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**REGIONAL ADVISORY COMMITTEE
ON INTERNATIONAL
CLASSIFICATION OF DISEASES**

INDEXED

Third Report



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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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REGIONAL ADVISORY COMMITTEE ON INTERNATIONAL CLASSIFICATION OF DISEASES

Washington, D.C., 10-13 June, 1963

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REGIONAL ADVISORY COMMITTEE ON INTERNATIONAL CLASSIFICATION OF DISEASES

Third Report

1. INTRODUCTION

The third meeting of the Regional Advisory Committee on International Classification of Diseases¹ was held in the Pan American Sanitary Bureau from June 10-13, 1963. At the opening session, Dr. Abraham Horwitz, Director of the Bureau, welcomed the members and made mention of the favorable response from the countries as shown by the suggestions and comments received from the Ministers and Directors of Health regarding the work of this Committee.

Dr. Horwitz presented the objectives of this third meeting in which the comments on a Provisional Proposal for the revision of selected sections of the International Classification of Diseases² would be reviewed and a Regional Proposal would be formulated with recommendations to be transmitted to Headquarters of the World Health Organization for consideration for the 1965 Revision. He requested advice from the Committee on studies for the development of criteria for classification of deaths involving Chagas' disease and schistosomiasis in accordance with the WHO concept of the underlying cause of death. Assistance was also asked on the extension of the use of the International Classification of Diseases in hospitals of the Americas for the collection of comparable morbidity data.

Another subject for discussion was the development of standard medical terminology through translation and adaptation of the publication of the American Medical Association, Current Medical Terminology³. The need for developing satisfactory data on vital and health statistics for the Continent was stressed. Also, considering the current interest in programs of social and economic development, he emphasized the importance of adequate statistical data on causes of morbidity and mortality for planning in health.

2. REVIEW OF ACTIVITIES OF THE WORLD HEALTH ORGANIZATION ON INTERNATIONAL CLASSIFICATION OF DISEASES

The report of the Sub-Committee on Classification of Diseases⁴ at its meeting in November 1961 dealing with the preparation of the Eighth Revision of the International Classification of Diseases was submitted to national administrations for study and action on the recommendations. The WHO Expert Committee on Health Statistics at its session 27 November - 4 December 1962 formally adopted the report of the Sub-Committee and noted the progress made in the preparatory work at the national and international level. The Expert Committee endorsed the timetable of the meetings suggested by WHO prior to the Eighth Revision in 1965, i. e.:

October 1963 Second meeting of the Sub-Committee to frame firm revision proposals on the International Classification of Diseases as a whole, which are to be submitted to countries for comments.

1964 Meeting of the Expert Committee on Health Statistics to take account of comments received and draft revised proposals for further study by countries.

1965 Revision Conference to adopt revision proposals and to discuss various other topics concerned with health statistics.

Apart from activities in the countries cooperating in the regional program in the Americas for the Eighth Revision, studies had been carried out in several countries in response to the report of the Sub-Committee, e. g., United Kingdom, United States, Union of Soviet Socialist Republics, Australia, Czechoslovakia, and German Federal Republic. In order to stimulate countries in their efforts and to elicit comments on the results of the various studies, WHO is circulating Progress Reports⁵ informing countries on the work being done. Except for the first Progress Report of a general nature, each report deals with a particular section or aspect of the Classification.

WHO is faced with the task of analyzing and consolidating the available material for consideration by the Sub-Committee at its October meeting. It is essential that WHO receive all comments and suggestions so that they can be compared, coordinated and circulated to participants of the meeting for study beforehand. The latest date for submitting proposals and observations to WHO is August 31, 1963.

3. GENERAL COMMENTS

The Committee considered whether a single volume of the International Classification of Diseases could serve both for mortality and morbidity statistics and for hospital indexing. At present in the Americas the International Classification of Diseases is used for mortality and morbidity, and a separate publication, an adaptation expanded with the needed specificity, is intended for hospital indexing. Experience with the Adaptation of the International Classification of Diseases in Spanish⁶ has shown that it can be used for both diagnostic indexing and the compilation of hospital morbidity statistics by specifically designing rules for one or the other purpose.

There are distinct advantages in having one volume for all three purposes with an alphabetic index in a single companion volume. Savings in time and cost will be made both in publishing the volumes and in using them. The single volume may have disadvantages such as a slightly longer tabular listing of categories or such as the need for assigning fourth digit subdivisions for indexing, during the revision of the International Classification of Diseases.

Recognizing the definite advantages of a single classification to serve several purposes and taking account of the views expressed by the WHO Sub-Committee on Classification of Diseases⁴ in respect of the general structure of the International Classification of Diseases, the Committee recommends that WHO give serious consideration to the one-volume approach in preparing revision proposals.

In accordance with procedures of WHO, editions of the 1965 Revision will be released in English, French and Spanish. The Committee recommends that the Pan American Health Organization be responsible for the publication of a Portuguese edition for use in Brazil. The Latin American Center for Classification of Diseases would have technical responsibility for this publication in collaboration with health authorities in Brazil. The volume would be prepared in accordance with WHO procedures with transmittal to WHO for review and for referral by WHO to the Ministry of Health in Portugal to insure its suitability for Portugal and other Portuguese speaking countries.

The Committee emphasizes the importance of improving the International Classification of Diseases and its use as one part of the large program for the development of vital and health statistics.

4. REPORT OF ACTIVITIES IN THE REGION

As a result of the activities of previous Committees¹ and of the Latin American Center for Classification of Diseases, provisional proposals were developed for Section I, Infective and Parasitic Diseases, for Nutritional Deficiency Diseases and Nutritional Deficiency Anemias, and for an Abbreviated List of Causes for Presentation of Mortality for the Americas. These were sent in February 1963 to the Ministers of Health with an explanatory letter from the Director of the Pan American Sanitary Bureau, requesting comments in time for use at the Regional Advisory Committee Meeting.

