



STUDY GROUP ON THE CLASSIFICATION OF DISEASES

Geneva, 1-5 November 1971

INDEXED

REPORT

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Members*

- Mrs E. Cahana, Acting Director, Health Section, Central Bureau of Statistics, Jerusalem, Israel
- Dr M. A. Heasman, Co-Director, Health Services Research Intelligence Unit, Scottish Home and Health Department, Edinburgh, Scotland (Chairman)
- Dr H. R. Immich, Medical Officer, Department of Statistics, German Cancer Research Centre, Heidelberg, Federal Republic of Germany
- Dr L. M. F. Massé, Professor, National School of Public Health, Rennes, France
- Dr I. M. Moriyama, formerly Director, Office of Health Statistics Analysis, National Center for Health Statistics, Health Services and Mental Health Administration, Department of Health, Education and Welfare, Washington, D.C., United States of America
- Dr R. H. C. Wells, Director, A.C.T. Health Services, Department of Health, Canberra, A.C.T., Australia (Rapporteur)

Heads of WHO centres for classification of diseases

- Dr A. M. Adelstein, Head, WHO Centre for Classification of Diseases, Office of Population Censuses and Surveys, London, England
- Dr M. Guidevaux, Head, WHO Centre for Classification of Diseases, National Institute of Health and Medical Research, Paris, France
- Dr A. A. Romenskij, Head, WHO Centre for Classification of Diseases, Semasko Institute of Social Hygiene and Public Health, Moscow, USSR
- Dr R. A. Tinedo-Melendez, Director, Latin-American Center for Classification of Diseases, Caracas, Venezuela

Observer

- Mr Dean E. Krueger, Acting Director, Office of Health Statistics Analysis, National Center for Health Statistics, Health Services and Mental Health Administration, Department of Health, Education and Welfare, Washington, D.C., United States of America

Representatives of other organizations

International Labour Organisation

- Dr M. Stilon de Piro, Social Security Branch, ILO, Geneva, Switzerland

Secretariat

- Dr K. Kupka, Chief, International Classification of Diseases, WHO (Secretary)
- Dr W. P. D. Logan, Director, Division of Health Statistics, WHO
- Dr C. S. Muir, Chief, Epidemiology, International Agency for Research on Cancer, Lyon, France
- Dr A. Sjöström, Head, Department of Medical Statistics, Kungl. Medicinalstyrelsen, Stockholm, Sweden (Temporary Adviser)
- Miss R. M. Loy, Technical Officer, WHO Centre for Classification of Diseases, Office of Population Censuses and Surveys, London, England

* Unable to attend: Dr C. Ferrero, Director, Direccion de Estadisticas de Salud, Secretariat de Estado de Salud Publica, Buenos Aires, Argentina.

A WHO Study Group on the Classification of Diseases met in Geneva from 1 to 5 November 1971. Dr W. P. D. Logan, Director of the Division of Health Statistics, opened the meeting on behalf of the Director-General and welcomed the participants. He reminded them that since the previous Study Group met in 1969, the Ninth Revision of the International Classification of Diseases (ICD) had been under discussion at two meetings of the heads of WHO centres for classification of diseases, held in October 1970 in Moscow, and in June 1971 in London. There had also been several meetings of groups of countries on a common language basis, which had put forward joint proposals. The present meeting would continue the consideration of the Ninth Revision.

1. STRUCTURE OF THE NINTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

1.1 "Label Codes"

A decision had been taken by the London heads of WHO centres meeting to reject, for the Ninth Revision, the use of "label" coding (the adding of a single digit to indicate the use of an ICD code in some way other than its normal one, e.g. for late effects of a condition, or when the condition arose in pregnancy). The decision was endorsed.

1.2 "Double-coding"

Both the Moscow and London heads of centres meetings had discussed a proposal which had been called "double-coding", whereby an extra ICD category was to be added for storage and retrieval purposes, either to enable retrieval along a different axis from the one given precedence in the ICD, or to provide a simple way of distinguishing between various manifestations of a disease process. The meeting endorsed the use of this device for storage and retrieval purposes only, and added a warning that the "added" part of the code was to be ignored when counting for the production of primary tabulations.

