the drafts, both of which were presented to the Expert Committee. Both drafts omitted the definitions and a large number of essential inclusion terms and exclusion notes, which would need to be added subsequently.

The following recommendations arose from a number of specific points considered by the Committee:

- (a) Consideration should be given to the inclusion of a block of categories in "Transport accidents" for pick-up trucks and vans. The Committee suggested that space for this could be obtained by combining the codes for two-wheeled and three-wheeled powered vehicles.
- (b) The proposed classification of place of occurrence should be given more prominence than in ICD-9. It was felt that the additional information this provided outweighed the loss of continuity in statistical time series.
- (c) Bites by rats and dogs should be given separate three-character categories.
- (d) A new section was proposed for "Accidental poisoning by drugs and medicaments in therapeutic use".
- (e) Water-skiing should be added to the categories for water transport accidents.
- (f) The classifications of drugs should be further reviewed. In particular, the Expert Committee recommended that the four schedules of the Convention on Psychotropic Substances, 1971, should be reflected and that inclusion terms relating to categories that identified clinical groups should be omitted. Inclusion terms of categories relating to pharmacodynamics should be retained.

- (g) The classification of child and adult maltreatment syndromes should be revised after discussion with experts.
- (h) The proposed activity codes clearly required further development. Their relationship to the place of occurrence codes needed to be evaluated, and clear guidelines and instructions for their use had to be drawn up.

A number of other points were raised which the Expert Committee asked WHO to take into account in further elaborating the chapter. The DES unit undertook to collaborate with the Pharmaceuticals unit in work on the classification of drugs, while the Division of Mental Health offered to collaborate in the revision of category Y98 concerning factors related to life-style.

The Committee found advantages and disadvantages in both draft proposals before it and recommended that the Secretariat, with appropriate consultation, proceed to synthesize the two drafts. The resulting classification should be tested by one or more collaborating centres and the results presented to the next meeting of Centre Heads scheduled to take place in June 1988.

5.21 Chapter XXI: Factors influencing health status and contact with health services
(WHO/DES/EC/ICD-10/87.21)

Noting that this chapter had undergone substantial revision, the Committee generally approved its structure and content. Because it would normally be utilized only in special circumstances, the meeting stressed that the note at the head of the chapter should clearly explain its intended use. It was important that the category titles and inclusion terms in the final version should clarify any apparent overlap with the main classification.

The Secretariat was asked to consider making room for a subcategory for "Special screening for mental diseases" in Z13.

A subcategory should be added at Z35.7 for "High-risk pregnancy due to socioeconomic factors".

The category and subcategory titles referring to "Mental disorder" at Z81 and Z86.6 should be changed to conform with the title of Chapter V.

The term "Smoking" in Z84.4 should be changed to "Tobacco use".

Provision was needed for personal history of drug, alcohol and tobacco use, and the Secretariat was asked to consider placing this at Z86.7.

6. SHORT TABULATION LISTS FOR ICD-10

6.1 Background

The first Expert Committee on ICD-10 had recommended that WHO and the United Nations Statistical Office should work together to produce a minimum number of short lists to satisfy the public health needs of countries in making international comparisons for both health and demographic purposes. Also it had been proposed that the short list categories should be mutually exclusive and collapsible from more detailed categories. Residual categories should be defined by their ICD category inclusions so that the items of the lists, added together, would comprise the full range covered by ICD. It was felt by the first Expert Committee that the development of appropriate lists would be enhanced if a definition of the purpose of each proposed list were developed beforehand.

The Heads of Centres at their meeting in June 1987 discussed experience with the ICD-9 Basic Tabulation List and reviewed national recommendations for the establishment of lists for tabulating mortality data under ICD-10. They endorsed a series of guiding principles for the preparation of tabulation lists for ICD-10, as follows:

hierarchy: contiguous categories should be able to be combined into meaningful broader groups;

comparability: reasonable continuity with previous mortality tabulation lists, at least at the broad level, should be preserved;

expandability: the WHO lists should be easily extendable for specific national purposes; conversely, such national lists should be collapsible to the recommended WHO lists;

consistency: a series of tabulation lists, identical from one country to another, should be designed to meet several international mortality data needs - for developed countries and developing countries, for the presentation of infant mortality data, etc.;

leading causes of death: the WHO lists should, as far as possible, identify items that could be used for ranking leading causes of death in different situations;

public health interest: all diseases or injuries considered to be of major public health importance should be included in one of the recommended lists.