The answers concerning the provisional proposals which were received from many countries and territories are listed below. The specific suggestions were reviewed by the Committee in preparation of the Regional Proposal.

Antigua

The Senior Medical Officer of the Medical Department of Antigua stated that the provisional proposal for revision is a very satisfactory one.

Argentina

Comments were received from two groups in Argentina. A working group of members of the Faculty of Medicine and the School of Public Health of the National University of Buenos Aires agreed with the order in the Section, Infective and Parasitic Diseases, and made specific suggestions on several categories of this Section and also on nutritional deficiency diseases, nutritional deficiency anemias, and on the Abbreviated List.

The Ministry of Social Affairs and Public Health of the Province of El Chaco also provided recommendations on the categories of bacterial diseases such as diphtheria, whooping cough and tetanus, and on some of the viral and parasitic diseases. Separate comments were made also on the Abbreviated List.

Barbados

The Permanent Secretary of the Ministry of Social Affairs of the Government Headquarters stated that the proposals will be helpful and can be easily adapted to the needs of the Ministry.

Bolivia

The Director of the National Service of Public Health suggested changes in terminology.

Brazil

The Faculty of Hygiene and Public Health in São Paulo made suggestions on the categories of helminthiasis and malnutrition.

Canada

The Department of National Health and Welfare provided extensive comments on the categories of infective and parasitic diseases and of nutritional diseases.

Chile

Comments were received from two groups in Chile. A working group of members of the Faculty of Medicine and the School of Public Health of the University of Chile provided extensive suggestions covering almost the entire proposal. The Ministry of Public Health made several specific recommendations.

Cuba

The Ministry of Public Health approved the reduction of the number of categories in tuberculosis and proposed changes in syphilis and in diarrheal diseases.

Dominica

The Ministry of Social Services stated that the proposal for the 1965 Revision is acceptable. The Department of Health, moreover, welcomed the proposed new classification of nutritional deficiency diseases.

Ecuador

The Ministry of Social Affairs acknowledged the receipt of the proposals.

El Salvador

The Ministry of Public Health and Social Assistance provided specific suggestions on the categories of syphilis, amebiasis, and leprosy.

French Departments of America

The Inspector-General of Public Health and Population for the Departments of America suggested a new numbering system with one three digit category for each disease and all detail in fourth and fifth digits.

Grenada

The Ministry of Social Services stated that the proposals seem to have achieved within practical limits the objectives of providing greater detail, and therefore uniformity in the classification of diseases and that the medical advisers of the Ministry are in agreement with the changes.

Guatemala

The Ministry of Public Health and Social Assistance provided extensive comments with specific suggestions on parasitic diseases including diseases produced by helminths, protozoa, Rickettsiae and other organisms. The changes on syphilis and toxoplasmosis were approved.

Haiti

The Department of Public Health and Population stated that the Department has no changes to suggest for the provisional proposal and that the subdivisions in the fourth digit which are included will provide greater accuracy for uniform reporting of morbidity and mortality.

Honduras

The Director-General of Public Health provided suggestions on the categories for syphilis, amebiasis, trypanosomiasis and dermatophytosis and commented on the Abbreviated List.

Jamaica

The Ministry of Health stated that the proposals are acceptable.

Montserrat

The Ministry of Social Services agreed that the proposals were acceptable and that they would enable greater

precision and uniformity in morbidity and mortality statistics and would be of great value to the Governments.

Netherlands, Kingdom of the

The Director-General of Public Health stated that a major change such as proposed in the numbering system of the International Classification of Diseases will prove to be a serious impediment to the comparability in time and that the same applies to changes recommended for the Abbreviated List. Also it was stated that one of the merits of the Regional Proposal is the decimal differentiation which is offering a solution for the heterogeneity of some nosological entities in the present Classification.

Netherlands Antilles

The Director of Public Health provided comments regarding the categories of bacillary dysentery, streptococcal infections, and of septicemia and pyemia.

Nicaragua

The Ministry of Public Health believes that the proposals will facilitate the classification of infectious diseases and nutrition, both major causes of morbidity and mortality in the country.

Panama

The Ministry of Labor, Social Affairs, and Public Health provided extensive comments with specific suggestions on the categories of tuberculosis, syphilis, gonococcal infection, diarrheal diseases, plague, tetanus, viral diseases, rickettsial diseases, and many other infective and parasitic diseases. The Ministry approved the changes in nutritional deficiency diseases and nutritional deficiency anemias.

Peru

The Ministry of Public Health and Social Assistance replied that the proposals are being studied with great interest.

St. Kitts

The Ministry of Social Services informed the Bureau that the proposals are acceptable to the Government.

St. Lucia

The Ministry for Labor and Social Affairs provided suggestions on the category of food poisoning.

Surinam

The Ministry of Social Affairs and Public Health informed the Bureau that there are no comments on the provisional proposals of the 1965 Revision of the International Classification of Diseases.

United States

The National Center for Health Statistics of the United States Public Health Service provided extensive suggestions which covered the entire proposal. A recommendation was consistently made to simplify the proposals by deleting some of the fourth digit subdivisions. Reduction was suggested also in the number of items for the Abbreviated List.

Venezuela

The Ministry of Health and Social Assistance felt that this initiative in developing a Regional proposal is very valuable since it seeks to give due emphasis to the problems of this part of the world and to their adequate treatment for the next Revision. Approval is also expressed of the Abbreviated List.

Virgin Islands, British

The Administrator stated that there is no objection to the proposed classification.

5. RECOMMENDATIONS OF THE COMMITTEE ON THE PROPOSED CLASSIFICATION

The Committee considered several matters of general policy regarding the proposal and recommended a Regional position taking into account the comments received from the countries. The Committee discussed the best procedures whereby the International Classification of Diseases would facilitate the study of the relationship between two or more diseases. One procedure would be to have multiple classification of the diseases and cross tabulations made of associated conditions of interest for study. Since up to the present time, cross tabulations are only rarely used, the Committee recommends greater extension of this method. However, it appeared necessary to accept within the Classification a limited number of combination categories as for example diarrheal diseases with mention of malnutrition. It was noted that a major problem in such instances consists of obtaining a complete record of the morbid associated conditions in the statement of causes of death on the certificate.

