

WHO Mortality Reference Group: Annual Report, 2006-2007

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Abstract

This paper presents the activities and status of the WHO Mortality Reference Group (MRG) for 2006-2007. The WHO created the MRG as a component of the International Classification of Diseases (ICD) updating process. Comprised of members from Collaborating Centres and regional offices, the MRG meets largely in person to review problems encountered in the application of ICD-10 to mortality. In its ninth year of work, the MRG deliberated about 90 problems and has made recommendations to the Update and Revision Committee for further action. Many issues are still under review.

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Introduction

This is the ninth annual report of the Mortality Reference Group (MRG), established at the 1997 meeting of the Centre Heads as part of an updating mechanism for the International Classification of Diseases (ICD). The first annual report was presented at the WHO Centre Heads meeting in Cardiff, Wales, October 17-22, 1999.

In its first seven years, the MRG dealt with more than 280 issues related to updating and clarifying ICD-10 as it applies to mortality classification and coding. The MRG settled about 180 questions selected largely from the Mortality Forum and submitted recommendations to the Update and Revision Committee (URC) for consideration.

This report describes the background of the MRG, the problems decided in the ninth year, and the problems presently under consideration. The report includes three annexes: Annex I is the Terms of Reference and work plan for the MRG, Annex II is a list of the members of the MRG, and Annex III lists the topics decided since 1998.

Basis for the MRG

Provisions for the MRG are described in two documents: the WHO long-term strategy document (WHO/HST/ICD/C/97.39) and the Centre Heads' Report for 1997 (WHO/HST/ICD/C/97.65). Briefly, for updating the ICD, WHO- - working with the Centre Heads- - established two separate bodies: the MRG and URC. The MRG discusses issues raised in the Mortality Forum or those referred from other sources including the Centre Heads and WHO. The MRG can make decisions regarding the application and interpretation of ICD to mortality and submits recommendations on ICD updates and changes to the URC. The decisions requiring no change in the ICD are forwarded for the URC's information and to have these decisions documented in the same place as those that do involve changes in the ICD. WHO designated membership of the MRG and the Chair in 1998, based on nominations from Collaborating Centres. Lars Age Johansson succeeded Harry M. Rosenberg as chair of the MRG in February 2002. In 2006-2007, membership remained similar to 2005-2006 with a few additions.

Decisions during the first eight years

In the first eight years (1998-2006), the MRG reached over 200 decisions. Table 1 shows the subset of the decisions that were sent on to the URC for information as well as for voting. The MRG forwarded 179 decisions to the URC: 117 recommendations for changes in the ICD and 62 decisions requiring no change in the ICD. The total number of issues either withdrawn by the MRG or referred back by the URC for additional work during the first eight years was 14.

Decisions during the ninth year

In the ninth year, the MRG met in Georgetown, District of Columbia, USA May 7-8, 2007 and Trieste, Italy October 25-26, 2007. The MRG relied on e-mail communication and entries to the MRG closed-area of the ICD Update and Revision Platform (ICD-10+ Platform) to carry forward discussions and action between face-to-face meetings.

The MRG discussed about 90 issues this year. The MRG forwarded 31 decisions to the URC (Table 1): 21 decisions (12 major and 9 minor) to the URC for further action and 10 decisions involving no change to the ICD for the URC's information. The MRG reached closure or was approaching a resolution on about 18 additional issues during the ninth year while discussion on other issues continue.

Table 1. Issues potentially resulting in change considered by the MRG

Year		MRG submitted recommendations to URC				URC approved major or minor	MRG withdrew or URC referred back
		Total	Major (substantive change)	Minor (clarification)	No change to ICD		
First	1998-99	2	1	0	1	1	0
Second	1999-2000	5	2	3	0	4	1
Third	2000-01	8	5	3	0	6	1
Fourth	2001-02	17	7	2	8	9	0
Fifth	2002-03	76	15	32	29	40	8
Sixth	2003-04	14	6	6	2	12	0
Seventh	2004-05	24	6	5	13	11	0
Eighth	2005-06	33	15	9	9	20	4
Ninth	2006-07	31	12	9	10
Total	1998-2007	210	69	69	72	103	14

... Not applicable

Each of the recommendations is listed in Annex III. For recent issues, more detail is available at the ICD-10+ Platform (<http://extranet.who.int/icdrevison>). Additional issues that were not submitted to the URC were resolved at the Georgetown meeting or later than the deadline for submission of recommendations to the URC. The MRG continues to work on new issues as well as issues held over from previous years. Increasingly, the ongoing issues are complex and more difficult to resolve quickly.

