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REGIONAL ADVISORY COMMITTEE ON INTERNATIONAL CLASSIFICATION OF DISEASES

INDEXED

Second Report



Scientific Publications
No. 66

August 1962

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau - Regional Office of the
WORLD HEALTH ORGANIZATION

1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C., U.S.A.

PAN AMERICAN HEALTH ORGANIZATION
PAN AMERICAN SANITARY BUREAU

Regional Office of the
WORLD HEALTH ORGANIZATION

REGIONAL ADVISORY COMMITTEE ON INTERNATIONAL
CLASSIFICATION OF DISEASES

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Washington, D. C.
14 June 1962

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REGIONAL ADVISORY COMMITTEE ON INTERNATIONAL CLASSIFICATION OF DISEASES

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Second Report

1. Introduction

The second meeting of the Regional Advisory Committee on International Classification of Diseases* was held in the Pan American Sanitary Bureau on 14 June 1962. Dr. Abraham Horwitz, Director of the Pan American Sanitary Bureau, welcomed the members of this Committee at the opening session of the meeting of the Regional Advisory Committee on Health Statistics on 11 June 1962. He commented on the preparatory work for the 1965 Revision being carried out in Spanish-speaking countries and on the extensive material that the Committee would have to review as the result of trials of proposed classification of diarrheal diseases and nutritional deficiency diseases in Argentina, Colombia, Panama, Peru, and Venezuela. He believed that the proposed classification of diarrheal, nutritional and infectious diseases would serve much more adequately the needs of Spanish-speaking countries. This regional work for the Revision is a most important development and will result in a significant contribution to the Classification.

The objectives of this second meeting are to review the progress made on the trials of proposed classifications and developments since the first meeting in 1961, and to give

* The first meeting was held from 20 to 24 February 1961.¹

ideas, comments, and recommendations for activities in the next year.

2. Report of Subcommittee on Classification of Diseases of the Expert Committee on Health Statistics

Dr. W. P. D. Logan, Director of Health Statistics of the World Health Organization (WHO), reported on the meeting of the Subcommittee on Classification of Diseases² in Geneva in November 1961. The most important aspects of the report of concern to this Committee were described, and it was stressed that modifications would be made in alignment with the global function of the International Classification of Diseases.^{*} The WHO Subcommittee noted the work already undertaken in the Americas by the Regional Advisory Committee on International Classification of Diseases.

A perinatal classification and a perinatal death certificate will probably result from recommendations of the Subcommittee, but final decisions have not been made. Although the modified version of the United Kingdom/United States joint proposal for revision of the classification of cardiovascular diseases was agreed on, the Subcommittee recommended that the draft classification be submitted to countries for trial use on mortality and morbidity data. Further work was recommended in the field of classification of mental disorders. Elimination of classification of certain causes by age (under four weeks, four weeks and over, etc.) was recommended. Final structure of the classification will be determined only after all desired modifications are known. The Subcommittee reaffirmed the principle of a single classification for coding morbidity and mortality data and recommended that so far as possible it should be adjusted to serve as a suitable framework for adaptation to other uses. The Subcommittee recommended that WHO, utilizing the various adaptations, should compile a diagnostic index based on the Eighth Revision.

^{*}International Classification of Diseases, Injuries and Causes of Death, WHO Geneva, 1957, referred to as International Classification of Diseases.

Several members of the Committee commented that there was some dissatisfaction with the classification of cardiovascular diseases. Greater exchange of ideas and additional work will be needed in several fields.

3. Report of Activities of the Pan American Sanitary Bureau

During the 16 months since the first meeting of the Committee, activities in regard to the Revision of the Classification were carried out principally by the Latin American Center for Classification of Diseases and by committees and individuals in countries. On distributing the report of the first meeting to the health authorities, the Director of the Pan American Sanitary Bureau included an outline of the program of regional activities which suggested the following:

a. Distribution of the Committee's report to statisticians and other officials who use the Classification.

b. Establishment of Committees on Classification, or Subcommittees of National Committees on Vital and Health Statistics, to consider implementation of proposed activities in the countries, to plan a program of trials on suggested classifications of nutritional deficiency diseases, diarrheal diseases, and virus diseases, and to review the section on infectious diseases.

Several staff members of the Bureau are rendering assistance on the Revision proposal, especially in fields of nutrition and infectious diseases. Temporary advisers to the Organization, on research needs, have commented favorably on the proposed classification of virus diseases since the modifications offered would allow separate identification of virus diseases. They also suggested that some mechanism be developed for reporting confirmed human and animal cases of virus diseases, so that such data would become available in official morbidity and mortality statistics.

Preparatory work on the Spanish adaptation of the Classification,³ for use as a diagnostic index in hospitals, was completed and 3,000 copies distributed. The adaptation was prepared by the Latin American Center and published by the Bureau. Categories of the International Classification of Diseases were maintained and the Index, Volume 2, was distributed as a companion volume.