There was considerable discussion of disease entities and of the difference between an associated disease and a manifestation of a given disease. In many instances the manifestations of a disease are important and can be shown by fourth digit subdivisions thereby giving a better description of the disease. Some fourth digit subdivisions are important from the epidemiological or preventive viewpoint, and the desirability of having a Classification serve in countries with different health problems was stressed. The Committee recommends that for several infective and parasitic diseases the fourth digit be used for greater specificity of the manifestations.

The problem of a systematic assignment of fourth digit categories for "other" and "unspecified" was discussed. Although it was agreed that a satisfactory procedure would be to use 8 for "other" and 9 for "unspecified", the Committee thought that this matter should properly be decided by Headquarters of WHO and that consistency should be maintained as far as practicable in terminology for these two fourth digit categories.

The Committee discussed extensively the advantages and disadvantages of the inclusion of acute respiratory infections in the Section of Infective and Parasitic Diseases. The major advantage is that by including them among the Infective Diseases, the Section would be more nearly complete and a greater number of diseases would be classified by etiology. It is recognized that in so doing a part of the secondary and terminal states (bronchopneumonia and terminal pneumonia) for which the primary cause had not been certified would be included. The Committee considers that it is preferable to include acute respiratory infections in the Section of Infective and Parasitic Diseases and not in the Section of Diseases of the Respiratory System. Recognizing the problems involved the Committee recommends this action.

In a few other instances such as for toxoplasmosis, viral myocarditis and cytomegalic inclusion disease final decisions will also need to be made regarding the inclusion of these categories in this Section or in other Sections. Appendix A contains the Proposal recommended by the Committee for Section I, Infective and Parasitic Diseases.

Also the Committee recommends the proposal given in Appendix B for nutritional deficiency diseases and nutritional deficiency anemias. Development of inclusion terms and clarification are needed on the assignment of Vitamin B₆ and B₁₂ deficiency anemias. The classification of conditions of nutritional excess and obesity was raised and provision will be made for such information in other categories not included in this Appendix.

6. LIST FOR PRESENTATION OF CAUSES OF MORTALITY FOR THE AMERICAS

Considering that the present B List for presentation of causes of death has limitations with reference to certain common diseases in the Americas, such as infectious diseases, nutritional diseases, etc., and that it is necessary to have national and international lists for presentation of causes of death, the Committee recommends the following:

- a. That in accordance with Article IV of the WHO Regulations Regarding Nomenclature (Including the Compilation and Publication of Statistics) with Respect to Diseases and Causes of Death⁷ each country presents for international publication statistics of causes of death at least with the detail provided by List A, Intermediate List of 150 causes.
- b. The next revision of such a List should include at least each item presented in the Proposal for an Abbreviated List (Appendix C), List for Presentation of Mortality for the Americas.

The Committee recognized the use, for internal administrative purposes, of various other lists adjusted to local requirements and which may not be the same for all countries.

7. USES OF INTERNATIONAL CLASSIFICATION OF DISEASES IN HOSPITALS

In a number of countries there has been in recent years a considerable development of hospital morbidity statistics including the extension of diagnostic indexing either for the needs of the hospital itself or of hospital or health authorities at the local, regional or national level. It was repeatedly brought out that the International Classification of Diseases, although primarily a classification for morbidity and mortality statistics, can by suitable subdivisions be adapted to hospital indexing. The Manual of the International Classification of Diseases (Seventh Revision) carries in its introduction a note to this effect. One of the more

recent development is the Adaptation in Spanish⁶ prepared and issued in 1961 for the use of the Spanish-speaking countries in Latin America. As has already been pointed out above under General Comments, the Adaptation can be used also for coding hospital morbidity by designing instructions for morbidity statistics.

Hospital records are an important source of data regarding morbidity of the population. The classification of diagnoses in accordance with the International Classification of Diseases is useful for studies of hospital morbidity and also for medical research; the Adaptation is an important tool for use of the Classification for these purposes, that is, both for hospital morbidity and indexing of diagnoses.

The Committee recommends that when a diagnostic index is to be maintained in a hospital, the Adaptation of the International Classification of Diseases in Spanish⁶ be used in the Spanish-speaking countries both in indexing diagnoses from case histories and also, with the help of suitable instructions, in the preparation of hospital morbidity statistics.

Also the Committee recommends that the Adaptation of the 1955 Revision be prepared in Portuguese in order to serve a large population group of Latin America which does not benefit from its use at present.

The Committee recommends that coordination of the promotion, consultation and training activities in the use of the Adaptation as well as its periodic revision be included as a responsibility of the Latin American Center for Classification of Diseases.

As part of the overall Regional training program in medical records and hospital statistics, courses would be given in the correct use of the Adaptation. Also special courses would be provided by the Latin American Center.

The Committee recommends the following activities for promotion of the use of the Adaptation:

- a. Preparation and wide distribution of printed material (pamphlets, articles and comments in the Boletín of PAHO and in medical and health publications of the countries) to acquaint physicians, hospital directors and administrative and health personnel with the Adaptation of the International Classification of Diseases and the advantages of its use for hospital morbidity statistics and indexing.
- b. Provision of teaching material on hospital statistics and on medical records practices related to numbering and filing systems, medical terminology, disease indexing, etc.
- c. Inclusion of thorough discussions of the principles of the Adaptation in courses in health and hospital administration.

The Committee recommends that the Organization support the publications and the extension of the activities of the Latin American Center in this field by provision of necessary resources.

8. MANUAL ON HOSPITAL MORBIDITY STATISTICS OF THE WORLD HEALTH ORGANIZATION

In view of the urgent need in the countries of the Americas for a manual on hospital morbidity statistics and inasmuch as a draft of such a manual in English is being distributed by WHO for study and trial application, the Committee recommends that the Manual on Hospital Morbidity Statistics⁸ of WHO be translated into Spanish and Portuguese by the Pan American Health Organization and that it be distributed to individuals and institutions for trial use.