In order to pursue this work an informal consultation was held in Geneva from 16 to 20 November 1987.

The consultation noted that the Basic Tabulation List introduced in ICD-9 had been intended to provide a common basis for international reporting while allowing a certain flexibility at the national level. In practice, the absence of residual categories caused difficulties in data processing, while the inclusion of items from the fourth-digit subcategory level of ICD-9 meant that the list could not be used by countries which did not code to that level. Flexibility was lost because the Basic Tabulation List was published with an alphabetical index that included codes for residual items not appearing in the list. As a result of these problems international comparability had suffered. The consultation therefore suggested replacing the Basic Tabulation List with two lists for mortality tabulation: one list of approximately 77 causes for general mortality and one of approximately 54 causes for infant mortality. In addition, as countries had not hitherto received sufficient guidance, the consultation recommended that they be assisted in developing their own national lists and in ranking causes of death.

In view of the wide variety of definitions of morbidity diagnoses for different uses (admission diagnosis, principal condition treated, prime consumer of medical care, discharge diagnosis, etc.), the consultation considered it impossible to recommend short lists for morbidity at the present time. One or more short lists for morbidity purposes should accompany ICD-10, but the rules for morbidity coding would have to be further elaborated before this task could be completed. The Expert Committee heard that the Secretariat planned to hold a consultation on short lists for morbidity once the relevant coding rules had been developed.

6.2 Recommendations

The Expert Committee endorsed the Mortality Short List and the Infant Mortality Short List proposed by the consultation; these are reproduced respectively in Annex B and Annex C of this report.

The Committee also endorsed a series of recommendations formulated for its consideration by the consultation, as follows:

1. Emphasis should be given in ICD-10 to the core classification (three-character level) as the basic level of detail for data storage and dissemination by countries.
2. Countries should be encouraged to report, where possible, at the three-character level to WHO.
3. The WHO mortality data bank should be maintained at the three-character level and not further condensed as in the past. The Expert Committee agreed to consider ways to emphasize the importance and value of maintaining data at this level.
4. The Mortality Short List and the Infant Mortality Short List should be used as reporting lists for mortality by any country unable to submit data at the three-character level.
5. The Mortality Short List and the Infant Mortality Short List should be used by WHO and the United Nations as the basis for publication of mortality data by cause.
6. The published volumes of ICD-10 should include explanatory notes that provide:
 - guidance on procedures for ranking leading causes of death based on the recommended short lists;
 - guidelines for countries on the collection, tabulation and analysis of mortality data, including guidance on residual categories;
 - other suggestions to countries on the presentation of data for a wide variety of purposes.
7. Rules for morbidity coding should be elaborated as part of ICD-10 and short lists for morbidity should be prepared as companions to the recommended mortality short lists.
8. WHO should develop recommended modules for collecting morbidity and mortality data in national household surveys.

7. INFORMATION SUPPORT TO STRATEGIES FOR ACHIEVING "HEALTH FOR ALL"

Strategies for the achievement of "health for all by the year 2000" call for communities to identify their own health problems and to monitor progress in eliminating them. Management of health services at all levels requires information on the same subjects. Thus communities need to be involved in developing simple methods for collecting information, acting on it locally, and transmitting it when necessary to a higher level. The meeting learned of various WHO-sponsored activities carried out in lay-reporting and community-based information, and of a number of interesting trial schemes for data collection. It was becoming clear that it would not be possible for uniform classifications to be developed for international comparison of such data. Instead, the Committee agreed, local schemes should be developed for which WHO could issue guidelines. Care would be needed at higher levels in interpreting the diverse data which would result, but it should nevertheless be possible to determine broad trends in progress towards the goal of "health for all".

8. INTERNATIONAL CLASSIFICATION OF IMPAIRMENTS, DISABILITIES, AND HANDICAPS (ICIDH)

The International Classification of Impairments, Disabilities, and Handicaps was published in 1980, and after a slow start it has found wide acceptance. The definitions it contains have been found useful for conceptualizing the problems and considerations in this field. Translated into eight European languages and Japanese, ICIDH has now been introduced for a variety of purposes in a number of countries. A major use has been in a United Nations Statistical Office data base pooling survey and other data from 57 countries. It has also been used for policy formulation and as the basis of assessment of status and progress by rehabilitation professionals. While coding is time-consuming, the classification is considered to be more sensitive than others available. Further applications of ICIDH are planned.

