

Appendixes

Appendix A: Collection and classification of mortality data

A.1 Deaths data

In Australia, information about deaths is collected on death certificates and certified by medical practitioners. These death certificates are required for each state and territory jurisdiction under locally specific legislation. These data are collected for legal purposes.

Until the early twentieth century, data were assembled, coded and generally published as a separate operation by each jurisdiction. After federation in 1901, uniform coding commenced in 1907 by the Commonwealth Statistician's Office and the Commonwealth Bureau of Census and Statistics, now known as the Australian Bureau of Statistics (ABS).

Death certificate information (see Appendix C) is standardised and coded according to rules set forward in various versions of the International Classification of Diseases (ICD). The deaths have been coded to reflect the underlying cause of death – that is, 'the disease or injury which initiated the train of events leading directly to death or the circumstances of the accident or violence which produced the fatal injury' (WHO 1977). In recent years, associated causes of death – other medical conditions believed to have contributed to the death – have been added to the database. However, to ensure continuity of the long-term series, only the underlying cause of death has been presented in this report.

The Australian Institute of Health and Welfare (AIHW) has collated the data published by the ABS and determined age-specific and age-standardised rates together with a range of other information by both broad and specific conditions at the national and state and territory level. These data are consolidated in around 150 books of EXCEL spread sheets, forming the AIHW General Record of Incidence of Mortality Books (GRIM Books). Many of these GRIM Books contain deaths information back to 1907. The codes used to classify a cause of death are tabulated in a box at the front of the books.

In the national-level GRIM Books, deaths information has been assembled based on the year of registration and not the year of death. While year of death and its registration mostly coincide, deaths at the end of each calendar year may not be registered until the following year, as will deaths whose causes require further examination by a coroner. In recent years, less than 5% of deaths were held over from one year to the next for processing. This method of reporting the data by year of registration allows for the most recent year to be used and is consistent with the method of recording the data between 1907 and 1963. Data from 1964 onwards may

be analysed either by year of death or registration and GRIM Books for the states and territories are presented in year of death format.

Deaths information contained in the GRIM Books for the period 1907–1963 has been sourced from the Commonwealth Bureau of Census and Statistics (*Australian Demography* various bulletins). After then they have been sourced electronically from the state and territory offices of Births, Deaths and Marriages via the ABS.

Population data

The population data used in these workbooks for the period 1907–1970 have been interpolated (using a linear method) between the census population estimates of 1901, 1911, 1921, 1933, 1947, 1954, 1961 and 1966. From 1971, annual mid-year estimated resident populations have been used.

A.2 Collection of mortality data

In Australia, death registration has been compulsory since the mid-1800s. Cause of death and other demographic particulars referring to the deceased are registered by the respective state and territory offices responsible for registering births, deaths and marriages. Since 1907, the ABS (formerly known as the Commonwealth Bureau of Census and Statistics) has compiled the information collected by the state and territory offices and published it annually.

Information about a death is first recorded on a death certificate. The recording process gathers information on the diseases or conditions believed to have led directly to death or contributed to the death. From this, the ABS determines the underlying cause of death, following the coding rules specified by the World Health Organization (WHO). Death certification can be completed in a number of ways:

1. If a medical practitioner had treated the deceased recently and was certain of the cause of death, then the medical practitioner can provide the required certificate.
2. If no medical practitioner can certify the cause of death (for example, unexplained deaths), the death is referred to the coroner. Death can then be certified by an inquest, a pathologist's report or an autopsy.

The information collected on death certificates has been standardised, to a large degree, throughout the century. Guidance for completion of death certificates is outlined in *Cause of Death Certification Australia* (ABS 1997).

Other demographic information about the deceased person, such as country of birth, occupation, place of residence and Indigenous status, is collected by funeral directors from the next of kin and coded by the ABS in the mortality data collection. In 1997, the ABS began coding and recording associated (or contributing) causes of death in their database, along with the underlying cause.

A.3 Classification of diseases

In this publication, the terms disease, condition and injury have been used in a general way to describe all causes of death. A cause of death can be a particular disease (such as ischaemic heart disease), a condition (such as a mental disorder) or an injury (accidental or intentional).

