



MEETING OF HEADS OF WHO COLLABORATING CENTRES  
FOR THE CLASSIFICATION OF DISEASES

Copenhagen, Denmark  
14-20 October, 1997

**ANNUAL REPORT OF HST CLASSIFICATION-RELATED ACTIVITIES**

This report presents HST classification-related activities in four main areas: management, including coordination; implementation; support; and development.

This grouping has been used in order to further clarify certain specific HST functions and to enable systematic linkages with the increasing number of related activities both in HST and other WHO programmes.

**1. Management, including coordination activities, especially the long-term strategy for WHO classification-related activities**

At the meeting of Heads of WHO Collaborating Centres for the Classification of Diseases held in Tokyo in 1996, the Centre Heads recognized their responsibility for assisting WHO with the articulation of a vision and strategy for the future development and implementation of international classifications in both developed and developing countries. With these goals in mind, the Centre Heads prepared a letter for distribution to the members of the WHO Executive Board and other country representatives urging reaffirmation of WHO's commitment to provide leadership for the classifications of diseases and provision of resources commensurate with the strategic importance of this task.

At the Ninety-ninth session of the Executive Board held in Geneva in January 1997 a number of Board members made reference to the letter that they had received from the Centre Heads and urged increased support for WHO's core normative function in relation to the International Classification of Diseases.

In her reply, Dr F. Varet, Assistant Director-General, informed the Board that, at the request of the collaborating centres, a long-term strategy was being prepared to permit new extensions, including the development of a classification of medical procedures.

On 7 February 1997, Director HST wrote to the Centre Heads to inform them of the outcome of the Executive Board discussions and asked for their views on the content and scope of the term strategy. These were to reach HST by 14 March.

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The consultants who had been identified to assist the secretariat with the elaboration of the strategy were only available during the month of August. Director HST therefore wrote again to the Centre Heads on 22 May and extended the deadline for comments to 31 July. The secretariat would like to thank those Centres that took the time to provide advice and guidance on the formulation of the strategy.

## 2. Implementation activities particularly in relation to the WHO mortality database

### *Transition to ICD-10 in cause-of-death data collection by WHO*

New specifications for Member States to submit annual cause-of-death according to ICD-10 were developed that also provide for reporting greater detail on deaths by cause at older ages, as well as information at the sub-national level. The specifications which were completed in the past year, have been well received, and are being applied virtually everywhere, having been adopted by most Member States. The specifications will now appear in the *World Health Statistics Annual* starting with the forthcoming 1996 edition.

### *Validation of ICD-10 data for causes of death submitted by Member States*

The task of creating a new validation program to verify, clean and standardize cause-of-death statistics from Member States has been carried out in preparation for the collection and processing of ICD-10 data. Program testing has begun. It is planned to process 12 data sets that will appear in the forthcoming *1996 World Health Statistics Annual*. Cause-of-death information reported according to ICD-10 has been received to date from eight countries: Croatia, the Czech Republic, Denmark, Malta, Qatar, the Republic of Korea, Slovakia, and Thailand, and three of them (Croatia, Czech Republic and Denmark) have already submitted two or three years of data.

It should be noted that validation will be conducted at the four-character level, in addition to the level of aggregation required for the present modes of dissemination (see below). Accordingly, henceforth, four-character-level data will be available for dissemination, as soon as the appropriate capability to disseminate is developed. At present, electronic dissemination capability exists only at the ICD-9 three-digit level, and hardcopy dissemination at the level of a truncated tabulation list.

### *Dissemination of national data on causes of death according to ICD-10*

In preparation for the publication of national information on causes of death according to ICD-10, several short lists of ICD-10 categories were developed for data storage, publication and electronic dissemination. First, a list was created of causes of death for the electronic storage at WHO of cause-of-death data intended for dissemination. The final list contains 210 items. This list is called the Tabulation List, and is abbreviated TL10 or the ABC list, as it has entirely alphabetic labeling. The ABC list is exhaustive, additive, and mutually exclusive. Second, a list of causes of death for publication in the *World Health Statistics Annual* has been developed from the ABC list which is now also completed. In final form, this hardcopy version of the ABC list contains 105 items, including 94 causes that affect both sexes, and 11 causes that affect only one sex. It is also exhaustive, additive, and mutually exclusive.

The task of creating a list of 55 ICD-10 cause-of-death groupings to replace the *Abbreviated Mortality List* used by the United Nations for national reporting and for publication in the *DEMOGRAPHIC YEARBOOK* was also completed this year, and the list was submitted to the United Nations. Maximal continuity with the so-called *AM List* was preserved, thanks in part to the high level of aggregation of this list.

