



XXIV PAN AMERICAN SANITARY CONFERENCE
XLVI REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.
SEPTEMBER 1994

CSP24/INF/1 (Eng.)
25 August 1994
ORIGINAL: SPANISH

**TENTH REVISION OF THE INTERNATIONAL STATISTICAL
CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS,
AND ITS IMPLEMENTATION IN THE REGION OF THE AMERICAS**

The International Statistical Classification of Diseases and Related Health Problems (ICD) is a useful instrument for analysis of the health situation based on living conditions at the local and national levels and for enhancing mortality and morbidity surveillance systems in the countries of the Region.

During the 43rd World Health Assembly, held in Geneva, Switzerland, in 1989, the Member States approved the Tenth Revision of the ICD and its entry into force on 1 January 1993. However, the complexities involved in preparing ICD-10 made it impossible to initiate its implementation on the date indicated.

PAHO, jointly with the WHO Collaborating Center for North America, USA; the WHO Collaborating Center for the Classification of Diseases in Portuguese, São Paulo; and the Venezuelan Center for the Classification of Diseases (CEVECE) have prepared translations of ICD-10 into Portuguese and Spanish, in addition to teaching material in three of the four official languages of PAHO for training the coders who will serve as multiplier elements in their respective countries. The ICD will be available in the four official languages of PAHO in 1995.

The Organization hopes that the Member Governments will agree on implementing ICD-10 in the period 1995-1998 in keeping with the lines of action proposed in the PAHO Strategic and Program Orientations for the quadrennium 1995-1998.

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Within the framework of analysis of the health situation, PAHO performs a broad range of activities that includes the search for and adaptation of methodologies for the collection and improvement of basic data (including organization of the epidemiology and statistics services), the collection of information on morbidity and mortality (including population), and epidemiological analysis and research, and the broad dissemination of epidemiological methods for developing the analysis capacity of the health personnel in the Region.

The processes initiated in the countries on analysis of the health situation at the local and national levels, together with the projects on surveillance and living conditions aimed at the detection of high-risk groups, point to the importance of using the International Statistical Classification of Diseases and Related Health Problems (ICD). The ICD is a useful instrument for determining, differentiating, and establishing trends in mortality and morbidity profiles in order to prioritize actions aimed at improving the health of the population in the Region on an equitable basis.

Attempts to classify diseases systematically date from the 17th century with the work of Francois Bossier de Lacroix (1706-1777). However, the meeting of the International Institute of Statistics, held in Chicago in 1893, approved Bertillon's Classification of the Causes of Death, subsequently adopted by several countries and cities throughout the world. Dr. Jesús Monjarás applied this classification for the first time in the Region of the Americas to statistics in San Luis Potosí, Mexico.

The conference on the Sixth Revision of the ICD, held in Paris in 1948, recommended the adoption of a broad International Collaboration Program in the area of vital and health statistics, including the establishment of National Commissions on Vital and Health Statistics, to coordinating the statistical activities of the countries and serve as liaison between the national statistical institutions and the World Health Organization.

Years later, as a result of the previous revisions, the new needs deriving from technological advances, and the increased knowledge obtained on the behavior of diseases, the Supplementary Classifications of Medical Procedures and of Handicaps, Disabilities, and Impairments were established, which include, in the Ninth Revision, other social and economic reasons for using the health services.

The International Conference for the Ninth Revision, convened by WHO in Geneva from 6 September to 6 October 1975, recognized the need for profiling these

systems, recommending that in undertaking preparation of the Tenth Revision of the ICD a complete and coordinated system for the classification of information on health be included.

In the period 1983-1989, activities involved in the preparation of the Tenth Revision were oriented by the WHO Collaborating Centers for the ICD, Expert Committees on the ICD, and various specialists from the medical and health fields for the purpose of devising a new code structure that would respond to the needs referred to above. The concept of "families" of classifications was also developed, which covers the needs for greater specificity or for a variety of classifications, retaining, however, the ICD as the central axis for traditional classifications of mortality and morbidity statistics.

The principal innovation of the Tenth Revision is the use of the alphanumeric code, which consists of a letter followed by three numbers at the four-character level. This doubles the number of total codes available in the Ninth Revision. One letter of the alphabet, U, is reserved for future additions and for possible interim classifications to solve difficulties arising between revisions of the ICD, both at the national and international levels. Some three-character categories, whose number varies according to the chapters, have also been left vacant for future expansion and/or revision. Included also in ICD-10 are definitions, standards, and reporting requirements related to maternal, fetal, perinatal, neonatal, and infant mortality.

The International Conference for the Tenth Revision of the International Classification of Diseases, held at WHO Headquarters in Geneva from 26 September to 2 October 1989, approved the proposal regarding the new ICD alphanumeric code and recommended that the International Classification of Diseases and Related Health Problems, Tenth Revision, come into effect in January 1993, a recommendation that was endorsed by the 43rd World Health Assembly. However, the complexities involved in the preparation of the Revision have not permitted its implementation on the date indicated. The versions of ICD-10 in the four official languages of PAHO/WHO (English, Spanish, French, and Portuguese) will be available for implementation in 1995.

PAHO is preparing, in close collaboration with the WHO Collaborating Centers, the three volumes of the ICD in English (original language), Spanish, and Portuguese for implementation in the countries of the Region and the teaching materials and training programs for the personnel responsible for coding the Basic Cause of Death.

Courses in ICD-10 coding will be given to expert national coding personnel so that they may in turn devise training courses in their countries for coders working at lower levels and in social service institutions.

PAHO, jointly with the ICD Collaborating Centers, will provide technical assistance to the countries in the Region in implementing ICD-10 as well as in related aspects, such as extension of the coverage of the report on births and deaths; standardization and improvement of the coverage and quality of medical death certificates; promotion of and participation in research related to application of ICD-10; evaluation and validation of alternative methods of collection of information on vital statistics; and increasing the capacity for analysis of the health situation through the use of information obtained on mortality and morbidity.

It is hoped that the Member Governments of PAHO will agree on implementing ICD-10 during the period 1995-1998.