The modern system of disease classification began with the work of Dr William Farr, and was first used in England in 1839 (Cumpston 1989). The Farr system was modified over time and in 1881 was completely modified by Dr William Ogle, becoming known as the Farr-Ogle system. This modified system was adopted at varying times during the 1880s by each of the Australian colonies. The Farr-Ogle system of classification was phased out between 1903 and 1906, with the states substituting a classification being used by the Registrar General of England.

Consequently, even though detailed statistics on the cause of death were collected by the various colonies and states, comparable statistics on the cause of death covering the nineteenth to twentieth century transition period were not available, as the jurisdictions did not all use the same classification system at the same time during this period (Cumpston 1989).

After federation in 1901, detailed comparable death statistics were coded by the then Commonwealth Statistician from 1907, using the International List of Causes of Death, which was later changed to the International Classification of Diseases coding system (both the List and Classification are referred to as ICD in this report). Consequently, since 1907 there has been a set of 'comparable' state and territory data by cause of death.

Improvements in understanding health are believed to have led to better recording of deaths over the century. Since 1907, the ICD has changed nine times. The most recent change was the tenth Revision, which was implemented for the 1999 mortality data, and the ABS 'back-coded' the years 1997 and 1998 using this revision. The revisions are a response to the recognition of new diseases (for example, AIDS), increased knowledge of diseases and changing terminology in the description of disease. This report bases its analysis on common definitions of causes of death used in the ICD series. As a result, not all diseases can be directly compared across all the revisions of the ICD.

A.4 The International Classification of Diseases

The International Classification of Diseases (ICD) is the classificatory system now maintained and published by the WHO. It is adopted by countries worldwide to code cause of death and illnesses during most of the twentieth century. In adopting the ICD, each country has generally made minor modifications to the cause of death certificate, causes of death and the coding rules to suit their own situation. In this report, the ICD refers to deaths. As identified earlier, the ICD also refers to illnesses and is used to code diagnoses of patients in hospitals.

During the 10 versions of the ICD, medical science has more clearly defined various conditions, and the listing of the diseases has expanded to account for these new understandings, along with finer levels of detail. During the century, the number of causes of death increased from 319 under ICD-1 to around 2,500 at the three-digit level and an estimated 12,000 causes at the four-digit level under ICD-10 (Table A4.1), thus providing considerable scope in reporting deaths from specific diseases or conditions. On the other hand, the changes in the classifications introduced difficulties in analysing cause of death trends over longer periods.

ICD structure

The classification encompasses the entire range of disease and injury, with chapters based on body systems, disease types, and injury and poisoning in a hierarchical manner. Data under the early ICD structure are presented under the term 'classes', while later versions use 'chapters' to group similar causes or body systems at the broadest level.

Under ICD-1, used in Australia in the period 1907–1917, there were 14 classes, each containing a number of conditions. ICD-3 (1922–1930) separated what was called *general diseases* in Class 1 into two separate classes, the first being 'epidemic, endemic and infectious diseases' and the second 'general diseases not included above'. This new second class reported cancers, endocrine diseases, and some mental health diseases such as alcoholism.

ICD-4 (1931–1939) went further and created a new Class 2, which contained all the cancers, and a new Class 3, which reported deaths attributed to rheumatism, nutrition, endocrine and other general conditions. ICD-5 (1940–1949) created a new class for chronic poisoning and intoxication. Revisions 6 through 9 of the classification system incorporated structural changes to how conditions were classified. These changes brought some degree of misalignment between the causes of death across the revisions. ICD-6 (1950–1957) set up a structure which was basically followed in ICD-7 (1958–1967) through ICD-9 (1979–1996). ICD-6 also reported mental disorders as a separate class.

The latest revision, ICD-10, contains 19 chapters that are used to code mortality statistics and they generally follow from the classes used in ICD-1 through ICD-9, but includes chapters on cancer, blood, mental and behavioural disorders, eye and adnexa, ear and mastoid. While ICD-1 reported some 300 conditions, many chapters in ICD-10 contain more causes of death than did ICD-1 in its totality, thus categorising many thousands of causes across the revision.