Certain areas of the classification, including the appropriate degree of concordance with the core ICD, still need to be clarified and semantic problems in several languages resolved. Further large-scale trials of ICDH are necessary. It was originally intended to produce a revised version in time for it to be presented to the International Conference for the Tenth Revision, but this will not be possible.

9. INTERNATIONAL CLASSIFICATION OF PROCEDURES IN MEDICINE (ICPM)

The Committee asked WHO to consider updating for ICD-10 at least the outline of the surgical procedures section of the trial ICPM classification produced for ICD-9. Countries would then be able to add any additional detail they wished.

10. THE INTERNATIONAL NOMENCLATURE OF DISEASES (IND)

Preparation was started in 1978 on this companion publication to ICD, which provides standard definitions of disease entities with a view to improving comparability in their use. Only the volumes relating to infectious and parasitic diseases will be ready in time for their recommended terminology to be used in the final draft of ICD-10 to be presented to the International Conference for the Tenth Revision. Most of the other volumes should be available by the time ICD-10 comes into use. The Committee emphasized IND's important role in encouraging the use of proper terminology.

11. DEFINITIONS AND STANDARDS RELATED TO MATERNAL AND CHILD HEALTH AND THE PERINATAL PERIOD

Definitions related to maternal and child health have been linked to ICD since the Sixth Revision. WHO convened a first consultation on such definitions in relation to ICD-10 in Geneva in December 1984. Publication of the report of that consultation elicited a number of objections. Both the report and a summary of the comments received were presented to the April 1986 meeting of the Heads of Centres. Given the major areas of disagreement, the Centre Heads recommended that WHO convene a further consultation in order to resolve the outstanding problems.

A second consultation was therefore held in Washington, DC, USA from 30 March to 3 April 1987. In order to overcome the difficulties created by the replacement of the traditional term "fetal death" by the term "deadbirth" as recommended by the first consultation, the Washington consultation elected first to define "birth" and then to define the outcome of a birth as either a "liveborn infant" or a "deadborn fetus".

The Expert Committee was informed of the many objections that had been made to the recommendation of the Washington consultation that a "fetal death" be redesignated a "deadborn fetus". While the Committee agreed that deadborn fetus was logically more correct, fetal death is the term traditionally used for statistical purposes. The Committee therefore recommended the following definition:

Fetal death (deadborn fetus). For statistical purposes a fetal death is a deadborn fetus which, after birth, does not breathe or show evidence of life as demonstrated by beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

The Expert Committee also disagreed with the use of the term "standard" to describe early neonatal and infant mortality rates.

Finally, the Committee felt that further clarification was required concerning the types of maternal mortality rates that were recommended. It proposed that the maternal mortality rate should include both direct and indirect maternal deaths. Separate rates for direct maternal mortality and indirect maternal mortality should also be calculated.

With the above exceptions, the Expert Committee endorsed the recommendations of the Washington consultation.

12. RULES AND DEFINITIONS IN DEATH CERTIFICATION IN RELATION TO ICD-10

A first consultation was held on this subject in Budapest in April 1983 and the recommendations of that meeting were presented to the first meeting of the Expert Committee on ICD-10 in 1984. Since then the topic has been discussed at the annual meetings of Heads of Centres, and a number of investigations have been carried out by the Centres.

A further consultation was organized in Titchfield, United Kingdom, in April 1987. The principal recommendations of that consultation were as follows:

- the "General rule" should be renamed a "general principle" to be applied before application of the rules;
- Rule 4 ("Senility") and Rule 5 ("Ill-defined conditions") should be combined;
- Rule 11 ("Old pneumonia, influenza and maternal conditions") should be deleted and the scope of Rule 10 ("Late effects") was extended to include late effects of maternal conditions;
- Rule 12 ("Errors and accidents in medical care") should be deleted.

A number of minor amendments were also proposed to the "Notes for use in underlying cause mortality coding" and to the "Notes for interpretation of causes of death".

