



INTERNATIONAL CLASSIFICATION OF DISEASES
RELATIONSHIP BETWEEN CATEGORIES OF EIGHTH AND NINTH REVISIONS

This document has been prepared by the Unit of Development of Epidemiological and Health Statistical Services in response to several requests from different countries and institutions. It corresponds to a similar document issued in 1968 in relation to the comparability between the Seventh and Eighth Revisions of ICD (WHO/HS/ICD/68.80).

It consists mainly of two tables showing roughly the relationship between Eighth and Ninth Revision categories. The first table follows the order of the ICD-8 code numbers and gives in the neighbouring column the ICD-9 codes of the category or categories to which the bulk of the conditions in the ICD-8 category have been assigned. The second table follows the order of the ICD-9 categories and shows the ICD-8 category or categories from which their content came. Where only part of a category is involved a # sign is used in the second column, in both tables. It is necessary to look at both tables to see more clearly the nature of the changes between the two revisions. For instance, when the Ninth/Eighth Revision list shows that an ICD-9 category contains only part of an ICD-8 category, reference to the other list will show where the rest of the Eighth Revision category has been assigned.

These tables should be of assistance to countries trying to establish the comparability between statistical figures derived separately from the use of each Revision, but they should be used with extreme caution and only after study of the content of the relevant ICD categories in each revision. The tables can give no idea of the proportion of the total content of each category which has moved to or from each of the codes in the first column - (this has to be established from a full comparability exercise after coding a body of data according to both revisions). In addition, changes in the operation of coding rules for single cause tabulation have a considerable effect on the disease which is selected for coding in some parts of the classification. This is reflected in the tables.

In some parts of the classification, considerable re-arrangement of categories and sub-categories has occurred. In such cases, this is indicated by the large numbers of codes for categories to which or from which, cases should be transferred. It is recommended that in these areas of the classification comparisons should be attempted, if at all, with great care. One such area, where comparison is practically impossible, is the section in the E-code relating to misadventures and complications in medical care. There is a broad comparison between the groups as a whole - i.e. E930 - E936 in Eighth Revision, E870 - E879 in Ninth Revision, but more detailed comparison would be unwise.

The present tables give 3-digit or 4-digit code numbers. When a 3-digit category does not have subdivisions, the 4th digit position appears blank. When the 4-digit subdivisions are common to several categories, the 4th digit position is taken by a dash (-)

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