

ICECI and compatibility with Chapter XX of ICD-10

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Although the ICD is suitable for many different applications, it does not always allow the inclusion of sufficient detail for some specialties, and sometimes information on different attributes of the classified conditions may be needed.

During development of ICD-10 it was felt that the main ICD (the three- and four-character classification) could not incorporate all this additional information and remain accessible and relevant to its traditional users, so the idea arose of a "family" of disease and health-related classifications, including volumes published separately from the main ICD, to be used as required.

The "core" classification of ICD-10 is the three-character code, which is the minimum level of coding for reporting to the WHO mortality database and for general international comparisons. The four-character subcategories, while not mandatory for reporting at the international level, are recommended for many purposes and form an integral part of the ICD, as do the special tabulation lists.

There are two main types of classification. Those in the first group cover data related to diagnoses and health status, and are derived directly from the ICD by either condensation or expansion of the tabular list. The condensed lists can be used for many kinds of data presentation, for summary statistical tables, and potentially for information support in the development of primary health care, while the expanded lists are used to obtain increased clinical detail in the specialty-based adaptations. This group also includes classifications complementary to the tabular list, that allow the allocation of diagnoses using different axes of classification, such as the morphology and behaviour of tumours. The International Classification of Diseases for Oncology (ICD-O) uses the malignant neoplasms section of chapter II of ICD-10 for all tumour behaviours, because of the additional topographical detail that this provides for non-malignant tumours, and then supplements this with separate axes for morphology (histopathology) and behaviour. A conversion program is provided to enable transfer of ICD-O data to ICD-10.

The second group of classifications covers aspects related to health problems generally outside the formal diagnoses of current conditions, as well as other classifications related to health care. This group includes classifications of disablement, of medical and surgical procedures, and of reasons for contact with health care providers.

The ICECI could be considered as falling within the first group of classifications as a specialty-based adaptation of ICD-10 if it can be aggregated to the chapter XX (External Causes of Morbidity and Mortality) three-character categories as well as the place of occurrence and activity codes. This would be analogous to the approach adopted for ICD-O.

To achieve this it is not essential for the two classifications to be fully compatible at the lowest level of detail, although they should preferably be mappable from the minimum data set of the ICECI to the ICD-10 three-character level.

Similarly, the place of occurrence and activity codes could map from say the second or third digit of the ICECI classifications to the single digit codes contained in ICD-10.

Development and field-testing of the ICECI is strongly supported by the WHO Headquarters Prevention of Violence and Injury programme which has technical responsibility for its content and the Epidemiology and Burden of Disease Team which has overall responsibility for coordinating the development and maintenance of health-related classifications.

The WHO secretariat is not fully convinced of the utility of including complications of surgical and medical care in the ICECI given the care settings in which the data will be collected. However, if the injury prevention community consider their inclusion to be indispensable then full compatibility with ICD-10 could be achieved by using the relevant rubrics from ICD-10 categories Y40-Y84.

WHO believes that the advantages of full compatibility with ICD-10 in terms of the resultant international comparability of injury data are such that every effort should be made to achieve this even if it results in some minor illogicalities in the taxonomic structure of the ICECI.