1.3 Classification of external causes - E Code

In clarification of the previous Study Group's resolution concerning this classification, the meeting was of the opinion that the "E" Code could be applied as a supplementary classification for the external circumstances of conditions appearing in any part of the classification and not just of the injuries, etc., appearing in the "N" Code. It was recommended that the "E" Code should be a supplementary and not an alternative classification and therefore the code numbers could if necessary range over the whole series 000-999. However, the Group endorsed the recommendation of the London meeting of heads of centres that as far as possible the categories relating to violence, etc., at present numbered E800-E999 should not be renumbered, but that the newly available codes should be used for a classification of drugs and for environmental circumstances reported as the cause of diseases classified elsewhere than in the N Code. The Group heard that the WHO Drug Monitoring unit had developed a classification of drugs which could serve as a basis for that in the ICD. The Group underlined the necessity for the structure of a drugs classification to be such that the classification of new drugs was easy to determine.

The Group recommended that, in the Ninth Revision, the fact of accident, suicide, homicide, etc. must remain the primary axis of classification of the "E" Code and ought not to be relegated to a fourth digit position. The Group also agreed that the "agency" of accidents (e.g. the type of machinery causing accidents) was important and should be covered in the ICD. However, the Group did not feel that great detail of the type of machinery was needed, but considered that important combinations of type of machine and mechanism of accident ought to be identifiable.

1.4 Numbering system of the classification

The Group reaffirmed that the three-digit categories should be meaningful and form the basic framework of the ICD in all its varied applications.

The Group considered that international adoption of the four-digit sub-categories was also both desirable and feasible for the Ninth Revision, but recognized that in some countries and for some purposes only the three-digit categories and short lists based upon them would be used.

It was agreed, as a point of presentation, that a standard number of digits should appear in the code numbers in Volume 1, and that as most countries coded to the fourth digit, .9 should be printed as a standard "filler" fourth-digit code in three-digit categories which had no fourth-digit sub-divisions.

It was also agreed that it was undesirable to include both "other specified" and "unspecified" conditions in the sub-categories numbered .9, which should be reserved for unspecified conditions alone, the "other specified" conditions being classed, where possible, in sub-categories numbered .8. This would facilitate sub-division at the fifth-digit level where so desired.

1.5 Multiple sites

It was agreed that categories for multiple sites of tumours, injuries, etc., might need reconsideration in the light of multiple condition analysis, though they would probably be required for use in single-cause applications.

2. PROGRESS ON THE NINTH REVISION - PROPOSALS FOR MAIN CHAPTERS OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

The Group received reports on the progress of proposals for revision of the individual chapters of the ICD. They noted that where more than one proposal was received WHO would prepare a compromise version of the chapter. They insisted that proposals for any major change could not be considered without an accompanying paper explaining the proposals and setting out reasons for and against.

2.1 Chapter I: Infective and parasitic diseases

The Group took note of a provisional draft revision of part of the chapter from the Moscow WHO Centre for Classification of Diseases and heard of work by a consultant and by the French centre on the chapter. Final proposals would be available for consideration by the Study Group in 1972.

2.2 Chapter II: Neoplasms

The IARC, of Lyons, presented a carefully prepared, and very detailed proposal for a major revision of the categories for neoplasms in which there was a common four-digit code for site for malignant, benign, and various types of unspecified neoplasms, with a fifth-digit to indicate the behaviour, to be linked with a three-digit morphology classification. The Group also considered a paper showing how the same detail could be obtained whilst retaining as the primary axis the malignant/benign distinction. The Group also heard from Mr Krueger that a United States group would shortly have some proposals for the chapter. The Group recognized the gulf in thinking between cancer specialists and health statisticians on the necessity to retain in the site code the distinction between malignant and other neoplasms even in very short tabulation lists and agreed that all three proposals would need further thought. They recommended that WHO should call a special meeting with the objective of reaching a solution. The Group noted the proposal for a separate morphology classification to be used in parallel with the neoplasms chapter of the ICD, whatever form that should take.

2.3 Chapter III: Endocrine, nutritional, and metabolic diseases

The Group examined proposals prepared by the ICD unit on the advice of a consultant and in general agreed that a major rearrangement in the section concerning inborn errors of metabolism was justified in view of the progress in this specialty since the preparation of the Eighth Revision. They felt that neoplasms with endocrine function should, as far as feasible, be classified in Chapter II. If double coding were used, the endocrine activity would be indicated by an additional code from Chapter III.