The 21 recommendations for change address a number of situations including clarifications of

instructions (e.g., diabetes complications) and appropriate codes (e.g., tsunami victims).

The 10 issues for which decisions entailed no recommended change to the ICD include improving international tools for automated coding (e.g., Mortality Medical Data System (MMDS)) by reflecting international consensus for specific issues (e.g., diseases causing paralysis or inability to control bladder) and reaffirming current practices (e.g., autoimmune hepatitis).

Issues under review by the MRG

Approximately 70 other specific issues and general topics related to improving data quality are under active review by the MRG. The problems, background, and current status of the MRG issues are available on request to the Chair of the MRG.

Procedural considerations

For the MRG to carry out its mission, it is essential that each issue be carefully studied and deliberated. Decisions are made through a democratic process, with attempts to achieve consensus. This requires preparing and distributing background and current information bearing on the problem, conducting discussions in real time about the issues, communicating by email in the interim, using teleconferences when needed, entries to the ICD-10+ Platform, and fully documenting meetings, actions taken, and agendas. Since the face-to-face meetings were more efficient than teleconferences, the MRG largely replaced teleconferences with face-to-face meetings in 2003. This year, the MRG was the first group to test the closed group areas of the ICD-10+ Platform and provided WHO with feedback on its functionality. The MRG continues to monitor issues related to member usage of the closed group area of the ICD-10+ Platform.

Conclusion

In the ninth year, the MRG met twice in person, communicated extensively by e-mail, posted proposals and comments on the ICD-10+ Platform, did considerable work on a number of problems outside the committee meetings, circulated documentation for issues under consideration; and comprehensively documented its activities. During the ninth year, a total of about 90 problems were reviewed by the MRG. Closure was reached for 49 of these and 31 were forwarded to the URC. Twenty-one recommendations for change were made to the URC in 2007. Decisions on 10 issues did not involve changes in the ICD and the remaining recommendations were not resolved in time to submit in 2007.

Annex I: Mortality Reference Group Terms of Reference

Purpose:

The objective of the Mortality Reference Group (MRG) is to improve international comparability of mortality data by establishing standardized application of the ICD.

Functions:

To identify and solve problems related to the interpretation and application of ICD to coding and classification of mortality.

- To establish standardized application of mortality coding rules and guidelines by a) making decisions regarding the interpretation of rules and guidelines for mortality, and b) deliberating on updates to the classification and the rules and guidelines. Such updates include both clarifications and correction of errors
- To develop recommendations for ICD updates through a democratic process which attempts to achieve consensus
- To submit annual recommendations to the Update and Revision Committee (URC) by the end of April.

To support the development and application of international software for mortality coding and classification

To address issues of analysis and assessment of mortality statistics

To provide documentation of discussions and decisions in a database.

Structure and working methods

The MRG will endeavour to ensure that its membership reflects the widest possible representation from centres and WHO regional offices.

The chair and co-chair are elected by the MRG for terms of two years. The election is submitted to the Secretariat for confirmation.

The MRG will work through email and the ICD Update and Revision Platform, meet in person at least twice a year, and use telephone conferences as needed.

Once a recommendation to the Update and Revision Committee (URC) has been agreed to by the MRG, members will support the recommendation.

Decisions from the MRG which are endorsed by the URC and the Centre Heads should be available from the WHO ICD home page.

Activities for 2007-2008

Continue to hold periodic meetings: one face-to-face meeting at WHO-FIC Network annual meeting and one roughly 6 months later, and telephone conferences as needed (2007 and 2008)

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Prioritise issues and problems for review (2007 and 2008)

Make recommendations to the Update and Revision Committee (by April 2008)

Prepare annual report for WHO-FIC Network meeting (August 1, 2008)

Respond to URC requests to review material on URC platform (2007 and 2008)

Repeat cycle for 2008-2009.

