

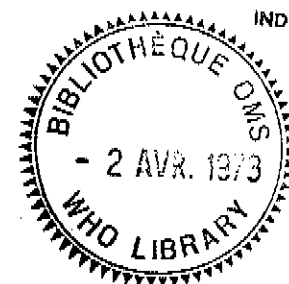


STUDY GROUP ON THE CLASSIFICATION
OF DISEASES

Geneva, 29 January - 2 February 1973

REPORT

Contents



INDEXED

	<u>Page</u>
1. Structure of the Ninth Revision of the International Classification of Diseases	4
1.1 Scope of Ninth Revision	4
1.2 "Double coding"	4
1.3 Special tabulation lists	4
1.4 Late effects	4
1.5 Role of the "E" code	4
2. Progress on the Ninth Revision - proposals for main chapters	5
2.1 Chapter I: Infective and parasitic diseases	5
2.2 Chapter II: Neoplasms	5
2.3 Chapter III: Endocrine, nutritional and metabolic diseases	5
2.4 Chapter IV: Diseases of the blood and blood-forming organs	6
2.5 Chapter V: Mental disorders	6
2.6 Chapter VI: Diseases of the nervous system and sense organs	6
2.7 Chapter VII: Diseases of the circulatory system	6
2.8 Chapter VIII: Diseases of the respiratory system	7
2.9 Chapter IX: Diseases of the digestive system	7
2.10 Chapter X: Diseases of the genito-urinary system	7
2.11 Chapter XI: Complications of pregnancy, childbirth and puerperium	7
2.12 Chapter XII: Diseases of the skin and subcutaneous tissue	7
2.13 Chapter XIII: Diseases of the musculo-skeletal system and connective tissue	7
2.14 Chapter XIV: Congenital anomalies	7
2.15 Chapter XV: Certain causes of perinatal morbidity and mortality	8

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

	<u>Page</u>
2.16 Chapter XVI: Symptoms and ill-defined conditions	8
2.17 Chapter XVII: Accidents, poisons and violence	8
3. Supplementary Classification for the Ninth Revision	8
3.1 Extended "E" code	8
3.2 "Y" code	8
3.3 Preventive, diagnostic and therapeutic procedures in medicine	9
3.4 Classification of impairments	9
3.5 Classification of signs, symptoms and complaints	9
4. Other activities related to the Ninth Revision	9
4.1 Nomenclature of diseases	9
4.2 Coding rules	9
4.3 Definitions relating to perinatal period and perinatal mortality	9
4.4 Registration of outcome of pregnancy	9
4.5 Alternative certificates of cause of perinatal death	9
4.6 Analysis of multiple causes of perinatal death	10
4.7 Non-medical reporting of mortality	10
5. Time programme for the Ninth Revision	10
5.1 Preparation and approval of Ninth Revision	10
5.2 Initial publication in English and French	10
5.3 Preparation of other language editions	10
5.4 Training in use of new revisions	10

Members

Professor G. G. Avtandilov, Head of the Central Laboratory for Pathological Anatomy, Institute of Human Morphology of the USSR Academy of Medical Sciences, Moscow, USSR (Vice-Chairman)

Dr C. Berlioz, Expert à l'Association internationale de la Sécurité Sociale, Paris, France

Dr M. A. Heasman, Co-Director, Health Services Research Intelligence Unit, Scottish Home and Health Department, Edinburgh, Scotland, United Kingdom (Chairman)

Professor H. Imnich, Head, Department of Medical Documentation and Statistics, University of Heidelberg, Heidelberg, Federal Republic of Germany

Dr R. Laurenti, Assistant Professor, Department of Epidemiology, School of Public Health, University of Sao Paulo, São Paulo, Brazil

Mr A. Sjöström, Head, Department of Medical Statistics, National Board of Health and Welfare, Stockholm, Sweden

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, United Kingdom

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, Department of Health, Education and Welfare, Rockville, United
States of America

Representatives from other International Organizations

International Labour Organisation

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

WHO Regional Offices

Dr A. Weber, Regional Officer for Health Information, Regional Office for Europe, Copenhagen,
Denmark