A proposal from the Inter-American Investigation of Mortality in Childhood for rearrangement of the nutritional deficiencies was examined and WHO was asked to recommend their advisers to look again at this section. The Group was not in favour of the suggestion to rearrange and renumber the categories, was concerned at the loss of the ability to identify at the three-digit level certain important conditions, and thought some of the proposed subdivisions in the categories for malnutrition were more suitable for use in special surveys than in the ICD for general use.

2.4 Chapter IV: Diseases of the blood and blood-forming organs

The Group took note of proposals prepared by the ICD unit relating mainly to the French version but with suggestions for slight rearrangement of content which would be applicable in other language versions also.

2.5 Chapter V: Mental disorders

The Group heard from the WHO Mental Health unit of the programme of work on the classification of psychiatric disorders and noted that the psychiatric group hoped in 1972 to produce a proposal for revision which would have been tested in the field and would be supported by evidence. It was expected that the revision proposal would not be a major one and that with some tidying up of the Eighth Revision much dissatisfaction could be removed.

2.6 Chapter VI: Diseases of the nervous system and sense organs

The Group noted that work was proceeding on this chapter but that no proposals had so far been received.

2.7 Chapter VII: Diseases of the circulatory system

A paper by the WHO Cardiovascular Diseases unit containing proposals for a major revision in several parts of the chapter was presented. The Group asked the unit to prepare a paper explaining and giving reasons for the proposals and asked for the question to be reconsidered at the 1972 meeting of the Study Group. In the meantime the WHO centres for the classification of diseases were to arrange trials comparing the use of the Eighth Revision and the new proposals.

2.8 Chapter VIII: Diseases of the respiratory system

The Group understood that no proposals had yet been formulated.

2.9 Chapter IX: Diseases of the digestive system

There were no proposals for the main part of this chapter relating to diseases of the digestive tract, but the Dental Health unit presented to the Group an adaptation of the Eighth Revision of the ICD relating to dental conditions and explained that minor amendments would be proposed for the Ninth Revision. The Group considered the method by which the adaptation had been made, an excellent example of the way in which specialized needs could be met by sub-division within the basic framework of the ICD.

2.10 Chapter X: Diseases of the genito-urinary system

The Group learned that work was proceeding in Scotland on proposals for this chapter.

2.11 Chapters XI and XV: Complications of pregnancy, childbirth, and the puerperium Certain causes of perinatal morbidity and mortality

Draft proposals by consultants for a radical revision of these two chapters were considered. The Group considered that radical revision might be justified in this instance because of reported dissatisfaction with the present version. They understood that a meeting of representatives of the Fédération internationale de Gynécologie et d'Obstétrique (FIGO) was to take place later in the month to settle the details of the proposals and asked that they also prepare a statement of reasons for and against a radical revision. They also asked WHO centres to arrange for testing of the proposals in the field as soon as the FIGO group had looked at the details. It was agreed that the trials should be carried out between February and July 1972, so that the results could be discussed by the Study Group meeting later in 1972.

2.12 Chapter XII: Diseases of the skin and subcutaneous tissue

A WHO draft proposal for revision of this chapter was accepted in general but the ICD unit was asked to reconsider several points of detail. The Group considered that it would be appropriate to use categories in the proposed extension of the E Code to indicate the association of certain skin conditions with chemicals and other external agents.

2.13 Chapter XIII: Diseases of the musculoskeletal system and connective tissue

The Group was informed that it was hoped shortly to have some United Kingdom proposals for revision of this chapter, and that a United States group was also working on the chapter.

2.14 Chapter XIV: Congenital anomalies

No proposals had been received for revision of this chapter though it was understood the French WHO centre had some comments on it.

2.15 Chapter XVI: Symptoms and ill-defined conditions

It was questioned whether Chapter XVI should contain so many symptoms and ill-defined conditions or whether all the conditions which could be moved elsewhere should be included in the chapters for the appropriate systems. If so, very little would remain in Chapter XVI and it might not be worth retention. However, the Group agreed that Chapter XVI was important for use in hospitals to indicate cases where in spite of all investigations, no firm diagnosis had been made, and to cover ill-defined conditions reported in some morbidity surveys. The Group felt that probably the symptoms at present listed in Chapter XVI should remain there unless specialist groups working on other chapters laid claim to them and gave good reasons for a change. But the group asked the ICD unit to prepare two proposals for consideration by the next meeting - one distributing as many of the conditions as possible to the individual system chapters and another in which Chapter XVI covered all symptoms including those such as diarrhoea and dysmenorrhoea which were presently classified in other chapters. Both proposals should indicate the Eighth Revision categories for the conditions and give reasons for their proposed new positions.