The revisions reflected the current knowledge about diseases and the subsequent cause of death. New codes were developed for newly classified conditions and conditions which were joined with other conditions. For example, during the century new diagnostics have identified different types of cancers; also, as lung cancer became more prominent its recording was split from cancer of other organs. Some changes include the understanding of the death with respect to the multiple conditions the person had at the time of death, for example diabetes and circulatory

conditions. Consequently, some causes increased in number while others decreased, and some causes of death have moved from one major classification chapter to another.

Reporting and coding rules

Throughout the evolution of the ICD, uniform reporting and standardised coding rules were developed. Medical practitioners were required to fill in uniformly designed death certificates from which cause of death could be deduced.

With each revision to the ICD a new set of statistical coding rules was developed. These rules ensured the comparability of the data across the various coding centres within and between countries.

However, ICD revisions can influence mortality statistics and the comparisons of death rates across revisions can become problematic for some conditions. To reduce this problem, a number of alignments and comparability factors were developed in Australia and by other countries. The applications of these alignments and the factors used in this report have been tested by independent agencies.

Table A4.1: Number of causes of death under ICD classifications 1-10

Version	Period	Number of causes 3 digit–4 digit	Number of causes published by ABS	Year & number of codes actually used	
ICD-1	1907–1917	319	189	..	..
ICD-2	1918–1921	319	189	..	..
ICD-3	1922–1930	319	205	..	..
ICD-4	1931–1939	344	200 plus ^(a)	..	..
ICD-5	1940–1949	512	200 plus ^(a)	..	..
ICD-6	1950–1957	764–2,400	Approx. 450	..	..
ICD-7	1958–1967	766–2,539	999 Electronic unit record data available from 1964	1958 1964	462 558
ICD-8	1968–1978	864–3,616	Unit record data available	1968	1,221
ICD-9	1979–1996	1,096–8,000 (est.)	Unit record data available	1979	1,662
ICD-10	1997–	1,841–12,000(est.)	Unit record data available	2000	2,850

(a) Does not include some finer levels incorporating alpha codes.

Source: Commonwealth Bureau of Census and Statistics Bulletins.

A.5 ICD item mapping and comparability

Each revision of the ICD has resulted in some lack of comparability over time of specified causes of death. To overcome this difficulty and analyse trends for any given condition, the condition needs to be tracked across ICD revisions and through

any classes/chapters in which it appears. If one cause has been split into two or more, for example, the proportions of the split need to be known so that conditions can be tracked forward or backward over long periods.

Mapping

Taylor (1992) at the AIHW broadly mapped changes from ICD-4 to ICD-9 and, more recently, ICD-9 to ICD-10 mapping tables have been released by the WHO.

It should be recognised that the mapping of deaths over time and across various versions of the ICD cannot be precise for every cause of death. In some cases, changes in terminology, the combination and/or splitting of causes of death codes and the creation of new cause of death categories make this mapping difficult. For some causes of death, coding cannot be disentangled and therefore data for selected periods cannot be produced.

Comparability factors

To be able to develop long-term series for conditions and grouping of conditions, the ABS, WHO, England and Wales, the United States of America and other countries undertook to quantify the changes occurring between the trends at ICD revision points.

A number of these analyses were undertaken by the WHO (WHO 1952, 1968, 1984) and the United States of America (USA) Department of Health, Education, and Welfare (USA 1944a, 1944b, 1965, 1975, 1980, 1997, 2001).

In analysing the differences between the revisions, death data for relevant years were dual-coded, using coding rules from the old revision and the new revision. Numbers of deaths were then compared and comparability factors determined. For example, if 800 deaths were recorded for a condition under the old revision and 1,000 under the new, a comparability factor of 1.25 (1,000/800) could be applied to all counts that occur under the older revision.