Dr H. C. Ebbing, Regional Adviser in Health Statistics, Regional Office for South East Asia,
New Delhi, India

Dr Abelardo Temoche, Statistician, Regional Office for the Americas/Pan American Sanitary
Bureau, Washington, United States of America

International Agency for Research on Cancer

Dr C. S. Muir, Chief, Epidemiology and Biostatistics, IARC, Lyons, France

Secretariat

Dr K. Kupka, Chief, International Classification of Diseases, WHO (Secretary)

Dr W. P. D. Logan, Director, Division of Health Statistics, WHO

Dr I. M. Moriyama, formerly Director, Office of Health Statistics Analysis, National Center
for Health Statistics, Department of Health, Education and Welfare, Washington, United
States of America (Temporary Adviser)

Miss R. M. Loy, Technical Officer, WHO Centre for Classification of Diseases, Office of
Population Censuses and Surveys, London, United Kingdom

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

1.1 Scope of the Ninth Revision

Although the basic structure of the classification established at the Sixth Revision in 1948 was still being maintained, the changes recommended for the Ninth Revision exceed those thought to be necessary at the first meeting of the Study Group in 1969. This has arisen because of the unanticipated demand for modifications to make the classification suitable for medical care purposes. It was considered, however, that most of these needs could be met without unduly affecting the suitability of the ICD for "underlying cause" tabulations.

1.2 "Double-coding"

Some conditions may be classified in both an "underlying cause" axis and a "clinical manifestation" axis. The Group recommended that the Ninth Revision should facilitate coding, retrieval and tabulation on each of these axes separately, and also multiple condition for storage and retrieval of both sets of information simultaneously. This would require two separate codes for certain conditions, one of which would be axed for single "underlying cause" tabulations and the other for tabulation of "clinical manifestations". It was agreed that, where appropriate, the codes with a main "aetiological" axis could have sub-divisions indicating the more important classical manifestations; and similarly the codes with a main "clinical manifestation" axis could have secondary sub-divisions showing the main "underlying cause". The two types of code would need to be clearly distinguished both in the Tabular List and in the Index, and WHO was asked to study the best method of presentation and apply it to all conditions where retrieval of information seemed desirable of each of the two axes of classification separately.

1.3 Special tabulation lists (ICD/WP/72.31)

The group approved and commended the general philosophy of a recommendation for a change in structure of the "short lists" for tabulation for various purposes. Instead of highlighting selected conditions in a disease group and then showing a total for the residual conditions in the group, it was proposed that totals should be given first for all conditions in an ICD Chapter followed by the words "of which" and a list of highlighted conditions. Countries would be free to choose which conditions to highlight in their own lists but there would be a comprehensive list of certain groups of conditions which, if chosen, must be presented in such a way as to allow the total to be reconstructed. This would have the effect of making sure that any published figures for the important disease groups were comparable.

1.4 Late effects

The late effects of infections, cerebrovascular disease, abortions, surgery and other conditions present a problem because they are currently classified in the relevant chapters where there is insufficient space to allow them to be classified adequately. WHO was requested to consider the possibility of bringing these late effects together in an area of the classification where sufficient space could be found for fuller classification.

1.5 Role of the "E" code

The Study Group endorsed the recommendation made at its first session that the "E" code should no longer be an alternative to the "N" code, as in the Eighth Revision, but should become a supplementary classification of environmental factors, extended to the whole range of codes 001-999 and usable to identify such factors in association with morbidity or mortality classified in any of the Chapters I to XVII. The content of the extended "E" code is discussed in paragraph 3.1 below.

2. PROGRESS ON THE NINTH REVISION - PROPOSALS FOR MAIN CHAPTERS

In considering revision of the main chapters of the ICD, the Study Group noted that, besides certain major proposals prepared by the WHO Centres for Classification of Diseases and WHO consultants or expert groups, WHO had received comments on matters of detail from many countries and individuals as well as comprehensive proposals from the United States National Committee on Vital and Health Statistics, the Pan American Health Organization, NOMESCO, the 3-Lander Conference and meetings of groups of countries organized by the Regional Offices of WHO. The Study Group gave most attention to matters of major principle, and proposals for revision of detail were referred to WHO for consideration along with all the other similar proposals received.

