

Report of the 'Chapter XX' Group to the Links Committee of the Heads of WHO Centres for Health Classification

Innes Hayman and Denise Pickett
11 April 2001

This report to the Links committee provides:

1. An update on the ICD-10
2. Resolutions of the meeting of the KCECT Technical Group held on 1 April 2001.
3. Recommendations from the KCECT Technical Group concerning changes to ICD-10 Chapter XX.

1. Update on the International Classification of External Causes of Injury (ICECI)

The first version of the KCECT data dictionary (KCECT 1.0) was introduced at the meeting of the International Collaborative Effort on Injury Statistics, held in Washington on 23 April 2001.

The document is presently available in English. Preparations are being made for translation into French and Spanish. Further translations will be made as resources allow.

The document will be disseminated in electronic form, with limited dissemination of paper copies. It will be available for downloading in PDF and word files from the WHO Web site and elsewhere.

KCECT web pages have been designed and are being prepared. In addition to the KCECT data dictionary, they will contain background and advisory information about KCECT and related information involving consensus and queries.

The next component of the KCECT to be developed is the alphabetical index. This will be developed within the WHO Office as a joint project of the Statistics and Injury Programs 1991 and Classification, Assessment, Surveillance and Treatment (CAST), in consultation with the KCECT Co-ordinators and Maintenance Group. 'KCECT Co-ordinators and Maintenance Group' is the proposed name for members of the KCECT Technical Group. The change reflects the evolving focus of attention from development of KCECT towards implementation.

2. Resolutions of the meeting of the KCECT Technical Group, 1 April 2001.

The KCECT Technical Group met on 1 April 2001 in Washington, prior to the KCE in Injury Statistics, WHO was represented at the meeting by Mr. André L. Mares (CAJ) and Dr. Marge Pickett (VP).

Links between KCECT and ICD-10 and arrangements for the further development of KCECT within the context of the Family of Health Classifications were major themes of the meeting. The meeting made the following conclusions concerning these matters:

- (a) The KCECT Technical Group supports proposals that the KCECT should become a "related classification" within the Family of Classifications.
- (b) The Technical Group is asked to support the principle that KCECT and ICD-10 External Causes (in Chapter XX) have complementary roles. KCECT and Chapter XX will continue to be the basis for coding official national registers.
- (c) The Technical Group notes that ICD-10 will be revised periodically, and should to review the KCECT from time to time. It observes that reviews provide opportunities to make changes which:
 - Apply useful aspects of one classification to the other
 - Enhance compatibility between the two classifications
- (d) The Technical Group renewed and further developed its September 2000 proposals concerning discussion for review of ICD-10 Chapter XX. The three types of change recommended in September 2000 are:

- (c) Not to recommend changes to Place and Activity categories in the current round of revision of ICD-10
 - (d) To recommend structural revision of ICD-10 that would reflect the current consensus on the number of alcohol categories for Activity and Place. This could be done by presenting an additional digit or two denoting the changing from alcohol to alcoholic dependence
 - (e) To recommend that present inclusion and exclusion notes for those elements of ICD-10 should be supplemented by reference to the more extensive and detailed notes in ICD-11
- (ii) Other changes to ICD-10 Chapter XX
- The Technical Group
- (a) Offer to make available to subject-area experts in the WHO Office and the Update Reference Group. In particular, the Technical Group is willing to comment on changes to Chapter XX that may be under consideration
 - (b) Propose that the ICD-11 should be used as a reference classification when considering how to specify and code new symptoms in Chapter XX of ICD-11. ICD-11 inclusion/exclusion specifications may have similar utility