The Expert Committee fully endorsed the recommendations of the Titchfield consultation, which resulted in a welcome simplification of the rules.

The Committee was informed of work in this field being undertaken by the Pan American Health Organization, which would be reported to the next meeting of Centre Heads. The Committee also learned of studies in the USA relating to the International Form of Medical Certificate of Cause of Death, more specifically concerning the order of entry of conditions in Part I of the Certificate. After due consideration the Expert Committee recommended that the current sequence be retained, but urged WHO to encourage national studies into the effect of a reversal. In general, recommendations to physicians about the order of recording of diagnoses in both morbidity and mortality would be appreciated. Recognizing that an increasing number of conditions were being entered on medical certificates of cause of death in many countries, the Expert Committee recommended that for the Tenth Revision of ICD an additional line "(d)" be added to Part I of the Certificate.

13. TRAINING COURSES IN THE USE OF ICD-10

The Secretariat informed the Expert Committee of its plans for the development of training material for use with ICD-10. This would include material for reorientation courses under the responsibility of Regional Offices, such as had been organized for the Ninth Revision, as well as introductory basic training material for users adopting ICD for the first time at the Tenth Revision. It was expected that the reorientation material would be available for translation in 1990 and that the courses would be given during 1991 and 1992, with ICD-10 coming into use in 1993. Because of the lack of financial and human resources, the introductory basic training material was unlikely to be available until after 1993.

The Expert Committee stressed that it was important for the international training courses to be attended by nationals with the appropriate technical and linguistic knowledge so that they could then take over the task of further training at the country level. These selection criteria for course participants should be brought to the attention of the WHO Regional Offices. Also, separate training material would be required for mortality coding in vital statistics offices and for institution-based morbidity coding.

14. PUBLICATION OF ICD-10

A number of WHO Member States never adopted the Ninth Revision because they lack the necessary infrastructure to support collection, coding, tabulation and analysis at the level provided by the classification. For this reason WHO decided to publish the Basic Tabulation List with an alphabetical index.

The alphanumeric coding scheme adopted for ICD-10 had the effect of more than doubling the size of the coding frame. The number of three-character categories had thus increased from 1178 in ICD-9 to 2001 in the fourth draft proposal that was before the Expert Committee. This equated to a ten-fold increase over the size of ICD-5, which had contained no fourth-digit subdivisions in the international version.

In order to overcome the fact that a comparatively large number of Member States might be unable or unwilling to use such a detailed classification, and since a tabulation list as extensive as the ICD-9 Basic Tabulation List no longer existed, the Secretariat proposed that a separate publication be issued containing the three-character categories only, together with inclusion terms, exclusion notes and an alphabetical index, in a single volume. This publication would also include the mortality coding rules, short lists for the tabulation of data, and suitable explanatory material.

The Secretariat was also concerned that the increase in the size of the classification at the four-character level would cause the published volumes to become unwieldy. It therefore proposed that the inclusion terms be rationalized and that the alphabetical index be shortened by reducing cross-references and deleting outmoded terms.

Finally, the Secretariat proposed that, as recommended by the November 1987 consultation on short lists (see section 6.1 above), the explanatory notes for ICD-10 should also include a description of the principles of ICD in terms of the priority of the chapters, broad instructions on the use of the classification for different purposes, an explanation of the conventions and other principles, as well as further short tabulation lists with instructions for their use.

The Expert Committee supported all these proposals but emphasized the need for both the tabular list and index in any one official language to appear simultaneously. All official language versions should appear in good time. It also endorsed the need for ICD-10 to be made available on magnetic media for computer use.

15. CODING OF ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN ICD-9

Soon after AIDS was first recognized, WHO recommended that it be classified to ICD-9 category 279.1. While it is now established that conditions related to AIDS indeed belong in Chapter I, there is no Basic Tabulation List category available there for them. In some countries a special detailed classification employing unused categories in Chapter I is being utilized for both morbidity and mortality, together with special adaptations of the mortality coding rules. The aim is to study how best to code the terminology appearing on death certificates and other health records and draw on the research results for ICD-10.