Contribute to development of list of causes eligible to be leading causes of death

Develop and disseminate quality assurance procedures and best practices for mortality classification.

Develop and disseminate best practices or instructions for multiple cause-of-death coding.

Annex II: Mortality Reference Group Membership

<p>Nordic Centre:</p> <p>Lars Age Johansson (Chair) [Sweden]</p> <p>Lilja Jónsdóttir [Iceland]</p> <p>North American Centre:</p> <p>Ms. Donna Glenn [USA]</p> <p>Dr. Donna Hoyert (Co-Chair) [USA]</p> <p>Ms. Donnamarca Pickett [USA]</p> <p>Dr. Robert Anderson [USA]</p> <p>Ms. Tyinga Ambrose [USA]</p> <p>Ms. Patricia Wood [Canada]</p> <p>Brazilian Centre:</p> <p>Professor Cassia Maria Buchalla</p> <p>Professor Ruy Laurenti</p> <p>Maria Teresa Cravo</p> <p>Dr. Heloisa Brunow Ventura Di Nubila</p> <p>Australian Centre:</p> <p>Ms. Sue Walker</p>	<p>Other members:</p> <p>WHO:</p> <p>Dr. Robert Jakob</p> <p>Ms. Doris Ma Fat</p> <p>Kenji Shibuya</p> <p>Mr. Andre L'Hours (retired)</p> <p>PAHO:</p> <p>Dr. Roberto Becker</p> <p>Mr. John Silvi</p> <p>UK:</p> <p>Dr. Cleone Rooney</p> <p>Ms. Elaine Tower</p> <p>Mexico:</p> <p>Dr. Rafael Lozano</p> <p>Jordan:</p> <p>Dr. Majed Asad</p>
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<p>Japanese Centre: Dr. Kenji Shuto Ms. Emiko Oikawa</p> <p>German Centre: Dr. Stefanie Weber</p> <p>French Centre: Gerard Pavillon Dr. Albertine Aouba</p>	<p>Russia: Eduard Salakhov</p>
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Annex III: Decisions Made by the WHO Mortality Reference Group

Year Discussed and Topic	Type of Change	Action
1998-99: Rule A	Major	Recommended to URC in 1999 and approved by URC
1998-99: Coding maternal conditions (revived in 2000-2002)	No change	No change in 1999 not communicated; recommended change in 2001 was withdrawn; Informed URC in 2002 of no change decision
1999-2000: Applying Rule 3 for pneumonia	Major	Recommended to URC in 2000 and approved by URC in 2000
1999-2000: Rule A, additional condition	Major	Recommended to URC in 2000 and approved by URC in 2000
1999-2000: Highly Improbable: Diseases causing suicide	Major	Recommended to URC in 2000 and approved by URC in 2000
1999-2000: Highly Improbable: Infections due to neoplasms	Minor	Recommended to URC in 2000 and approved by URC in 2000
1999-2000: Highly Improbable: Inconsistent durations	Minor	Recommended to URC in 2001 and approved by URC in 2001

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1999-2000: Coding perinatal conditions	Minor	Recommended to URC in 2001 and approved in principle by URC in 2001 (URC/MRG working on details in 2002 and URC approved in 2002)
1999-2000: Highly Improbable: Angina due to Bronchitis	No change	Informed URC in 2002
1999-2001: Highly Improbable: Diseases causing accident	Major	Recommended to URC in 2000, returned to MRG by URC in 2000, modification resubmitted 2001 and approved by URC in 2001
1999-2001: HIV due to blood transfusion	Major	Recommended to URC in 2001 and approved by URC in 2001
1999-2001: Trivial list	Major	Recommended to URC in 2001 and approved by URC in 2001
2000-2001: Forced lists	Major	Recommended to URC in 2001 and approved by URC in 2001
2001: List distribution	Major	Recommended to URC in 2001 (folded into other initiatives)
2001: Congenital anomalies	Major	Recommended to URC in 2002 and approved by URC in 2002
2001-02: Restore consolidated section of recommendations	Major	Submitted to URC in 2002 and approved by URC in 2002
2001-02 Trivial rule	Major	Submitted to URC in 2002 and approved by URC in 2002
2001-02 Intestinal obstruction	Minor	Submitted to URC in 2002 and approved by URC in 2002
2001-02 Intoxication	Major	Submitted to URC in 2002 and approved by URC in 2002
2001-02 Poisoning	Major	Submitted to URC in 2002 and approved by URC in 2002
1999-2002 Embolism due to digestive diseases	Major	Submitted to URC in 2002 and approved by URC in 2002