2.1 Chapter I: Infective and parasitic diseases (ICD/WP/72.2, ICD/WP/72.8 and ICD/WP/72.20)

The meeting accepted the WHO proposal (ICD/WP/72.2) as the basis for preparing the revised chapter. It was agreed that a category should be provided in Chapter I for infections such as staphylococcal and streptococcal, and that gastroenteritis which is assumed to be infective should remain in Chapter I. The Group did not support proposals to change the title of the chapter to "Communicable diseases", or to restructure the tuberculosis section to indicate diagnostic methods at the 3-digit level.

2.2 Chapter II: Neoplasms (ICD/72.6)

The Study Group endorsed the general outline of a revision proposed by a Working Group which included members from the International Agency for Research on Cancer, and recommended that a code of 200 rubrics classifying cancer histology should also be included in the Ninth Revision so that it could be used for multiple coding in association with certain sections of Chapter II to facilitate the storage and retrieval of more detailed information required for hospital and health service purposes. The Group considered that the title of the "in situ" group of rubrics 230-234 should be changed to allow inclusion of "latent carcinoma of the prostate" in that section.

The Working Group on Chapter II had recommended that a separate publication dealing with cancer in greater detail than was appropriate in the ICD should be issued by WHO in association with the Ninth Revision. The Study Group supported this proposal, but requested WHO to make it clear that such a publication was an alternative classification to the ICD, though compatible with it and should only be used for certain limited special purposes.

2.3 Chapter III: Endocrine, nutritional and metabolic diseases (ICD/WP/71.4, ICD/WP/71.10) and ICD/WP/72.6)

The meeting agreed that for endocrine disorders WHO should use the proposal in Paper ICD/WP/71.4 as a basis, with the incorporation from the Russian and other proposals of some 4-digit detail, including a sub-category for latent diabetes. The meeting did not agree to incorporating in the section some congenital conditions from Chapter XV.

For the metabolic section, the removal of the separate block of categories for congenital disorders was accepted in general.

It was agreed that a separate new category should be provided for disorders involving the immune mechanism.

The meeting considered the proposal relating to nutritional deficiencies in ICD/WP/71.10 and agreed that the malabsorption syndromes should not be classified in this section and should instead be classified in Chapter IX. It was also agreed that the "late effects of protein-calorie malnutrition" should be classified at the four-digit level under "other and unspecified malnutrition", thereby allowing a three-digit rubric to be freed to identify "thiamine and niacin deficiencies" with the breakdown at the four-digit level.

2.4 Chapter IV: Diseases of blood and blood-forming organs (ICD/WP/71.9 and ICD/WP/72.19)

The Group agreed that the two proposals, from the London and Paris Centres, should be used as the basis for revision of the Chapter. A separate 4-digit category should be provided for Sickle-cell haemoglobinopathy.

2.5 Chapter V: Mental disorders (ICD/WP/72.5)

The meeting generally supported a major revision proposal prepared by WHO following a number of Seminars on Psychiatric Diagnosis, Classification and Statistics, and agreed that a glossary defining the content of terms in Chapter V should be published in the Ninth Revision. On specific matters of principle the Group recommended that:

- (i) drug withdrawal syndromes should be included under the rubric for drug dependence;
- (ii) somatic manifestations of alcoholism and dependence on other drugs should be classified in the appropriate system chapters;
- (iii) toxic and other ill-effects (e.g. acute alcoholic intoxication) should be classified in Chapter XVII;
- (iv) "Psychic factors giving rise to physical disease" should be shown at the 3-digit level and be available for use with double coding to other system chapters to identify the associated physical conditions; and
- (v) WHO consider whether categories are necessary in the Y code for the investigation or treatment of non-dependent use of drugs affecting the central nervous system.