The Secretariat thus proposed, and the Expert Committee agreed, that AIDS and AIDS-related complex should be classified separately to special subcategories of 279.5 and 279.6 respectively in the main classification of ICD-9 and to special categories 184 and 185 respectively in the Basic Tabulation List. The Committee endorsed, as a supplementary research activity, the continued trial use in certain countries of a more extended special classification. It also recommended that WHO should provide additional guidance to countries using categories 279.5 and 279.6 on the type of reported conditions and symptoms that they should code there, and should ask countries to keep the Organization informed about their experience and problems in coding these conditions.

16. FUTURE ACTIVITIES

The work plan for ICD-10 presented and adopted at the 1984 meeting of Heads of Centres in San Francisco, USA, has so far been followed exactly.

After the present meeting, the plan calls for the Secretariat to continue work on the draft chapter proposals and on the updating of the alphabetical index. The next Heads of Centres meeting is to be held in Uppsala, Sweden, in June 1988, and the 1989 meeting is to be hosted by the Paris Centre. The International Conference for the Tenth Revision is scheduled to be held in Geneva in September 1989. The recommendations of the International Conference in both English and French would then be presented to the WHO Executive Board in January 1990 and to the World Health Assembly in May 1990.

Training courses in ICD-10 would be held in 1991 and 1992, with ICD-10 coming into force in Member States on 1 January 1993.

The Expert Committee gave a mandate to the 1988 Centre Heads meeting to make further recommendations concerning outstanding problems that it had identified, and to consider particularly the short tabulation lists, the mortality and morbidity coding rules, and the classification of external causes.

In re-examining the proposed timetable for 1989, the Expert Committee strongly recommended that in order to ensure that the work was completed to a satisfactory standard and on time, the Centre Heads meeting for that year should precede the International Conference for the Tenth Revision and take place in perhaps April or May, with the Conference itself being delayed until September 1989.

As the progress of work would depend very much on the financial resources available to WHO, Centres should be informed as soon as possible of the type and timing of support that would be expected from them so that they could plan their own resources.

The Expert Committee emphasized the importance of work on the other language versions of ICD-10 progressing closely as possible behind the English-language version, in cooperation with the Centres.

LIST OF PARTICIPANTS

Members

- Dr M.A. Heasman, The Old Granary, Haddington, East Lothian, Scotland, United Kingdom
(Rapporteur)
- Mr R.A. Israel, Deputy Director, National Center for Health Statistics, Department of Health and Human Services, Hyattsville, United States of America
- Professor R. Laurenti, Professor of Epidemiology, Faculty of Public Health, University of Sao Paulo, Sao Paulo, Brazil
- Dr P. Maguin, Médecin/Santé publique, INSERM, Le Vésinet, France
- Sr Mary Daniel Park, Honorary President, Korean Medical Record Association, Daegu Fatima Hospital, Daegu, Republic of Korea
- Dr Y. Porapakkham, Associate Professor and Chairman, Department of Biostatistics, Faculty of Public Health, Mahidol University, Bangkok, Thailand
- Dr G.F. Tserkovnyi, Director, Department of Health Statistics and Application of Computers, Ministry of Health of the USSR, Moscow, USSR, (Vice-Chairman)
- Dr R. Wells, Riverlea Homestead, Tidbinbilla Road, Via Tharwa, Australia (Chairman)

Observer:

- Dr F. Hatton, INSERM, Le Vésinet, France

Secretariat

- Dr G. Brämer, Medical Officer, Development of Epidemiological and Health Statistical Services, World Health Organization, Geneva, Switzerland (Secretary)
- Mrs A. Clague, Demographic and Social Statistics Branch, United Nations Statistical Office, New York, United States of America
- Dr Daw Yin Mya, Regional Adviser on Health Statistics, WHO Regional Office for South-East Asia, New Delhi, India
- Dr M. Gersenovici, Regional Adviser on the International Classification of Diseases, WHO Regional Office for the Americas, Washington, D.C., United States of America
- Dr J.-P. Jardel, Assistant Director-General, World Health Organization, Geneva, Switzerland
- Dr K. Kupka, 12 Avenue de Budé, Geneva, Switzerland
- Mr A. L'Hours, Technical Officer, Development of Epidemiological and Health Statistical Services, World Health Organization, Geneva, Switzerland
- Dr A. Lopez, Statistician/Demographer, Global Epidemiological Surveillance and Health Situation Assessment, World Health Organization, Geneva, Switzerland
- Mr D.A. Lowe, Chief, Technical Terminology Service, World Health Organization, Geneva, Switzerland