An immediate objective is to obtain comments and suggestions which will be of assistance to WHO in the preparation of a final version.

9. PROGRAM FOR ADAPTATION OF CURRENT MEDICAL TERMINOLOGY TO SPANISH AND PORTUGUESE

The volume Current Medical Terminology³ published by the American Medical Association is designed as a medical dictionary with an alphabetical listing of the preferred terms and cross references. The Committee noted the status of the present volume as pointed out by its authors, who consider it at this stage as a "tree" for the development of a system of a logical coordinated terminology. However, the Committee believed that the volume contributed a very promising and important step in the direction of medical terminology.

The Committee supports the preparation of an adaptation rather than a translation of Current Medical Terminology to meet the needs in Latin American countries. Although aware of the great effort which would be required to adapt the volume to Spanish and Portuguese and the provisional character of the publication, the Committee recommends that the Pan American Health Organization study through special committees and staff work the ways and means of developing uniform terminology in Spanish and Portuguese and of producing an adaptation in both languages.

10. CONTRIBUTION OF THE INTER-AMERICAN INVESTIGATION OF MORTALITY TO THE INTERNATIONAL CLASSIFICATION OF DISEASES

The Committee received a report on the Inter-American Investigation of Mortality as it related, on the one hand, to problems of a local nature involved in the improvement of mortality statistics and, on the other, to more general aspects of the International Classification of Diseases. The Committee notes with approval that in several of the collaborating cities there were indications that

the conduct of the Investigation was already having a beneficial effect in improving the quality of mortality statistics and that further progress in this direction could be expected. The value of the Investigation was not to be judged only by its main objective of defining the mortality pattern of the cities concerned in a manner which will allow valid comparisons to be drawn. Potentially the data being collected could also be used to indicate areas and ways of improvement. The Committee notes with interest that the material was also being used effectively for teaching purposes in schools of medicine and public health.

On the more general aspects it was noted that the information obtained in the Investigation could serve to define problems in classification and might also contribute to the solution of specific problems. One example is that of chronic Chagas' disease to which reference is made elsewhere.

Because childhood mortality in the countries of Latin America is such a serious problem and nutritional deficiency diseases are so prevalent, the Committee recommends that PAHO explore the possibility of initiating studies, on lines similar to those in the Inter-American Investigation of Mortality, into causes of death of persons under 15 years of age in selected areas of the Americas with particular emphasis on the relationship of nutritional deficiencies to mortality.

11. CRITERIA FOR ASSIGNMENT OF DEATHS FOR SELECTED DISEASES

A study of a sample of the material obtained in the Inter-American Investigation of Mortality has confirmed the fact that considerable differences exist between cities in the criteria adopted for the assignment of deaths involving the heart to Chagas' disease. While it appears that mortality from cardiac conditions, particularly in middle life, in certain areas is much higher than in others, there is an urgent need to establish uniform criteria for assigning the underlying cause of death, which will receive

general acceptance among cardiologists and other specialists.

The Committee approves the plans which are being made to study this problem making use of data collected in the Inter-American Investigation of Mortality. At the same time the Committee recognizes that, in view of the complexity issues involved, it may prove impossible to achieve the objective of defining uniform criteria relating to chronic Chagas' disease and that studies designed more specifically to that end may need to be undertaken.

Schistosomiasis is another important problem in several countries of the Americas (Brazil, Dominican Republic, Puerto Rico, Venezuela, etc.), for which the magnitude cannot be accurately assessed from morbidity and mortality statistics at the present time.

The Committee recommends that the Organization intensify research on schistosomiasis and that a set of technical recommendations be prepared which would result in comparable data on morbidity and mortality from schistosomiasis in the countries affected.

12. FUTURE ACTIVITIES

The Committee recommends continuation of activities in the countries in the field of classification. The Draft Revision to be released by WHO in 1964 should be studied by National Committees on Classification of Diseases and National Committees on Vital and Health Statistics and comments submitted to WHO. The future Regional activities will be carried on by the Regional Advisory Committee on Health Statistics which will meet in 1964.

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Appendix A

INTERNATIONAL CLASSIFICATION OF DISEASES

PROPOSAL ON SECTION I. INFECTIVE AND PARASITIC DISEASES

TUBERCULOSIS (001-011)

- 001 PULMONARY TUBERCULOSIS
- 002 RESPIRATORY TUBERCULOSIS WITH MENTION OF OCCUPATIONAL DISEASE OF LUNG
- 003 OTHER RESPIRATORY TUBERCULOSIS
 - 003.0 Pleurisy specified as tuberculous
 - 003.1 Pleurisy with effusion without mention of cause
 - 003.2 Primary, active
 - 003.3 Other respiratory tuberculosis
- 004 LATE EFFECTS OF RESPIRATORY TUBERCULOSIS
- 005 TUBERCULOSIS OF MENINGES AND CENTRAL NERVOUS SYSTEM
- 006 TUBERCULOSIS OF INTESTINES, PERITONEUM, AND MESENTERIC GLANDS
- 007 TUBERCULOSIS OF BONES AND JOINTS, ACTIVE OR UNSPECIFIED
- 008 LATE EFFECTS OF TUBERCULOSIS OF BONES AND JOINTS
- 009 OTHER TUBERCULOSIS
 - 009.0 Tuberculosis of skin and subcutaneous cellular tissue
 - 009.1 Tuberculosis of lymphatic system
 - 009.2 Tuberculosis of genitourinary system
 - 009.3 Other tuberculosis
- 010 DISSEMINATED TUBERCULOSIS
 - 010.0 Acute miliary tuberculosis specified as non-pulmonary
 - 010.1 Acute miliary tuberculosis, unspecified
 - 010.2 Other forms of disseminated tuberculosis
- 011 DISEASES ATTRIBUTABLE TO ATYPICAL MYCOBACTERIA

SYPHILIS (012-019)