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2001-02 Transitory conditions	Major	Submitted to URC in 2002 and approved by URC in 2002
2000-02 Drug treatment	No change	Informed URC in 2002
2001-02 SIDS detail	No change	Informed URC in 2002
2001-02 Peripheral vascular disease causes	No change	Informed URC in 2002
1999-2002 Ischaemic due to pulmonary conditions	No change	Informed URC in 2002
2000-02 Newborn/neonatal terms	No change	Informed URC in 2002
2001-02 Circulatory insufficiency	No change	Informed URC in 2002
2002: Literal or liberal interpretation of ICD	No change	Informed URC in 2003
2002: Recent complications caused by past surgery	No change	Informed URC in 2003
2002: I20.- (Angina pectoris) more specific than I25.9	No change	Informed URC in 2003
2002: J21 Apply the same linkages for acute bronchitis (J20) and acute bronchiolitis (J21)?	No change	Informed URC in 2003
2002: Insufficiency vs. failure codes	No change	Informed URC in 2003
2002: Code for "narcotism"	No change	Informed URC in 2003
2002: Accident assumed cause of injury	No change	Informed URC in 2003
2002: Different expressions for the same time limit	No change	Informed URC in 2003
2002: Cerebral haemorrhage an obvious consequence of Waldenstrom=s macroglobulinaemia?	No change	Informed URC in 2003
2002: Wording: Can be- may- should.....	No change	Informed URC in 2003

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2002: Cases when Rule 3 should not be applied	No change	Informed URC in 2003
2002: D84.9 (Immunodeficiency, unspecified) due to D45 (Polycythaemia vera) sequence	No change	Informed URC in 2003
2002: Acute or terminal circulatory diseases due to diabetes	No change	Informed URC in 2003
2002: I77.6 (Arteritis, unspecified) due to I64 (Stroke)	No change	Informed URC in 2003
2002: Cardiac arrhythmia, unspecified and Cardiac arrest, unspecified linkage	No change	Informed URC in 2003
2002: Conditions in Part I regarded as a part of the natural history of a disease reported in Part II	No change	Informed URC in 2003
2002: May an ill-defined condition block the application of Rule 3	No change	Informed URC in 2003
2002: Renal failure- obvious consequence of urinary infection?	No change	Informed URC in 2003
2002: K74.6 (Cirrhosis of liver) due to D73.5 (Infarction of spleen) sequence	No change	Informed URC in 2003
2002-03: Indexing of “coronary disease” and “coronary heart disease”	No change	Informed URC in 2003
2003: Code for euthanasia	No change	Informed URC in 2003
2003: Code for stillborn due to maternal diabetes	No change	Informed URC in 2003
2003: Hemiplegia due to hypertension- assume and code cerebrovascular disease	No change	Informed URC in 2003
2002-03: Dilated cardiomyopathy reported as due to any other disease	No change	Informed URC in 2003
2002-03: Exposure to substances (Agent Orange, asbestos, dust, pesticide) resulting in disease	No change	Informed URC in 2003

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2002-03: Other diseases of pharynx due to Degenerative disease of the nervous system, unspecified, an acceptable sequence	No change	Informed URC in 2003
2002-03: Assume an unspecified infarction to be transmural	No change	Informed URC in 2003
2003: Aspiration a direct consequence of poisonings and intoxication	No change	Informed URC in 2003
2003: Pancreatitis an obvious consequence of alcoholism	No change	Informed URC in 2003
2002-03: Vascular dementia	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Cardiac categories with priority over atherosclerosis	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03/2003-04: Persons repairing transport vehicles (2 related recommendations)	Minor	Submitted to URC in 2003; URC 0153 approved by URC in 2003; MRG submit further recommendation responding to 2003 URC comments in 2004 (URC 0255) ; Approved by URC in 2004
2002-03: Legal intervention	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-04: Priority between adverse & abnormal incidents & reactions and misadventure	Minor	Submitted to URC in 2003 (URC 0155); held over for the MRG to provide more clarification and resubmitted in 2004; Approved by URC in 2004
2002-03: Embolic conditions	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Reapply Rule 3 after Rule D	Minor	Submitted to URC in 2003; Approved by URC in 2003
2000-03: Should Chapter XV be used for all maternal conditions	Minor	Submitted to URC in 2003; Approved by URC in 2003