Ms R.M. Loy, Maidstone, Kent, England (Temporary Adviser)

Dr C.S. Muir, Deputy Director, International Agency for Research on Cancer, Lyons, France

Dr N. Sartorius, Director, Division of Mental Health, World Health Organization, Geneva, Switzerland

Dr M.C. Thuriaux, Epidemiology and Statistics, WHO Regional Office for Europe, Copenhagen, Denmark

Dr K. Uemura, Director, Division of Epidemiological Surveillance and Health Situation and Trend Assessment, World Health Organization, Geneva, Switzerland

PROPOSED OUTLINE OF ICD-10

<u>Chapters</u>		<u>Range of codes</u>
I	Certain infectious and parasitic diseases	A00-A99) B00-B99)
II	Neoplasms	C00-C99) D00-D49)
III	Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D99
IV	Endocrine, nutritional and metabolic diseases	E00-E99
V	Mental, behavioural and developmental disorders	F00-F99
VI	Diseases of the nervous system	G00-G99
VII	Diseases of the eye and adnexa	H00-H59
VIII	Diseases of the ear and mastoid process	H60-H99
IX	Diseases of the circulatory system	I00-I99
X	Diseases of the respiratory system	J00-J99
XI	Diseases of the digestive system	K00-K99
XII	Diseases of the skin and subcutaneous tissue	L00-L99
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99
XIV	Diseases of the genitourinary system	N00-N99
XV	Pregnancy, childbirth and the puerperium	O00-O99
XVI	Certain conditions originating in the perinatal period	P00-P99
XVII	Congenital malformations, deformations, and chromosomal abnormalities	Q00-Q99
XVIII	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	R00-R99
XIX	Injury, poisoning and certain other consequences of external causes	S00-S99) T00-T99)
XX	External causes of morbidity and mortality	V01-V99) W00-W99) X00-X99) Y00-Y99)
XXI	Factors influencing health status and contact with health services	Z00-Z99

GENERAL MORTALITY SHORT LIST

1. Cholera (A00)
2. Diarrhoea and gastroenteritis of presumed infectious origin (A09)
3. Other intestinal infectious diseases (A01-A08)
4. Respiratory tuberculosis (A15, A16)
5. Non-respiratory tuberculosis (A17-A19)
6. Plague (A20)
7. Tetanus (A33, A34)
8. Diphtheria (A35)
9. Whooping cough (A36)
10. Meningococcal infection (A38)
11. Septicaemia (A39, A40)
12. Sexually transmitted diseases (A50-A64)
13. Typhus fever (A75, A76)
14. Acute poliomyelitis (A80)
15. Viral and viral haemorrhagic fevers (A90-A99)
16. Monkeypox infection (B05)
17. Measles (B06)
18. Viral hepatitis (B15-B19)
19. AIDS and AIDS-related complex (B20-B21)
20. Malaria (B50-B54)
21. Leishmaniasis (B55)
22. Trypanosomiasis (B56, B57)
23. Schistosomiasis (B65)
24. Remainder of certain infectious and parasitic diseases
25. Malignant neoplasm of lip, oral cavity and pharynx (C00-C14)
26. Malignant neoplasm of oesophagus (C15)
27. Malignant neoplasm of stomach (C16)
28. Malignant neoplasm of colon and rectum (C18-C20)
29. Malignant neoplasm of liver (C22)
30. Malignant neoplasm of pancreas (C25)
31. Malignant neoplasm of larynx (C32)
32. Malignant neoplasm of trachea, bronchus and lung (C33-C34)
33. Malignant neoplasm of breast (C50)
34. Malignant neoplasm of cervix (C53)
35. Malignant neoplasm of uterus (corpus and NOS) (C54-C55)
36. Malignant neoplasm of ovary (C56)
37. Malignant neoplasm of prostate (C61)
38. Malignant neoplasm of urinary bladder (C67)
39. Malignant neoplasm of brain and nervous system (C70-C72)
40. Non-Hodgkin lymphomas (C82-C87)
41. Leukaemias (C91-C95)
42. Remainder of malignant neoplasms
43. Anaemias (D50-D64)
44. Diabetes mellitus (E10-E14)
45. Malnutrition (E40-E46)
46. Alzheimer's disease (F00, G30)
47. Mental and behavioural disorders due to psychoactive substances (F10-F19)
48. Meningitis (G00, G03)
49. Acute rheumatic fever and chronic rheumatic heart disease (I00-I09)
50. Hypertensive disease (I10-I13)
51. Ischaemic heart disease (I20-I24)
52. Other heart diseases