- 012 CONGENITAL SYPHILIS
 - 012.0 Early congenital syphilis, symptomatic
 - 012.1 Early congenital syphilis, latent
 - 012.2 Early congenital syphilis, without qualification
 - 012.3 Interstitial keratitis
 - 012.4 Juvenile neurosyphilis
 - 012.5 Other late congenital syphilis, symptomatic
 - 012.6 Late congenital syphilis, latent
 - 012.7 Late congenital syphilis, without other qualifications
 - 012.8 Other and unspecified congenital syphilis

013 EARLY SYPHILIS, SYMPTOMATIC

- 013.0 Primary syphilis, except extragenital chancre
- 013.1 Extragenital chancre
- 013.2 Secondary syphilis
- 013.3 Other recently acquired syphilis, symptomatic
- 013.4 Early syphilis, without qualification

014 EARLY SYPHILIS, LATENT

- 014.0 Early syphilis, latent, relapse after treatment
- 014.1 Early syphilis, latent, without qualification

015 CARDIOVASCULAR SYPHILIS

- 015.0 Aneurysm of aorta
- 015.1 Other cardiovascular syphilis

016 SYPHILIS OF CENTRAL NERVOUS SYSTEM

- 016.0 Tabes dorsalis
- 016.1 General paralysis of insane
- 016.2 Other syphilis of central nervous system

017 OTHER FORMS OF LATE SYPHILIS, WITH SYMPTOMS

018 LATE SYPHILIS, LATENT

019 OTHER SYPHILIS, AND NOT SPECIFIED

- 019.0 Other acquired syphilis
- 019.1 Latent syphilis without specification
- 019.2 Syphilis without any specification

GONOCOCCAL INFECTION AND OTHER VENEREAL DISEASES (020-022)

020 GONOCOCCAL INFECTION

- 020.0 Acute gonorrhea
- 020.1 Chronic gonococcal infection of genitourinary system
- 020.2 Gonococcal infection of eye
- 020.3 Gonococcal infection of other sites
- 020.4 Gonorrhea, unspecified

021 LATE EFFECTS OF GONOCOCCAL INFECTION

022 OTHER VENEREAL DISEASES

- 022.0 Chancroid
- 022.1 Lymphogranuloma venereum
- 022.2 Granuloma inguinale
- 022.3 Other and unspecified venereal diseases

INFECTIOUS DISEASES COMMONLY ARISING
IN INTESTINAL TRACT (023-031)

023 BRUCELLOSIS (UNDULANT FEVER)

- 023.0 Infection by *B. melitensis*
- 023.1 Infection by *B. abortus*
- 023.2 Infection by *B. suis*
- 023.3 Unspecified

024 TYPHOID FEVER

- 024.0 With perforation
- 024.1 Without mention of perforation

025 OTHER SALMONELLA INFECTIONS

- 025.0 Paratyphoid fever
- 025.1 Other Salmonella infections
- 025.2 Unspecified

026 FOOD POISONING DUE TO BACTERIAL TOXINS

- 026.0 Staphylococcal toxin
- 026.1 Botulinus toxin
- 026.2 *Clostridium perfringens* (*C. welchii*) toxin
- 026.3 Other toxin
- 026.4 Unspecified

027 CHOLERA

028 BACILLARY DYSENTERY

029 AMOEBIASIS

- 029.0 With liver abscess
- 029.1 Without mention of liver abscess

030 GASTROINTESTINAL DISEASE CAUSED BY OTHER PROTOZOA

031 DIARRHEAL DISEASES

- 031.0 With mention of malnutrition
- 031.1 Without mention of malnutrition

OTHER BACTERIAL DISEASES (032-044)

032 STREPTOCOCCAL INFECTIOUS DISEASES

- 032.0 Scarlet fever
- 032.1 Streptococcal sore throat
- 032.2 Erysipelas

033 SEPTICAEMIA AND PYAEMIA

- 033.0 Streptococcus
- 033.1 Staphylococcus
- 033.2 Pneumococcus
- 033.3 Other specified organism
- 033.4 Organism unspecified

034 DIPHTHERIA

035 WHOOPING COUGH

036 MENINGOCOCCAL INFECTIONS

- 036.0 Acute meningococcaemia with meningitis
- 036.1 Acute meningococcaemia without mention of meningitis
- 036.2 Other forms of meningococcal infection

037 OTHER BACTERIAL MENINGITIS EXCEPT TUBERCULOUS

- 037.0 H. influenzae
- 037.1 Pneumococcus
- 037.2 Due to other specified organism
- 037.3 With specific organism unknown

038 PLAGUE

- 038.0 Bubonic
- 038.1 Pneumonic
- 038.2 Other
- 038.3 Unspecified

039 TULAREMIA

040 LEPROSY

- 040.0 Lepromatous leprosy
- 040.1 Tuberculoid
- 040.2 Borderline
- 040.3 Indeterminate
- 040.4 Unspecified

041 TETANUS

- 041.0 Neonatorum
- 041.1 Other

042 ANTHRAX

043 GAS GANGRENE

044 OTHER BACTERIAL DISEASES

- 044.0 Epidemic arthritic erythema
- 044.1 Rat-bite fever due to *Streptobacillus moniliformis*
- 044.2 Rat-bite fever due to *Spirillum minus* (sodoku)
- 044.3 Glanders
- 044.4 Bartonellosis
- 044.5 Other

SPIROCHAETAL DISEASES, EXCEPT SYPHILIS (045-050)

045 VINCENT'S INFECTION

046 RELAPSING FEVER

- 046.0 Louse-borne
- 046.1 Tick-borne
- 046.2 Unspecified

047 LEPTOSPIROSIS

048 YAWS

- 048.0 Early, symptomatic
- 048.1 Early, latent
- 048.2 Early, unspecified
- 048.3 Late, symptomatic
- 048.4 Late, latent
- 048.5 Late, unspecified
- 048.6 Unspecified