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2000-03: Puerperal sepsis	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: F10 and K70 coding	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Unspecified self-inflicted poisoning	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Underlying cause in face of multiple chronic lower respiratory diseases	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Priorities in stroke span	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: No reason for surgery and therapeutic misadventure	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: (Acute) pseudomembraneous colitis	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-04: Bacterial hepatitis	Major	Submitted to URC in 2003 (URC 0166); held over to address comments and resubmitted in 2004; Approved by URC in 2004
2002-03: Food-borne intoxication due to Clostridium difficile	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Sequelae of TB link with pneumoconiosis	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Dementia, anemia, & malnutrition	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Arteriosclerotic chronic nephritis- how many lines	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Malignant pleural effusion, NOS	Minor	Submitted to URC in 2003; Approved by URC in 2003

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2002-03: Hypoxic ischaemic encephalopathy of newborn	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Hepatitis with reported complications	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Fractures and osteoporosis	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Dementia, subtypes	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-04+: Value of combination codes	Minor	Submitted to URC in 2003; Withdrew in 2003 to do more work
2002-03: Term motor vehicle	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-04+: Multiple neoplasm sites in Part II	Minor	Submitted to URC in 2003; Withdrew in 2003 to continue work
2002-03: Neuro-endocrine neoplasm	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Thrombosis or embolism and atrial fibrillation	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Renal failure and urinary infections	Minor	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Meconium ileus	Minor	Submitted to URC in 2003; Approved by URC in 2003
1999-2004+: Postoperative complications	Minor	Submitted to URC in 2003; Withdrew in 2003 to complete additional work
2002-03: Alcoholic and non-Alcoholic cirrhosis	Minor	Submitted to URC in 2003; Approved by URC in 2003

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2000-03: Drug combinations	Major	Submitted to URC in 2003; Approved by URC in 2003
2003: Fournier's syndrome- females	Major	Submitted to URC in 2003; Approved by URC in 2003
2003: Acute coronary syndrome	Minor	Submitted to URC in 2003; Approved by URC in 2003
2003: Non-traumatic compartment syndrome	Minor	Submitted to URC in 2003; Approved by URC in 2003
2000-03: Place of occurrence	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-04+: What is I22?	Minor	Submitted to URC in 2003 (URC 0198); Held over for MRG to liaise with WHO in getting more info from MONICA and WHO cardiovascular disease group; Submitted to URC in 2005 (URC 0337); referred to Nordic Centre to resubmit
2000-03: Multiple valvular conditions	Minor	Submitted to URC in 2003; Approved by URC in 2003
2003: Hepatitis C not specified as acute or chronic	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Fractures of unspecified cause and E887	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-03: Unspecified HIV and ill-defined conditions	Minor	Submitted to URC in 2003; Approved by URC in 2003
2003-04: Subdividing K85	Major	Submitted to URC in 2003 (URC 0203); held over for German Centre to draft list of subcategories and resubmit in 2004; Approved by URC in 2004