2.6 Chapter VI: Diseases of nervous system and sense organs

2.6.1 Nervous system (ICD/WP/72.23 and ICD/WP/72.25)

The Study Group agreed that the two papers, one by a working group of neurologists specially convened during the Eighth Seminar on Psychiatric Diagnosis, Classification and Statistics, and the other from the United Kingdom Registrar General's Medical Advisory Committee, should be jointly used as the basis for the revision of the section on nervous diseases.

2.6.2 Disorders of the eye and Adnexa (ICD/WP/72.16)

The document prepared by the International Council of Ophthalmology was accepted in principle, though the group recognized that several minor amendments would be necessary.

The definition of blindness formulated by the WHO Study Group on the prevention of blindness was endorsed and could be incorporated.

2.6.3 Diseases of ear and mastoid process (ICD/WP/72.24)

The proposal, from the Paris Centre, containing a change of axis of classification and increased detail in the categories dealing with deafness was accepted in principle.

2.7 Chapter VII: Diseases of circulatory system (ICD/WP/72.34)

The meeting agreed that the proposal from the WHO Cardiovascular Unit, should be used as the basis for the revision of this Chapter, but members were not strongly in favour of some of the detail and tended particularly to reject the use of four digits in the categories for ischaemic heart disease based on subjective information. They asked the Cardiovascular Unit to reconsider this and bear in mind the possibility of making better use of the four digits for more reliable information.

2.8 Chapter VIII: Diseases of the respiratory system (ICD/WP/72.11, ICD/WP/72.18, and ICD/WP/72.29)

It was agreed that a revision proposal (ICD/WP/72.11) prepared by the Paris Centre should be used as a general basis for the Ninth Revision, but retaining the Eighth Revision numbering as far as possible. Opinion was divided as to whether influenza should be classified in Chapter I or remain in Chapter VIII.

2.9 Chapter IX: Diseases of the digestive system

2.9.1 Diseases of oral cavity, salivary glands and jaw (520-529) (ICD/WP/72.32 and ICD/WP/72.32 Add.1)

The meeting recommended that a revision prepared by the WHO Dental Health Unit (ICD/WP/72.32) be adopted as the basis for the Ninth Revision.

2.9.2 Diseases of other parts of the digestive system (530-579) (ICD/WP/72.10 and ICD/WP/72.26)

It was recommended that a revision prepared by the United Kingdom Registrar General's Medical Advisory Committee (ICD/WP/72.26) be used as a basis for the Ninth Revision.

2.10 Chapter X: Diseases of the genito-urinary system (ICD/WP/72.14, ICD/WP/72.14 Add.1 and ICD/WP/72.14 Add.2)

The Study Group accepted the WHO revision proposals as a general basis for the Ninth Revision, but suggested further consultation on the common 4-digit breakdown proposed for rubrics 580-587.

2.11 Chapter XI: Complications of pregnancy, childbirth and puerperium (ICD/WP/72.22)

The proposal for revision of this chapter had been prepared by consultants and revised by a meeting of representatives of the International Federation of Gynaecology and Obstetrics (FIGO). It was accepted in principle, subject to incorporation of some details, particularly from the United States and PAHO/AMRO proposals.

A revision of the definition of "maternal death" proposed by FIGO was noted, and the meeting requested WHO to give consideration to including this definition somewhere in the ICD volume.

2.12 Chapter XII: Diseases of the skin and subcutaneous tissue (ICD/WP/71.7 Rev.1)

The meeting generally supported a WHO revision proposal for this Chapter, but recommended that specialist advice be sought on the classification of diseases of the lymphatic system which appear in Chapter XII and a number of other chapters.

2.13 Chapter XIII: Diseases of the musculoskeletal system and connective tissue (ICD/WP/72.3 and ICD/WP/72.3 Corr.1)

The Study Group supported a major revision proposal for this chapter but referred certain matters of detail to WHO for consideration, including provision for classifying gout and disorders involving the immune mechanism in Chapter III.