2.16 Chapter XVII: Accidents, poisonings, and violence

There were no proposals so far relating to the "N" classification of nature of injury, etc.

3. SUPPLEMENTARY CLASSIFICATIONS FOR THE NINTH REVISION

3.1 Preventive diagnostic and therapeutic procedures in medicine

The Group heard of progress in the preparation in the United States of America of a reconciliation of three existing codes of Surgical Procedures, and took note of draft codes of Radiological and Laboratory Procedures prepared by the ICD unit. The United States of America agreed to undertake the further work on the classifications for all these procedures.

3.2 Classification of impairments

The Group heard from the Occupational Health unit of WHO of work which is going on jointly between that unit, ILO and the International Association of Social Security and in which the WHO Centre for Classification of Diseases, Paris, had been involved, on a classification of impairments for which there had been many demands for reinstatement in the ICD. The Group also took note of a draft classification prepared in Israel. They understood that final proposals would be available in April or May 1972. They asked that the WHO/ICD and Occupational Health units and the French centre should arrange for the field testing of the proposals.

It was understood that this was a supplementary classification and would not form part of the main ICD.

3.3 "Y" Code

The Group considered a proposal by the ICD unit and also one prepared by NOMESCO and thought that the newly-introduced categories for social circumstances represented the kind of thing the previous Study Group had in mind concerning reasons for care which were not strictly speaking "diagnoses". Opinion was divided as to whether or not the "Y" Code categories should be used only when these circumstances were the only reason for admission to hospital, consultation with a doctor, or other medical care. Some of the members suggested that the note at the beginning of the "Y" Code be changed so that the categories could, if wished, be used in a multiple coding situation.

WHO was asked to consider whether the "Y" prefix to these codes ought to be changed to some other character because it was often wrongly punched as "4" or "7". The advice of data processing experts should be sought and the problem discussed at the next meeting of heads of centres.

3.4 Short list of complaints and reasons for consultation

The Group discussed the usefulness of such a list and recommended that WHO continue experiments and study of such lists. It was thought that there might be several lists, each appropriate to a particular area. There was in any case a difference of opinion as to whether the same list was appropriate for use in place of the main ICD by non-medical personnel at primary care level and as a special classification of presenting symptoms in such situations as computerized record or diagnosis systems.

4. FORM OF INDEX AND TABULAR LIST OF THE NINTH REVISION

The Group noted that WHO had already prepared computer tapes of the content of the English and French versions of the alphabetical index and proposed to re-sort the tapes as soon as the final content of the Ninth Revision categories was known. This should mean that a provisional revised "Tabular List of Index Terms" would be available for consideration with the final proposals and a final list as soon as the proposals were agreed. It would also mean that the alphabetical index, Volume 2, should be published at the same time as Volume 1. If computer tapes were prepared in similar form for other language versions, the same method could be used. The ICD unit would give advice to countries interested in this.

The Group discussed the question of whether or not to indicate in the index the "double-coding" for certain disease terms. Some participants thought this would overload the index. WHO was asked to prepare for the next meeting of the Study Group a small sample of the layout of the index including this extra coding information, so that the magnitude of the task could be judged. It was agreed that some of the "exclusion" notes in Volume 1 might need to be modified to allow for some users' wishes to "double-code".

The Group considered that notes and instructions ought to be included on the use of the classification for morbidity statistics and indexing as well as for its use in mortality statistics.