The study, Inter-American Investigation of Mortality, was initiated in 1961-1962 and a description is included in the Second Report of the Regional Advisory Committee on Health Statistics.⁴ While this research is not directly related to the 1965 Revision, it will, as a by-product, bring about much greater understanding of the terminology in use in leading medical centers of the Americas and of the designation of the underlying cause of death on the International Form of Medical Certificate of Cause of Death. This program has already indicated the desirability of distributing material on classification to medical students and physicians. The pamphlet, "Medical Certification of Cause of Death,"⁵ deserves revision and adaptation to Spanish, and widespread distribution in the Americas.

4. Report of Activities of the Latin American Center for Classification of Diseases in Connection with 1965 Revision

The need for reclassification of infectious, diarrheal, and nutritional deficiency diseases in the 1965 Revision has received increasing emphasis in the Americas. Analysis of mortality prepared for the Seminar on Diarrheal Diseases⁶ indicated that diarrheal diseases were classified under many different categories (i.e., infectious diseases, diseases of the gastrointestinal system, diseases of early infancy, and ill-defined diseases). In order to understand the problems, deaths from diarrheal diseases should be grouped together in one section of the Classification, probably in the section of Infective and Parasitic Diseases.

Data have been lacking regarding another problem of importance, protein deficiency disease (kwashiorkor). Deaths due to malnutrition are distributed in several sections. Thus it is necessary to study the terminology in use and to develop an appropriate classification. Regrouping of infectious diseases, with special attention to diseases caused by viruses, is also advisable.

The First Advisory Committee¹ made tentative proposals for classification of nutritional, diarrheal, and virus diseases in the 1965 Revision. Several forms for use in the study of the categories for nutritional deficiency diseases and diarrheal diseases were designed. The Center prepared a document containing procedures for "trials," tabulations, and lists, and instructions for their use, in order to organize the experience of the countries and to facilitate their presentation in relation to proposals for the Revision.

This report gives an account of experiments carried out in three Latin American countries (Colombia, Panama and Venezuela) to determine the applicability of proposed changes to available data of countries, and to study the well-known problem of common terminology for statistics of diseases and deaths. The principal conclusions from the trials are summarized:

a. Diseases Caused by Nutritional Deficiency

The changes proposed were in three groups: (1) protein, caloric, and unspecified malnutrition (2) nutritional deficiency anemias, and (3) avitaminoses. The first group was divided into kwashiorkor (protein malnutrition), marasmus or inanition (caloric malnutrition), and malnutrition, other and unspecified.

In summary, the scheme proposed appears to be applicable to the data available in countries since it works satisfactorily with mortality data and in general with morbidity data.

Experience demonstrated the value of consultant service in developing a consistent coding system of nutritional causes. A wide variety of terms used on death certificates and hospital records was revealed, which reflect the diversity of schools and concepts. It is especially notable that of the 44 terms used on death certificates to designate nutritional diseases in Panama, 25 do not appear in the Classification; of the 60 used in Venezuela, 42 do not appear. Thus new terms proposed for the revision of the Alphabetical Index represent an important contribution toward achieving accuracy and uniformity of statistics of nutritional diseases in various countries of Latin America.

The frequency of anemia of nutritional origin was strongly suggested from morbidity and mortality data and thus nutrition represents an important cause in the group of anemias. However, the relations between cause and effect require more adequate determination. Thus the group of anemias of nutritional origin should be maintained in the section, Diseases of the Blood and Blood-Forming Organs. The role of anemias, in relation to deaths produced by hookworm, is well reflected in data indicating the practical value obtained by subdividing hookworm into "with anemia" and "without mention of anemia."

b. Diarrheal Diseases

In considering the Revision, the problem of diarrheal diseases has two important aspects, namely, the advisability of uniting diarrheal diseases into a single group and the selection of a place in the Classification. The need for placing all these causes in a single category is not only indubitable but also imperative. The diversity of terminology in Spanish-speaking countries, which is much greater than that used conventionally in other countries, needs interpretation and incorporation into the Classification.

The experience in the countries was in complete agreement in showing that the distributions of the causes of death, studied in relation to season and age, were practically identical when gastroenteritis was compared with different forms of dysentery. There is little doubt that in these countries the same disease is reported as gastroenteritis or dysentery, or equivalent terms, and that they ought to be together in the Classification.

The terminology used for gastroenteritis reveals the need to include an important number of terms that do not appear or are not treated correctly in the Alphabetical Index, and to study the terminology to be included to contribute to the accuracy and uniformity of morbidity and mortality from this important cause in Latin America.

5. Report of Activities in the Countries

For the report of the preceding section, the work carried out in three countries — Colombia, Panama, and Venezuela — was combined. In Colombia, death certificates (184,000) for the year 1960 were used. In Panama, deaths for 1959, 1960, and the first half of 1961, and records from two hospitals, were studied. In Venezuela, trials were carried out principally with deaths in 1960; however, in some categories, data from other years were included.

In addition, similar studies were carried on in the Province of Buenos Aires, Argentina. Death certificates for a year, and records of two hospitals, for 1960, were used. Qualified pediatricians were consulted regarding inclusion of terms in titles of the proposed classification. In general, the proposal for nutritional deficiency diseases appeared to be useful. According to medical criteria gastroenteritis was not identical to diseases grouped under dysentery, although analysis was not made due to lack of deaths assigned to categories 045-048.

