Influence on Mortality Statistics by Implementing Updated ICD-10 in Japan

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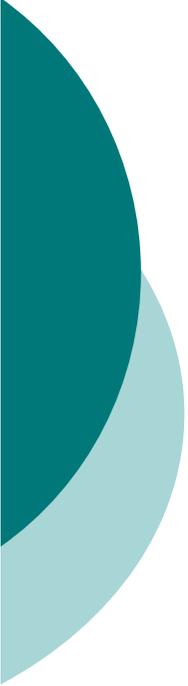Minister's Secretariat
Ministry of Health, Labour and Welfare

Introduction
― Implementation of updated ICD-10 ―

- Japan has implemented updated ICD-10(We call ICD(2003)) , since January 1,2006

- We need to measure the influence on the mortality statistics affected by implementing the updated ICD.
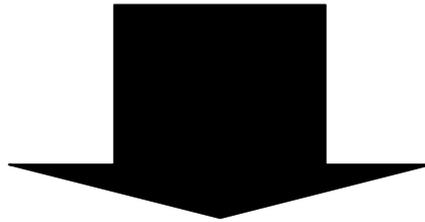
Method and Data（ 1 ）

Comparison of the mortality statistics

① Ones coded by the **not** updated ICD-10

② Ones coded by the **updated** ICD-10

Data:

① 108,395 deaths in **January 2005**

② 102,494 deaths in **January 2006**

Method and Data（ 2 ）

We use the summarized code to observe the monthly mortality statistics.

（ 1 ） Hepatitis C (Some acute one → chronic one)
　　　　　The cases of Hepatitis C without the information
about acute or chronic:
　　（ before ） acute
　　(updated) over six months → chronic
　　　　　others → acute

（ 2 ）Introducing of classifications to resistant bacteria
　　・VRSA, VRE, PRSP, MRSA and MDRP

Result（1）

Table 1. Deaths due to viral hepatitis C (including acute and chronic) compared with the previous years

Simple classification for cause of death	Cause of death	January		
		2006 (number)	2005 (number)	Against the previous year (Previous year = 100)
=B17.1+B18.2	Viral hepatitis C	464	462	100

＿＿＿Note:＿Viral hepatitis C includes both acute and chronic and the range has not be changed.

＿Table 2. Deaths due to acute hepatitis (compared with the previous year)

Classification for infectious disease	Cause of death	January		
		2006 (number)	2005 (number)	Against the previous year (Previous year = 100)
=B16-17(except B17.2)+B19	Acute viral hepatitis (Excluding hepatitis E and A)	36	444	8

Note:＿Part of hepatitis C was classified as acute viral hepatitis before and it is now ＿＿＿classified as chronic.
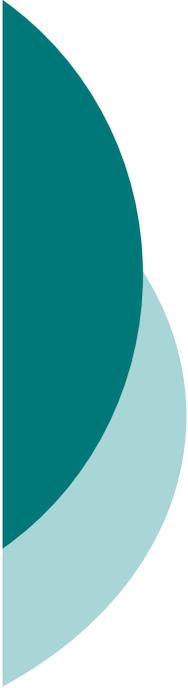
Result（2）

Table 3. New classification for resistant bacteria

Classification for infectious disease	Cause of death	2006 January (number)
We use special code.	V R S A	0
	V R E	0
	____	0
	M R S A	116
	____	1

Ovservation

- When the definition of the classification is to be changed.
  - ・ We need to be careful to the possibility of influence on the statistics
  - ・We think **exchange the information** with using poster document, etc is important.

- Now "Resistant bacteria" codes are difficult to use.

  ・ Ｍｅｄｉｃａｌ doctors hesitate to use the terms "resistant bacteria" since it gives potential impression of in-hospital infection

  ・ Ｍｅｄｉｃａｌ doctors do not know that database for resistant bacteria is created

  → Promoting and effective using are our challenge