53. Cerebrovascular disease (I60-I69)
54. Atherosclerosis (I70)
55. Chronic lower respiratory disease (J40-J45)
56. Influenza (J12-J13)
57. Pneumonia (J14-J20)
58. Other acute lower respiratory infections (J10, J11, J21)
59. Gastric and duodenal ulcer (K25-K27)
60. Diseases of liver (K70-K78)
61. Glomerular and renal tubulo-interstitial diseases (N00-N19)
62. Pregnancy with abortive outcome (O00-O08)
63. Direct obstetric death (O10-O22, O24-O26, O29-O80, O85-O92, O94-O95)
64. Indirect obstetric death (O23, O27, O81, O93)
65. Certain conditions originating in the perinatal period (P00-P96)
66. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
67. Symptoms and ill-defined conditions NEC (R00-R99)
68. All other diseases
69. Transport accidents (V01-V99)
70. Falls (W00-W19)
71. Drowning (W65-W74)
72. Exposure to fire and flames (X00-X09)
73. Accidental poisoning (X40-X49)
74. Suicide and self-harm (X50-X74)
75. Assault (X75-X99)
76. Exposure to forces of nature (Y25-Y34)
77. All other external causes

INFANT MORTALITY SHORT LIST

1. Diarrhoea (A09)
2. Well defined intestinal infectious diseases (A00-A08)
3. Tuberculosis (A15-A19)
4. Tetanus (A33, A34)
5. Diphtheria (A35)
6. Whooping cough (A36)
7. Meningococcal infection (A38)
8. Septicaemia (A39, A40)
9. Congenital syphilis (A50)
10. Acute poliomyelitis (A80)
11. Measles (B06)
12. Paediatric AIDS (B20, B21)
13. Remainder of certain infectious diseases
14. Malignant neoplasm (C00-C96)
15. Anaemias (D50-D64)
16. Other diseases of the blood and blood-forming organs (D65-D89)
17. Malnutrition and other nutritional deficiencies (E40-E64)
18. Meningitis (G00, G03)
19. Remainder of diseases of the nervous system
20. Diseases of the middle ear and mastoid (H65-H75)
21. Acute upper respiratory infections (J00-J06)
22. Acute lower respiratory infections (J10-J21)
23. Diseases of the digestive system (K00-K93)
24. Fetus or newborn affected by maternal conditions (P00-P04)
25. Disorders relating to length of gestation and fetal growth (P05-P08)
26. Birth trauma (P10-P15)
27. Intrauterine hypoxia, asphyxia and birth asphyxia (P20, P21)
28. Respiratory distress (P22)
29. Other respiratory conditions of newborn (P23-P28)
30. Congenital viral disease (P35)
31. Congenital bacterial sepsis (P36)
32. Omphalitis (P39, pt.)
33. Other infections specific to perinatal period
34. Fetal and neonatal haemorrhage (P50 to P54)
35. Haemolytic disease of newborn (P55-P60)
36. Remainder of perinatal conditions
37. Anencephalus and similar malformations (Q00)
38. Spina bifida and congenital hydrocephalus (Q01, Q04)
39. Other malformations of the nervous system (Q02, Q03, Q05-Q07)
40. Malformations and anomalies of heart (Q20-Q24)
41. Other malformations of circulatory system (Q25-Q28)
42. Malformation of respiratory system (Q30-Q34)
43. Malformation of digestive system (Q35-Q45)
44. Malformation of urinary system (Q60-Q64)
45. Down's syndrome (Q90)
46. Other chromosomal abnormalities (Q91-Q99)
47. Other congenital malformations
48. Sudden infant death syndrome (R95)
49. Signs, symptoms and ill-defined conditions
50. All other diseases
51. Threat to breathing (W75-W84)
52. Privation (X23-X29)
53. Assault by maltreatment or neglect (X95, X96)
54. All other external causes

= = =