2.14 Chapter XIV: Congenital anomalies (ICD/WP/72.4, ICD/WP/72.4 Corr.1 and ICD/WP/72.29)

The meeting generally endorsed the WHO revision proposals (ICD/WP/72.4 and ICD/WP/72.4 Corr.1) with the exception of the proposed rubric 754 "Intra-uterine postural deformities". It was recommended that the title of this rubric be reconsidered, that the terms "retrognathia", "mandibular asymmetry" and "lop-sided jaw" be classified in Chapter IX, and that the United States proposal (ICD/WP/72.29) for the remaining content of 754 be considered.

2.15 Chapter XV: Certain causes of perinatal morbidity and mortality (ICD/WP/72.17)

The proposal for revision of this chapter had been evolved with the assistance of two consultations on Methodology of Reporting and Analysis of Perinatal Morbidity and Mortality and a meeting of experts from the International Federation of Gynaecology and Obstetrics. The proposal was generally accepted. It was agreed that categories for maternal, placental and cord conditions affecting the foetus or infant should remain in this Chapter. The Study Group considered that it was undesirable to provide for all perinatal infections and transitory endocrine and metabolic disorders of newborn to be classified within the chapter and recommended that those not specific to the perinatal period be covered in Chapters I and III, but if possible distinguished there.

The meeting considered that a generally acceptable method of defining the term "light-for-dates" as used in categories 764.0-764.2 was needed prior to the introduction of the Ninth Revision.

2.16 Symptoms and ill-defined conditions (ICD/WP/72.13 and ICD/WP/72.21)

At the request of the Study Group at its second session, WHO had investigated two possibilities:

- (i) the collection in Chapter XVI of the many symptoms now classified in other chapters; and,
- (ii) the dispersion of many symptoms now classified in Chapter XVI to other chapters. The Group considered that the extensive classification of symptoms was not appropriate in Chapter XVI, whose purpose was for the classification only of incomplete or ill-defined diagnoses which could not satisfactorily be allocated to other chapters. They considered that a few conditions could be transferred out of Chapter XVI and room allowed for residual categories and certain defined conditions which were impossible to classify elsewhere, but that in general the basis of the chapter should remain.

2.17 Chapter XVII: Accidents, poisonings and violence (ICD/WP/72.29)

A revision of this Chapter prepared by the United States National Committee on Vital and Health Statistics was generally accepted, subject to reservations about the classification of burns in terms of percentage of body surface and a request that WHO consider classifying the type of adverse effects of drugs and poisons in this Chapter.

3. SUPPLEMENTARY CLASSIFICATIONS FOR THE NINTH REVISION

The meeting requested WHO to review the prefixes used to identify the supplementary codes in order to reduce the possibility of misinterpretation.

3.1 Extended "E" code

The Group approved the outline of the extended "E" code presented by WHO (ICD/WP/72.36) except for the proposed inclusion of biological agents. It was agreed that categories E800-E999 of the Eighth Revision should appear with a generally similar content in the new "E" code, and that it would be useful to provide optional 5-digits to identify the places in which accidents occur. A proposal by Dr Wilson (paper ICD/WP/72.33) was accepted as a suitable basis for a fuller classification of drugs and medicaments, and the new "E" code would also contain sections concerned with psycho-social factors, socioeconomic circumstances, physical environment and chemical agents.

3.2 "Y" code (ICD/WP/72.28 and ICD/WP/72.29)

This supplementary code is mainly intended for classifying the causes of hospital admission and reasons for other health services when the people for whom the services are given are not ill and the reasons are therefore not classified in Chapters I to XVI. The

Group agreed, however, that normal delivery should for historical reasons remain in Chapter XI. WHO has requested to elaborate a new "Y" code to provide a more extensive classification of reasons for health service usage by fit persons.

3.3 Preventive, diagnostic and therapeutic procedures in medicine (ICD/WP/72.30, ICD/71.2, ICD/71.4 and ICD/73.1)

The meeting noted with pleasure the work done on a code of surgical operations, and requested that this be issued as a separate volume as soon as possible, and not later than 1975. This could be followed by codes for laboratory and radiological procedures which would also be useful but less urgently required.

3.4 Classification of impairments (ICD/WP/72.15)

The meeting noted progress on a supplementary classification of "handicaps" and considered that this useful classification should be published in the main volumes of ICD/9.