Several terms, such as "enteric fever," were found to be improperly treated according to local use and were submitted to further study. The classification of virus diseases, according to the proposal of the First Committee, was considered very satisfactory. Greater specification of complications could be provided by adding new fourth digits. The inclusion under virus diseases of diseases of the respiratory system and of certain skin diseases was considered satisfactory.

In Peru, work was reported on the proposals for gastroenteritis and viral diseases and work is under way on nutritional deficiency diseases. The results will be submitted to the Latin American Center for Classification of Diseases. The Subcommittee on Classification of Vital and Health Statistics of Mexico presented a series of recommendations on the 1965 Revision for consideration.

Work already carried out in the Region has been extensive and sufficient to justify a single proposal combining the experience in the countries.

6. Recommendations of the Committee on Proposed Classification

The Committee recommends that the Latin American Center for Classification of Diseases, on the basis of combining the results from trials carried out in different countries, make a proposal for reclassification of nutritional deficiency diseases and diarrheal diseases. In making the new proposal, the Latin American Center would take into account recommendations from other groups, such as the WHO Expert Committee on Nutrition. The proposals for the Revision would be submitted to national health authorities, to interested groups such as pediatric societies, and, by WHO Headquarters, to other Regions to obtain their reactions and opinions. Other proposals which were submitted from Mexico will be incorporated into the final proposal.

The Committee agrees on the proposed classification of virus diseases with a few minor changes. It recommends that work in this field be carried out by other groups and that this section of the proposal be sent to WHO Headquarters for further study.

The Committee recommends that the Latin American Center and the Pan American Sanitary Bureau consider any changes that are needed for the remaining sections on infectious and parasitic diseases.

7. Utilization of "Clasificación Internacional de Enfermedades — Adaptada para Índices de Diagnósticos de Hospitales y Clasificación de Operaciones"

The Committee notes the distribution of 3,000 copies of this publication and recommends that a study be made of its use in hospitals and in the Region. Since the supply is nearly exhausted, the Committee recommends that an additional 1,000 copies be printed and that the Bureau foster its use and sale through the usual channels for WHO/PAHO publications. Although the Organization would give away copies in its promotional program, hospitals are in a position to purchase them for their staff.

8. Other Activities

The Committee recommends preparation in Spanish of an adaptation of the pamphlet "Medical Certification of Causes of Death," with the inclusion of certain terms which present problems in Spanish-speaking countries.

9. Future Activities of the Committee

The Committee encourages continuation of activities in accordance with the Timetable given and in conformity with the recommendations in this report.

The Third Meeting of the Advisory Committee is scheduled for mid-1963 (probably June) for consideration of the combined proposals being developed for the Revision. Decisions will be made at this meeting on specific proposals to be considered by the World Health Organization's Subcommittee on Classification at its meeting in December 1963.

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3. Clasificación Internacional de Enfermedades — Adaptada para Índices de Diagnósticos de Hospitales y Clasificación de Operaciones, Publicacion Científica No. 52, Oficina Sanitaria Panamericana, Washington, 1961.
4. Regional Advisory Committee on Health Statistics, Second Report, Scientific Publications No. 65, August 1962.
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6. "Seminarios sobre Diarreas Infantiles," Boletín de la Oficina Sanitaria Panamericana XLIV(2):117, February, 1958.

**10. TIMETABLE FOR ACTIVITIES ON CLASSIFICATION
OF WORLD HEALTH ORGANIZATION AND
REGIONAL OFFICE OF THE AMERICAS
1960-1965**

WORLD HEALTH ORGANIZATION	REGION OF THE AMERICAS
1960 December - Expert Committee on Health Statistics	1960 June - Regional Advisory Committee on Statistics
1961 April-June - Announcement of 1965 Re- vision Plans April - Expert Committee on Nutrition November - Subcommittee on Classi- fication	1961 February - First Meeting of Regional Ad- visory Committee on Classification April - Creation of National Subcommittees on Classification PASB Report of First Meeting of Regional Advisory Committee on Classification Design of Trials and beginning of collection of data on nutritional, diarrheal and in- fectious diseases Visits by the Director of the Latin Ameri- can Center Introduction of Adaptation in Spanish to teaching and large hospitals through papers, articles and audiovisual aids.
1962 December - Expert Committee on Health Statistics Special meetings as necessary through the year	1962 Midyear - Second Meeting of Regional Ad- visory Committee on Classification Reports on trials, terms, tabulation lists Second Meeting of Regional Advisory Com- mittee on Statistics
1963 December - Subcommittee on Classifica- tion - Draft Revision	1963 June - Seminar on Vital and Health Statis- tics Third Meeting of Regional Advisory Com- mittee on Classification (2 days following Seminar)
1964 About October - Expert Committee on Health Statistics - Draft Revision	1964 Intensified work on Draft Revision Late 1964 - Third Meeting of Regional Ad- visory Committee on Statistics
1965 Early - Revision Conference	