As reported at the 1996 meeting, an electronic translator of ICD-9 and ICD-10 equivalences was created to inter-convert ICD-9 and ICD-10 codes at the four-character level of detail, as well as to convert tabulation lists. The final product consists of a 25-page brochure of instructions, and 5 diskettes of ASCII and ADOBE ACROBAT (TM) files that have gone to production for commercial distribution. Free distribution of one copy will be made to each national statistical office of WHO (191 Member States) and to each WHO Collaborating Centre for the Classification of Diseases.

### 3. Support activities

#### *ICD-10 internet home page*

HST has established an ICD-10 internet home page on the WHO web site containing basic information regarding the ICD and the answers to a number of FAQs (frequently asked questions). This is a very preliminary attempt. Further development will take place based on the experience of users. Any ideas that the Centres may have to enhance this service would be greatly appreciated. The homepage is accessible at <http://www.who.ch/>.

#### *Training*

HST provided a facilitator for the first French-language TENDON computer-based training course organized by the WHO Collaborating Centre for the Classification of Diseases in French from 26 to 30 May 1997.

#### *Other support activities*

Support was provided in the preparation of the Third World Health Report 1997 in order to provide consistency with the nomenclature and disease groupings used in ICD-10.

A disconcerting development over the past year has been the great increase in the number of requests for information from patients, parents of patients and the legal representatives of patients concerning certain, sometimes controversial, disorders. These relate mainly to chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity and, more recently, attention deficit disorder with hyperactivity. Many of these enquirers had already approached a collaborating centre and been referred to WHO headquarters. Given the inordinate length of many of the telephone presentations of these problems, Centres are asked not to give HST phone, facsimile and e-mail details but rather to contact HST themselves and to transmit the information back to the person making the enquiry.

#### 4. Development activities

##### *Alphabetical index to ICD-10 in French*

The alphabetical index (Volume 3) to ICD-10 in French was published on 6 November 1996.

##### *Diskette version of ICD-10 in French*

Work was completed on the WordPerfect 5.1 and ASCII versions of ICD-10 in French with reformatting of the WordPerfect files, conversion to ASCII and verification and reformatting of the ASCII files being carried out by HST. The install software used for the English-language version was found to be unsuitable for use with accented characters and considerable time has been spent identifying another software and preparing the install procedures. Publication is expected by the end of 1997.

##### *ICD on CD-ROM*

HST is collaborating with the Computer-Assisted Translation and Terminology unit (CTT) of the Division of Publishing, Language and Library Services (PLL) in the development of a multi-revision, multi-lingual CD-ROM of the ICD.

It is planned that the first version will contain ICD-10 in English, French, Spanish, Portuguese and German; ICD-9 in English and French (and possibly Spanish); and ICD-8 and ICD-7 in English and French.

The layout of each item will be the same as the original printed version as a separate document. The documents will be indexed on all words with information retrieval through search engines using Boolean operators and selection filtering mechanisms. Hypertext access will be provided to the same text item in all languages of a particular revision.

The inclusion of ICD-7, ICD-8 and ICD-9 is particularly important as these revisions are all out of print but still frequently requested by researchers analyzing time-series data.

##### *Specialty-based adaptations of ICD-10*

Work has continued on the technical review and editing of applications of the ICD-10 for:

Neurology - English  
Dentistry and Stomatology - French

The text of the French-language version of the Second Edition of the Application of ICD to Oncology (ICD-O-2) has been completed.

HST carried out a technical review of the Application of ICD-10 to Dermatology being prepared by the British Association of Dermatologists under the auspices of the International League of Dermatological Societies and provided comments to the authors.

*Other development activities*

HST is represented on the in-house review group established by the Division of Mental Health and Substance Abuse (MSA) to oversee revision of the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) and participated in the meeting held in Geneva from 22 to 25 April 1997 to finalize the beta draft of ICIDH-2.

As a part of its ongoing collaboration with WONCA (World Organization of Family Doctors), a nongovernmental organization in official relations with WHO, HST has reviewed the draft second edition of the International Classification of Primary Care (ICPC-2) including the ICD-10 code equivalences that are provided for each ICPC-2 category.

HST was represented at the first meeting of the International Collaborative Effort (ICE) on Automated Coding of Mortality Statistics (12-15 November 1996) and a working group meeting of the ICE on Injury Statistics (7-8 November 1996) in Washington D.C. at the invitation of the United States National Center for Health Statistics.