049 PINTA (CARATE)

- 049.0 Primary lesion
- 049.1 Intermediate lesion
- 049.2 Late lesion
- 049.3 Mixed lesion
- 049.4 Other
- 049.5 Unspecified

050 OTHER SPIROCHAETAL INFECTIONS

VIRAL DISEASES WITH FREQUENT INVOLVEMENT OF THE
NERVOUS SYSTEM (051-059)

051 ACUTE PARALYTIC POLIOMYELITIS

- 051.0 Specified as bulbar or polio-encephalitis
- 051.1 With other paralysis
- 051.2 Unspecified

052 ACUTE NON-PARALYTIC POLIOMYELITIS CAUSED BY POLIOVIRUS

053 ACUTE POLIOMYELITIS, NOT OTHERWISE SPECIFIED

054 LATE EFFECTS OF ACUTE POLIOMYELITIS

055 ASEPTIC MENINGITIS

- 055.0 Caused by the virus of lymphocytic choriomeningitis
- 055.1 Caused by Coxsackie viruses
- 055.2 Caused by ECHO viruses
- 055.3 Caused by other specified viruses
- 055.4 Unspecified

056 RABIES

- 056.0 Transmitted by domestic animals
- 056.1 Transmitted by wild animals
- 056.2 Transmitted by bats
- 056.3 Unspecified

057 ARTHROPOD-BORNE VIRAL ENCEPHALITIS

- 057.0 Mosquito-borne encephalitis
- 057.1 Tick-borne encephalitis
- 057.2 Other arthropod-borne viral encephalitis

058 OTHER AND UNSPECIFIED ENCEPHALITIS OF VIRAL ORIGIN

059 LATE EFFECTS OF ACUTE ENCEPHALITIS

- 059.0 Postencephalitic Parkinsonism
- 059.1 Postencephalitic personality and character disorders
- 059.2 Postencephalitic psychosis
- 059.3 Other postencephalitic conditions

ARTHROPOD-BORNE VIRAL DISEASES WITH SLIGHT OR NO
INVOLVEMENT OF THE NERVOUS SYSTEM (060 - 063)

060 YELLOW FEVER

- 060.0 Sylvatic yellow fever (jungle)
- 060.1 Urban yellow fever
- 060.2 Unspecified

061 DENGUE

062 ARTHROPOD-BORNE HEMORRHAGIC FEVERS

- 062.0 Mosquito-borne
- 062.1 Tick-borne
- 062.2 Transmitted by other arthropods

063 OTHER ARTHROPOD-BORNE VIRAL DISEASE

- 063.0 Mosquito-borne fevers (excluding yellow fever and dengue)
- 063.1 Tick-borne fevers
- 063.2 Phlebotomus-borne fevers (Naples or Sicily types)
- 063.3 Other arthropod-borne viral fevers

VIRAL DISEASES ACCOMPANIED BY EXANTHEM (064-071)

064 SMALLPOX

065 COWPOX

066 CHICKENPOX

067 HERPES ZOSTER

068 HERPES SIMPLEX

069 MEASLES

069.0 With mention of pneumonia

069.1 With mention of encephalitis

069.2 With mention of obstructive laryngitis

069.3 Without mention of pneumonia, encephalitis or obstructive laryngitis

070 RUBELLA (GERMAN MEASLES)

071 OTHER VIRAL EXANTHEMA

VIRAL DISEASES WITH INVOLVEMENT OF OTHER ORGANS
OR SYSTEMS (072-078)

072 MUMPS

073 VIRAL HEPATITIS

073.0 Infectious hepatitis

073.1 Homologous serum hepatitis

073.2 Viral hepatitis, unspecified

074 INFECTIOUS MONONUCLEOSIS (GLANDULAR FEVER)

075 TRACHOMA

076 INCLUSION BLENNORRHEA

077 INFECTIOUS KERATOCONJUNCTIVITIS

078 OTHER VIRAL DISEASES

078.0 Molluscum contagiosum

078.1 Viral warts

078.2 Epidemic pleurodynia (Bornholm disease)

078.3 Epidemic viral gastroenteritis

078.4 Cat-scratch disease

078.5 Viral myocarditis or encephalomyocarditis

078.6 Cytomegalic inclusion disease

078.7 Other

INFECTIOUS DISEASES WITH PREDOMINANT INVOLVEMENT OF THE
RESPIRATORY SYSTEM (079-088)

079 COMMON COLD (ACUTE NASOPHARYNGITIS)

080 ACUTE SINUSITIS

081 ACUTE BRONCHITIS AND BRONCHIOLITIS

081.0 Of viral origin

081.1 Of other or unspecified origin

082 OTHER ACUTE UPPER RESPIRATORY INFECTION

082.0 Herpangina

082.1 Other pharyngitis

082.2 Acute tonsillitis

082.3 Laryngitis and tracheitis of viral origin

082.4 Laryngitis and tracheitis of other or unspecified origin

082.5 Acute upper respiratory infections of unspecified sites

083 INFLUENZA

084 LOBAR PNEUMONIA

085 BRONCHOPNEUMONIA

086 ATYPICAL PNEUMONIA

086.0 Caused by infection with Eaton's agent

086.1 Caused by other viral agents

086.2 Unspecified

087 PNEUMONIA, OTHER AND UNSPECIFIED

088 PSITTACOSIS AND ORNITHOSIS

RICKETTSIAL DISEASES (089-092)

089 EPIDEMIC LOUSE-BORNE TYPHUS

090 OTHER TYPHUS

090.0 Endemic flea-borne typhus (murine)

090.1 Brill's disease

090.2 Mite-borne typhus (scrub)

090.3 Unspecified

091 TICK-BORNE RICKETTSIAL DISEASES

091.0 Spotted fever

091.1 Boutonneuse fever

091.2 Other tick-borne rickettsial diseases

092 OTHER RICKETTSIAL DISEASES

092.0 Q fever

092.1 Rickettsialpox

092.2 Trench fever

092.3 Other

PARASITIC DISEASES (093-110)