3.5 Classification of signs, symptoms and complaints

The Group discussed the need for a supplementary classification of conditions encountered at the first contact of patients with health services. This would be of use in measuring the consumption of primary health care and in automated diagnosis. Since these conditions were identified in the ICD, the Group saw no urgent need for a separate listing of them.

4. OTHER ACTIVITIES RELATED TO THE NINTH REVISION

4.1 Nomenclature of diseases

The meeting was informed of progress in the CIOMS project to prepare a nomenclature of diseases, including definitions and corresponding terms in three languages. Several sections had been completed. Finance was available for a further year's work and it was hoped to complete the task. In so far as it is relevant it will be helpful in determining the terminology to be used in the titles and inclusion terms in Volume I of the ICD.

4.2 Coding rules (ICD/WP/72.37)

The Study Group generally supported a proposal to modify the rules for selection of causes of death for primary mortality tabulation so that, where death is certified as being due to the particular treatment given for a disease, the treatment and/or its complication rather than the disease for which it is given should be selected for coding as the cause of death.

4.3 Definitions relating to the perinatal period and perinatal mortality

The meeting was informed that new definitions which may be used in connection with the ICD have been proposed by a Consultation on Methodology of Reporting and Analysis of Perinatal and Maternal Morbidity and Mortality. These will be presented at the Expert Committee meeting in 1974 with a view to their endorsement by the International Revision Conference.

4.4 Registration of outcome of pregnancy

The Group was informed about a pilot project going on in several countries for the registration of all outcomes of pregnancies which had reached 20 weeks' gestation.

4.5 Alternative certificates of cause of perinatal death

The meeting was informed about trials going on in several countries of alternative designs for special certificates of causes of perinatal death.

4.6 Analysis of multiple causes of perinatal death

The meeting heard that as part of a statistical project for the collection and detailed analysis of information on perinatal deaths in several countries, multiple causes of death were being coded and analysed. This would provide valuable information for the development of multiple cause coding rules and methods of analysis.

4.7 Non-medical reporting of mortality

The meeting was informed of progress on preparing a list of conditions which could be used by non-medical persons when certifying the cause of death. Such a list was considered to be useful in areas where medical practitioners were scarce or non-existent.

5. TIME PROGRAMME FOR THE NINTH REVISION

5.1 Preparation and approval of the Ninth Revision

The Study Group considered the possibility of delaying the completion and implementation of the Ninth Revision to enable preparation of a more radical revision. However, it was felt that the rapidly growing interest among clinicians and health administrators in using the ICD required a revision as soon as possible which would be adequate for hospital indexing and other health service purposes.

The WHO official proposals for the main chapters of the Ninth Revision and for the supplementary codes will be circulated to Member States for comment prior to an Expert Committee meeting in mid-1974. Member States will only have a few weeks to send WHO their comments on these proposals, and the Study Group therefore required that whenever possible two months notice be given in advance of the despatch of revision proposals so that the necessary national consultation arrangements could be made.

The International Conference for the Ninth Revision has been scheduled for February 1975. The International Classification of Diseases and certain other related matters will then be presented to the World Health Assembly in May 1975.

5.2 Initial publication in English and French

The Ninth Revision will be prepared simultaneously in English and French editions, and printing of these will commence immediately after the meeting of the World Health Assembly in 1975.

5.3 Preparation of other language editions

The meeting noted that the preparation of certain language editions of the Eighth Revision had been so delayed that efficient implementation of that classification had not been possible by 1968. This could be avoided with the Ninth Revision if those responsible for preparing the other language editions made advance arrangements to commence their work immediately the English and French editions were available. The meeting recommended that these arrangements include the establishment of early and permanent liaison with the ICD Unit.

5.4 Training in the use of the new revision

The Study Group commended the intention of WHO to organize a training seminar in 1976 on coding and tabulation. It was hoped that Member countries would send WHO examples of material (including audiovisual aids) they use for such purposes to facilitate preparation of a standard pack of suitable material for training in the use of the Ninth Revision. With the aid of this training material, similar training meetings could be organized at regional and country levels in 1977, for which WHO hoped to provide some teaching assistance.