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2003: SARS code	Major	Submitted to URC in 2003; Approved by URC in 2003
2003: Laennec's cirrhosis	Major	Submitted to URC in 2003; Approved by URC in 2003
2002-04: Tobacco use as a multiple cause	Minor	Submitted to URC in 2004; Approved by URC in 2004
2002-04: Secondary hypertension	Major	Submitted to URC in 2004; Approved by URC in 2004
2003-04: Lewy body disease	Minor	Submitted to URC in 2004; Approved by URC in 2004
2003-04: Heroin vapour leukoencephalopathy	Major	Submitted to URC in 2004; Approved by URC in 2004
2003-04: Lobar pneumonia in alcoholism	Major	Submitted to URC in 2004; Approved by URC in 2004
2002-04: Changes to Rule 3	Minor	Submitted to URC in 2004; Approved by URC in 2004
2002-04: Old/healed myocardial infarction	Major	Submitted to URC in 2004; Approved by URC in 2004
2003-04: Intracerebral haemorrhage & warfarin use	Minor	Submitted to URC in 2004; Approved by URC in 2004
2002-04: Chronic respiratory failure	No change	Informed URC in 2004
2002-03: Rule 3 tables & Alzheimer's disease & dementia	No change	Informed URC in 2004
2003-04: White matter disease	Minor	Submitted to URC in 2005; Approved by URC in 2005
2004: Sudden death	Major	Submitted to URC in 2005; Approved by URC in 2005
2002-04: Unspecified gastroenteritis	Major	Submitted to URC in 2005; Approved by URC with modifications in 2005

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1999-2004: Note 4.2.2 (b) Infections in A00-B99	Major	Submitted to URC in 2005; Approved by URC with modifications in 2005
2002-05: Note 4.2.2 (d) Diabetes due to any other disease	Major	Submitted to URC in 2005; Approved by URC in 2005
2004-05: Transport accidents	Minor	Submitted to URC in 2005; Approved by URC in 2005
2004-05: Viral gastritis	Minor	Submitted to URC in 2005; Approved by URC with modifications in 2005
2004-05: Vascular parkinsonism	Major	Submitted to URC in 2005; Approved by URC in 2005
2003-05: Expanding the list for pneumonia	Minor	Submitted to URC in 2005; Approved by URC in 2005
2002-05: Pulmonary oedema consequence of heart disease	Major	Submitted to URC in 2005; Approved by URC in 2005
2003-04: Cardiovascular disease and hypercholesterolaemia	No change	Informed URC in 2005
2003-04: Subacute sclerosing panencephalitis	No change	Informed URC in 2005
2004: Laennec's cirrhosis	No change	Informed URC in 2005
2004: Final code for SARS	No change	Informed URC in 2005
2002-05: Longstanding tuberculosis	No change	Informed URC in 2005
2000-05: Injuries with no nature-of-injury code	No change	Informed URC in 2005
2004-05: Underlying cause and record axis fields	No change	Informed URC in 2005
2004-05: R95 due to J00	No change	Informed URC in 2005
2004-05: Refractory anemia and myelodysplastic syndrome	No change	Informed URC in 2005
2004-05: Influenza and cardiomyopathy	No change	Informed URC in 2005

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2004-05: Cerebrovascular diseases and myocardial infarction	No change	Informed URC in 2005
2004-05: Accidents due to natural causes	No change	Informed URC in 2005
2004-05: Valvular diseases and myocardial infarction	No change	Informed URC in 2005
2000-04: Multiple drug combination deaths	Major	Submitted to URC in 2006; URC approved in 2006
2003-07: Modification of 3 cancer codes	Major	Submitted to URC in 2006; URC approved in general in 2006 but referred back to MRG for work on index; MRG resubmitted in 2007
2004-05: Self neglect	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2004-05: Exacerbation of respiratory disease	Minor	Submitted to URC in 2006; URC approved in 2006
2004-05: Inclusion body myositis	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2004-05: Immaturity vs respiratory failure in newborn	Minor	Submitted to URC in 2006; URC approved in 2006
2004-05: C22 code	Major	Submitted to URC in 2006; URC referred back in 2006 for more work
2003-04: Acute alcoholic pancreatitis and use of alcohol	Minor	Submitted to URC in 2006; URC approved in 2006
2005: C-section as cause of death	Major	Submitted to URC in 2006; URC approved in 2006
2005: Code for ischaemic heart failure	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2005: Subarachnoid haemorrhage due to aneurysm of basilar artery	Minor	Submitted to URC in 2006; URC approved in 2006
2005: Hypostatic pneumonia	Minor	Submitted to URC in 2006; URC approved in 2006