093 MALARIA*

- 093.0 Falciparum malaria (malignant tertian)
- 093.1 Vivax malaria (benign tertian)
- 093.2 Malariae malaria (quartan)
- 093.3 Ovale malaria
- 093.4 Blackwater fever
- 093.5 Other and unspecified forms of malaria
- 093.6 Recurrent induced malaria

094 LEISHMANIASIS

- 094.0 Visceral (kala-azar)
- 094.1 Cutaneous
- 094.2 Mucocutaneous (American)
- 094.3 Unspecified

095 TRYPANOSOMIASIS, AFRICAN (SLEEPING SICKNESS)

096 TRYPANOSOMIASIS, AMERICAN (CHAGAS' DISEASE)

- 096.0 Acute
- 096.1 Chronic
- 096.2 Unspecified

097 TOXOPLASMOSIS

- 097.0 Congenital, active
- 097.1 Congenital, residual
- 097.2 Acquired lymphadenopathic
- 097.3 Other and unspecified form

098 OTHER PROTOZOAL DISEASES, NOT OTHERWISE SPECIFIED

099 SCHISTOSOMIASIS (BILHARZIASIS)

- 099.0 Vesical (*S. haematobium*)
- 099.1 Intestinal (*S. mansoni*)
- 099.2 Oriental (*S. japonicum*)
- 099.3 Other and unspecified

100 OTHER TREMATODE INFECTION

- 100.0 Clonorchiasis
- 100.1 Paragonimiasis
- 100.2 Fascioliasis
- 100.3 Other

* When more than one type is mentioned, priority in classification follows the order of listing of numbers (093.0-093.3)

101 HYDATIDOSIS

- 101.0 Liver
- 101.1 Lung
- 101.2 Other and unspecified

102 OTHER CESTODE INFECTION

- 102.0 Cerebral cysticercosis
- 102.1 Cysticercosis of the eyes
- 102.2 Cysticercosis, other and unspecified
- 102.3 Infection by *Taenia solium*
- 102.4 Infection by *Taenia saginata*
- 102.5 Infection by *Hymenolepis nana*
- 102.6 Dibothriocephaliasis
- 102.7 Other and unspecified infection by cestodes (tapeworms)

103 FILARIASIS AND OTHER FILARIAL INFECTIONS

- 103.0 Wucheriasis
- 103.1 Onchocerciasis
- 103.2 Other filarial infections
- 103.3 Filariasis, not specified

104 TRICHINIASIS

105 ANKYLOSTOMIASIS

- 105.0 With anemia
- 105.1 Without mention of anemia

106 ASCARIASIS

107 TRICHURIASIS

108 INTESTINAL INFECTION BY OTHER SPECIFIED HELMINTHS

109 MIXED AND UNSPECIFIED INTESTINAL INFECTION BY HELMINTHS

110 OTHER AND UNSPECIFIED PARASITISM

- 110.0 Intestinal
- 110.1 Other

MYCOSES (CUTANEOUS) (111-113)

111 DERMATOPHYTOSIS

- 111.0 Of the scalp
- 111.1 Of other specified sites
- 111.2 Unspecified

112 CANDIDIASIS (MONILIASIS)

113 DERMATOMYCOSIS, OTHER AND UNSPECIFIED

- 113.0 Erythrasma
- 113.1 Pityriasis versicolor
- 113.2 Tinea negra
- 113.3 Tinea "blanca"
- 113.4 Other and unspecified

MYCOSES (SYSTEMIC) (114-117)

114 ACTINOMYCOSIS

- 114.0 Cervical facial
- 114.1 Abdominal
- 114.2 Thoracic
- 114.3 Other and unspecified sites

115 COCCIDIOIDOMYCOSIS

- 115.0 Primary pulmonary
- 115.1 Chronic pulmonary
- 115.2 Disseminated
- 115.3 Other and unspecified forms

116 HISTOPLASMOSIS

- 116.0 Primary pulmonary
- 116.1 Chronic pulmonary
- 116.2 Disseminated
- 116.3 Other and unspecified forms

117 OTHER SYSTEMIC MYCOSES

- 117.0 Cryptococcosis (torulosis)
- 117.1 Aspergillosis
- 117.2 Blastomycosis, North American
- 117.3 Blastomycosis, South American
- 117.4 Chromoblastomycosis
- 117.5 Nocardiosis
- 117.6 Maduramycosis
- 117.7 Rhinosporidiosis
- 117.8 Other and unspecified forms

OTHER INFECTIVE AND PARASITIC DISEASES (118)

118 OTHER AND UNSPECIFIED INFECTIVE AND PARASITIC DISEASES

- 118.0 Sarcoid of Boeck
- 118.1 Scabies
- 118.2 Pediculosis
- 118.3 Other specified
- 118.4 Unspecified

Appendix B

INTERNATIONAL CLASSIFICATION OF DISEASES

PROPOSAL ON CLASSIFICATION OF NUTRITIONAL DEFICIENCY
DISEASES (280-290)

AND PERNICIOUS AND NUTRITIONAL DEFICIENCY ANEMIAS (291-293)

PROTEIN, CALORY, AND OTHER NUTRITIONAL DEFICIENCY (280-282)

280 KWASHIORKOR (PROTEIN MALNUTRITION)

281 MARASMUS (e. g. ATHREPSIA, CACHEXIA, EXTREME WASTING)

282 OTHER NUTRITIONAL DEFICIENCY

282.0 Sprue

282.1 Other and unspecified states

AVITAMINOSIS (283-290)