In Australia, the AIHW undertook a major study into aligning earlier revisions of the ICD (4-9) (AIHW: Taylor 1992). However, this alignment only identified that various items were split and did not estimate the percentage of the split. In further AIHW work (AIHW: Bennett et al. 1992, 1994; AIHW: Taylor 1992; AIHW: d'Espaignet et al. 1991, AIHW: d'Espaignet 1993; and AIHW: Dunn et al. 2002) considerable effort was made in ensuring that the alignments and consequent comparability factors between the various revisions of the ICD were accurate. The exercise also used the cause of death alignment work undertaken by the ABS (Knibbs 1929; and ABS unpublished comparability factors). Alignments undertaken by the United States and WHO were also taken into account (USA 1944a, 1944b, 1965, 1975, 1980, 1997, 2001, and WHO 1952, 1968, 1977, 1984, 1992).

In addition, the National Centre for Classification in Health Australia reviewed the alignments and trends (McKenzie et al. 2001a, 2001b, 2002; and Waller 2003).

Some specific causes of death used in this report were not able to be aligned accurately back to 1907. Consequently, their series commence from the first date when there was sufficient confidence in the alignment.

Examples of ICD coding issues

New definitions emerge; often these causes of death have existed for some time, but have been classified as another disease and need to be separately identified – for example, ischaemic heart disease. Before 1967, ischaemic heart disease was coded within an item called arteriosclerotic heart disease and coronary heart disease (Item 420: see Table A6.16).

In earlier versions of the ICD, cancers of the stomach and liver were reported as item 40 in ICD-1 and ICD-2. Under ICD-3 they were reported as Item 44, again as cancer of the stomach and liver. Under ICD-4, stomach cancer was reported with cancer of the duodenum, as Item 46(b) (see Table A6.13).

Under ICD-1 and ICD-2, deaths from motor vehicle accidents appeared under 'Deaths from traumatism by other crushing (vehicles, railways etc.)'. Recording of deaths from motor vehicle accidents commenced under ICD-3 in 1924. Under ICD-10 there are over 80 codes for land transport accident deaths (see Table A6.22).

In some cases in the history of the ICD, causes of death were initially identified as being a disease of a body system, and later discovered to be caused by an infectious or parasitic disease. For example, a death from diarrhoea was originally coded under ICD-7 and earlier, to either:

- 'gastro-enteritis and colitis, except ulcerative, age 4 weeks and over', which was a condition in the Diseases of the Digestive System chapter; or
- 'diarrhoea of newborn', which was in the Congenital Anomalies chapter; or
- 'unspecified forms of dysentery', from the Infectious Diseases chapter.

A.6 ICD codes used for broad and specific conditions

Table A6.1: ICD codes for infectious diseases

Version	Period	Codes
ICD-1	1907–1917	1–9, 11–25, 28–35, 37, 38, 61a, 62, 67, 104–107, 112, 164
ICD-2	1918–1921	1–9, 11–25, 28–35, 37, 38, 61a, 62, 67, 8a, 104–107, 112, 164
ICD-3	1922–1930	1–10, 12–42, 71b, 72, 76, 113–116, 121, 175
ICD-4	1931–1939	1–10, 12–44, 79b, 80, 83, 119, 120, 177
ICD-5	1940–1949	1–32, 34–43, 44a, 44c
ICD-6	1950–1957	001–138, 571, 696, 697, 764
ICD-7	1958–1967	001–138, 571, 696, 697, 764
ICD-8	1968–1978	001–136
ICD-9	1979–1996	001–139
ICD-10	1997–	A00–B99

Table A6.2: ICD codes for cancer

Version	Period	Codes
ICD-1	1907–1917	39–45, 53
ICD-2	1918–1921	39–45, 53
ICD-3	1922–1930	43–49, 65
ICD-4	1931–1939	43pt, 45, 46(a–g), 47–49, 50(F), 50(M), 51–53, 53pt(F), 54(b)pt, 72(A,b), 74pt
ICD-5	1940–1949	43(pt), 44(b), 45, 46(a–h), 47–49, 50(F), 50(M), 51–53, 54(a,b), 74pt
ICD-6	1950–1957	140–148, 150–165, 170(F), 170(M), 171–181, 190–205, 289pt
ICD-7	1958–1967	140–148, 150–159, 160–165, 170(F), 170(M), 171–181, 190–195, 196–205, 289pt
ICD-8	1968–1978	140–151, 152most, 153–159, 160–163, 170–172, 173pt, 174(F), 174(M), 192pt, 180–193, 194pt, 195–196, 197pt, 198–199, 200–207, 270pt
ICD-9	1979–1996	140–208
ICD-10	1997–	C00–C97