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2005: Code for long QT syndrome	Major	Submitted to URC in 2006; URC approved in 2006
2005: Code for immobility	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2005: Can cerebral haemorrhage be due to liver disease	Minor	Submitted to URC in 2006; URC approved in 2006
2005: Code for immune compromised	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2005: Code for sclerosing mesenteritis	Major	Submitted to URC in 2006; URC approved in 2006
2005: Code for multiple system atrophy	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2005: Code for mesenteric arterial occlusive disease	Major	Submitted to URC in 2006; URC approved in 2006 with modifications
2005: Fall in tub, not resulting in drowning	Major	Submitted to URC in 2006; URC approved in 2006
2005: Code for cerebrovascular hemorrhagic infarction	Minor	Submitted to URC in 2006; URC approved in 2006
2005: Code for hip infection	Major	Submitted to URC in 2006; MRG withdrew in 2006
2005-2007: Tsunami victims	Minor	Submitted to URC in 2006; URC referred back in 2006; MRG resubmit in 2007
2005: Succession of accidents	Minor	Submitted to URC in 2006; URC approved in 2006 with modifications
2003-05: Cerebrovascular lesion due to Parkinson's disease	No change	Informed URC in 2006
2003-05: Malignant neuroleptic syndrome	No change	Informed URC in 2006
2005: Cerebral infarction and valvular diseases	No change	Informed URC in 2006

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2005: Neoplastic disease and mastectomy	No change	Informed URC in 2006
2005: Water intoxication	No change	Informed URC in 2006
2005: Identifying nosocomial infections	No change	Informed URC in 2006
2005: Food allergy	No change	Informed URC in 2006
2005: Unspecified diabetes and age of onset	No change	Informed URC in 2006
2005: Toxic shock syndrome	No change	Informed URC in 2006
2006: Lung & chest infection	Major	Submitted to URC in 2007
2006: Anaphylactoid syndrome of pregnancy	Major	Submitted to URC in 2007
2006: Learning difficulties	Minor	Submitted to URC in 2007
2006: Lung immaturity & congenital & perinatal kidney disease	Minor	Submitted to URC in 2007
2006: Additional synonyms raised in discussion of URC 1027	Major	Submitted to URC in 2007
2006-07: Barrett's oesophagus cancer & Barrett's oesophagus	Major	Submitted to URC in 2007
2006-07: Antineutrophil cytoplasmic antibody (ANCA) nephritis	Major	Submitted to URC in 2007
2005-07: Tumor lysis syndrome	Major	Submitted to URC in 2007
2006-07: Conditions considered secondary	Minor	Submitted to URC in 2007
2006-07: Viagra & coronary heart disease	Major	Submitted to URC in 2007
2006-07: Revise term highly improbable	Minor	Submitted to URC in 2007
1999-2007: Mortality coding instructions for malignant neoplasm	Major	Submitted to URC in 2007

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2006-07: Wernicke Korsakov syndrome	Major	Submitted to URC in 2007
2002-07: Diabetes complications and obvious consequences	Major	Submitted to URC in 2007
2006-07: Metastatic liver cancer also secondary	Minor	Submitted to URC in 2007
2004-07: Intoxication & liver disease	Minor	Submitted to URC in 2007
2006-07: GIST tumour	Major	Submitted to URC in 2007
2005-07: Interpretation of sequelae	Minor	Submitted to URC in 2007
2003-07: Change pregnancy-related death term to death occurring during pregnancy & puerperium	Minor	Submitted to URC in 2007
2003-2007: Inclusion of subcategories on O96 & O97	Major	Submitted to URC in 2007
2003-07: Additional 4.2.15 about obstetric causes	Minor	Submitted to URC in 2007
2003-07: Modification of excludes note at beginning of Chapter XV	Minor	Submitted to URC in 2007
2006-07: Additional line in training material	No change	Informed URC in 2007
2006-07: Autoimmune hepatitis	No change	Informed URC in 2007
2004-07: Diseases causing paralysis or inability to control bladder	No change	Informed URC in 2007
2005-07: Review of rule 3 & pneumonia rules	No change	Informed URC in 2007
2005-07: Dementia	No change	Informed URC in 2007
2005-07: Four wheel motorcycles	No change	Informed URC in 2007
2006-07: Valvular diseases	No change	Informed URC in 2007
2006-07: Causes of chronic obstructive lung disease	No change	Informed URC in 2007

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2002-07: Relationship between N94.8 and C52 and C53.9	No change	Informed URC in 2007
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