283 VITAMIN A DEFICIENCY

283.0 Xerophthalmia, keratomalacia

283.1 Other (e. g. night-blindness)

284 THIAMINE DEFICIENCY (INCLUDING BERIBERI)

285 NIACIN DEFICIENCY (INCLUDING PELLAGRA)

286 ARIBOFLAVINOSIS

287 OTHER VITAMIN B DEFICIENCIES

287.0 Vitamin B6 deficiency

287.1 Other and unspecified

288 ASCORBIC ACID DEFICIENCY (INCLUDING SCURVY)

289 VITAMIN D DEFICIENCY

289.0 Rickets active

289.1 Rickets, late effects

289.2 Osteomalacia

290 OTHER VITAMIN DEFICIENCY STATES

290.0 Vitamin K deficiency

290.1 Other and unspecified

DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS

291 PERNICIOUS ANEMIAS

291.0 Pernicious anemia

291.1 Subacute combined degeneration of spinal cord

NUTRITIONAL DEFICIENCY ANEMIAS (292-293)

292 IRON DEFICIENCY ANEMIAS (MICROCYTIC, HYPOCHROMIC)

293 OTHER DEFICIENCY ANEMIAS

293.0 Folic acid deficiency anemia

293.1 Vitamin B₁₂ deficiency anemia293.2 Vitamin B₆ deficiency anemia

293.3 Protein deficiency anemia

293.8 Other and unspecified deficiency anemia

Appendix C

LIST FOR PRESENTATION OF CAUSES OF MORTALITY FOR THE AMERICAS

| Cause groups | Detailed list numbers/ |
|---|--|
| B 1 Tuberculosis of respiratory system | 001-008 |
| B 2 Tuberculosis, other forms | 010-019 |
| B 3 Syphilis and its sequelae | 020-029 |
| B 4 Typhoid and paratyphoid fever | 040, 041 |
| B 5 Cholera* | 043 |
| B 6 Dysentery, all forms | 045-048 |
| B 7 Streptococcal infections | 050, 051 |
| B 8 Diphtheria | 055 |
| B 9 Whooping cough | 056 |
| B 10 Meningococcal infections | 057 |
| B 11 Plague | 058 |
| B 12 Tetanus | 061 |
| B 13 Relapsing fever | 071 |
| B 14 Acute poliomyelitis | 080 |
| B 15 Acute encephalitis | 082 |
| B 16 Smallpox | 084 |
| B 17 Measles | 085 |
| B 18 Yellow fever | 091 |
| B 19 Infectious hepatitis | 092 |
| B 20 Rabies | 094 |
| B 21 Typhus and other rickettsial diseases | 100-108 |
| B 22 Malaria | 110-117 |
| B 23 Trypanosomiasis (Chagas' disease) | 121 |
| B 24 Schistosomiasis | 123 |
| B 25 Ankylostomiasis | 129 |
| B 26 Infection with worms | 130 |
| B 27 Other infective and parasitic diseases | Rest of 001-138 |
| B 28 Malignant neoplasm of stomach | 151 |
| B 29 Malignant neoplasm of bronchus, trachea and lung | 162, 163 |
| B 30 Malignant neoplasm of uterus | 171-174 |
| B 31 Other malignant neoplasm | 140-150 152-161 164-170 175-199 |
| B 32 Leukemia and aleukemia | 204 |
| B 33 Lymphosarcoma and other tumors of lymphatic system | 200-203 205 |
| B 34 Benign neoplasms and neoplasms of unspecified nature | 210-239 |
| B 35 Diabetes mellitus | 260 |
| B 36 Avitaminosis and other deficiency states | 280-286 |
| B 37 Anemias | 290-293 |
| B 38 Allergic disorders; all other endocrine, metabolic, and blood diseases | 240-254 270-277 287-289 294-299 |

* Quarantinable disease not present in the Americas.
/ 1955 Revision.

| Cause groups | | Detailed list numbers / |
|--------------|--|---------------------------------|
| B 39 | Mental, psychoneurotic, and personality disorders | 300-326 |
| B 40 | Vascular lesions affecting central nervous system | 330-334 |
| B 41 | Non-meningococcal meningitis | 340 |
| B 42 | Other diseases of central nervous system and sense organs | 341-398 |
| B 43 | Rheumatic fever | 400-402 |
| B 44 | Chronic rheumatic heart disease | 410-416 |
| B 45 | Arteriosclerotic and degenerative heart disease | 420-422 |
| B 46 | Other diseases of heart | 430-434 |
| B 47 | Hypertension with heart disease | 440-443 |
| B 48 | Hypertension without mention of heart | 444-447 |
| B 49 | Generalized arteriosclerosis | 450 |
| B 50 | Other diseases of circulatory system | 451-468 |
| B 51 | Influenza | 480-483 |
| B 52 | Pneumonia | 490-493 |
| B 53 | Bronchitis | 500-502 |
| B 54 | Other diseases of respiratory system | { 470-475 510-527 |
| B 55 | Intestinal obstruction and hernia | 560-570 |
| B 56 | Gastritis, enteritis, etc. | 571 |
| B 57 | Cirrhosis of liver | 581 |
| B 58 | Other diseases of digestive system | { 530-553 572-580 582-587 |
| B 59 | Nephritis and nephrosis | 590-594 |
| B 60 | Other diseases of the genitourinary system | 600-637 |
| B 61 | Complications of pregnancy, childbirth and puerperium | 640-689 |
| B 62 | Diseases of skin and cellular tissue | 690-716 |
| B 63 | Diseases of bones and organs of movement | 720-749 |
| B 64 | Congenital malformations | 750-759 |
| B 65 | Birth injuries and asphyxia | 760-762 |
| B 66 | Prematurity | ** |
| B 67 | Other diseases of early infancy | Rest of 763-776 |
| B 68 | Ill-defined conditions | 780-795 |
| B 69 | Motor vehicle accidents | E810-E835 |
| B 70 | Accidental falls | E900-E904 |
| B 71 | Accidents caused by fire, explosion, hot substance and radiation | E916-E918 |
| B 72 | Accidents caused by bites and stings of venomous animals and insects | E927 |
| B 73 | Accidental drowning and submersion | E929 |
| B 74 | Other accidents | Rest of E800-E962 |
| B 75 | Suicide and self-inflicted injuries | { E963 E970-E979 |
| B 76 | Homicide and operations of war | { E964, E965 E980-E999 |

** To be renumbered in 3 digit category.

/ 1955 Revision.