5. OTHER ACTIVITIES RELATED TO THE NINTH REVISION

5.1 Selection of condition for analysis in single-cause morbidity statistics

The Group felt that the ICD was now widely used not only for mortality statistics but also for various kinds of morbidity statistics and hospital indexing and that in many of these applications it was necessary to select a single condition for primary analysis even where multiple condition analysis was also employed. They considered that the Ninth Revision of the ICD ought to include rules for the selection of this single condition in morbidity applications as well as for mortality. They considered a paper setting out the various alternatives and recommended that for morbidity statistics in hospital and health-care situations, single-condition tabulation should be based on the "principal condition under treatment, investigation or observation" during the spell of care, but that the record should also indicate "other conditions present or involved". There was felt to be no alternative to multiple condition analysis in surveys of the health examination type.

5.2 Underlying-cause selection rules for mortality statistics

The London centre asked for reconsideration of the rule that the disease for which treatment was given or operation performed should be selected as the underlying cause in cases where death was from adverse effects of a drug or other treatment. WHO was asked to look into the problem, see what possible alternative rules might be made, and if possible arrange for trials. The problem should be discussed more fully at the next meeting.

5.3 Alternative forms of medical certificate of cause of death for the perinatal period

The Group was presented with the report of a consultation on this subject which had taken place the previous week. A draft of a special form of certificate for use in the perinatal period had been designed and plans made for trials of completion of the certificate and of its accompanying instructions and tabulation of data.

The present Study Group did not study the report in any detail and no views were expressed on the acceptability of the proposed certificate. They saw some difficulties and asked that further thought be given to problems of its incorporation into existing systems, but agreed to its extensive testing.

5.4 Computer coding

The Group noted that progress was being made on the development of the "fruit machine" programme for coding of diagnoses and that plans were being made for its trial in a hospital record department.

5.5 Conversion from Eighth to Ninth Revision

It was agreed that a list showing the approximate correspondence of Eighth and Ninth Revision categories was a useful one to have, and it would be advisable also for a list to be available early, and disseminated widely, showing which index terms had been reclassified and where they had gone.

5.6 Classification of "Sudden Death in Infancy Syndrome"

The Group agreed that a specific category ought to be provided for this syndrome and that until more was known about the condition it would probably have to be classed in Chapter XVI.

5.7 Programme of work for the Ninth Revision

The Group were informed that further proposals for revision would be considered by the meeting of heads of WHO centres in February 1972, in Caracas. A Study Group would meet in Geneva in December 1972, by which time final proposals for the revision must have been received. The ICD unit of WHO would then start to elaborate the final form of the ICD in English and French and it was hoped that the work in Russian and Spanish could follow quickly on this.

The heads of centres would meet in Paris in 1973. Late in 1974, the Expert Committee would meet to comment on the final draft of the Ninth Revision before its submission to the Revision Conference in 1975.

6. COMPENDIUM OF RECOMMENDATIONS

The meeting was informed of a decision at the meeting of heads of WHO centres in London to advise WHO that the idea of a compendium had not been found to be workable and should be dropped. The Group endorsed the decision.

7. TENTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

The Group recognized that by the time of the Tenth Revision the structure of the ICD would have remained basically the same through four successive revisions and it was necessary seriously to consider whether a completely new structure would then be more appropriate. This consideration should start in the near future because there was insufficient time for a radical review between one revision and the next.

The Group took note of a paper considering possibilities for a new structure and were aware that these, and the suggestions of specialist groups and computer users, tended towards a very flexible method of data storage which would facilitate retrieval along several axes. They also recognized that the current structure of the ICD gave rise to conflict between the need to keep up to date and the desire to change very little because of the disruption which was caused to coding and computer systems. Nevertheless the current ICD worked well for many purposes. Even if a future classification or coding system took account of the many specialist needs it seemed that something like the present classification ought to be retained as a basis for readily available general purpose statistics; at all events, it should not lightly be discarded.

The Group noted with interest a paper suggesting a permanent coding system based on a "notation" of diagnoses as written, which would be linked with a classification which could change, and recommended further study of the idea.

In conclusion of this discussion, the Group, whilst recognizing the merits of the current structure of the ICD, recommended that WHO should start an early investigation, possibly by means of a questionnaire, of likely classification needs and applications from the 1980s onwards, and then by 1975-76 initiate some basic thinking on alternative structures for the Tenth Revision. They recommended that WHO should consider how best the various alternatives could be formulated and tested, and suggested that unstructural "think-tank"-type discussions be considered as well as more traditional work by individual consultants, committees and research groups, and that there was a need for taxonomists, computer experts, etc., as well as health statisticians, to participate in the discussions.