Table A6.3: ICD codes for circulatory diseases

Version	Period	Codes
ICD-1	1907–1917	47, 64, 65, 72, 77–85
ICD-2	1918–1921	47, 64, 65, 72, 77–85
ICD-3	1922–1930	51, 74a, 74b, 81, 83, 87–96
ICD-4	1931–1939	56, 82a, 82b, 82c, 82d, 82e, 87a, 90–97, 99–103
ICD-5	1940–1949	58a, 83a, 83b, 83c, 83d, 83f, 87a, 90–97, 99–103
ICD-6	1950–1957	330–334, 400–454, 456–468, 782
ICD-7	1958–1967	330–334, 400–454, 456–468, 782
ICD-8	1968–1978	390–458, 782
ICD-9	1979–1996	390–459
ICD-10	1997–	I00–I99

Table A6.4: ICD codes for respiratory diseases

Version	Period	Codes
ICD-1	1907–1917	10, 87–99, 101 (1907–9); 10, 10a, 86–97, 98b, 100 (1910–17)
ICD-2	1918–1921	10, 10a, 86–97, 98b, 100
ICD-3	1922–1930	11a, 11b, 97–107, 109
ICD-4	1931–1939	11a, 11b, 104–114, 115b
ICD-5	1940–1949	33a, 33b, 104–114, 115a
ICD-6	1950–1957	240, 241, 470–527
ICD-7	1958–1967	240, 241, 470–527
ICD-8	1968–1978	460–519
ICD-9	1979–1996	460–519
ICD-10	1997–	J00–J99

Table A6.5: ICD codes for deaths from injury and poisoning

Version	Period	Codes
ICD-1	1907–1917	57–59, 155–176 (1907–9); 155–186 (1910–17)
ICD-2	1918–1921	57–59, 155–186
ICD-3	1922–1930	67, 165–203
ICD-4	1931–1939	76–77, 163–196
ICD-5	1940–1949	78–79, 163–198
ICD-6	1950–1957	800–999
ICD-7	1958–1967	800–999
ICD-8	1968–1978	800–999
ICD-9	1979–1996	E800–999
ICD-10	1997–	V01–Y98

Table A6.6: ICD codes for diarrhoea

Version	Period	Codes
ICD-1	1907–1917	14, 104–105
ICD-2	1918–1921	14, 104–105
ICD-3	1922–1930	16, 113–114
ICD-4	1931–1939	13, 119–120
ICD-5	1940–1949	27, 119–120
ICD-6	1950–1957	42, 45–49, 543
ICD-7	1958–1967	42, 45–49, 543
ICD-8	1968–1978	3–9, 535
ICD-9	1979–1996	3–9, 535
ICD-10	1997–	A02–A09, K52

Table A6.7: ICD codes for septicaemia

Version	Period	Codes
ICD-1	1907–1917	20
ICD-2	1918–1921	20
ICD-3	1922–1930	41
ICD-4	1931–1939	36
ICD-5	1940–1949	24
ICD-6	1950–1957	053, 054
ICD-7	1958–1967	053, 054
ICD-8	1968–1978	38
ICD-9	1979–1996	38
ICD-10	1997–	A40, A41

Table A6.8: ICD codes for tuberculosis

Version	Period	Codes
ICD-1	1907–1917	26–34 (1907–9); 28–35 (1910–17)
ICD-2	1918–1921	28–35
ICD-3	1922–1930	31–37
ICD-4	1931–1939	23–32
ICD-5	1940–1949	13–22
ICD-6	1950–1957	001–019
ICD-7	1958–1967	001–019
ICD-8	1968–1978	010–109
ICD-9	1979–1996	010–018, 137
ICD-10	1997–	A15–A19

Table A6.9: ICD codes for colorectal cancer

Version	Period	Codes
ICD-1	1907–1917	. .
ICD-2	1918–1921	45pt
ICD-3	1922–1930	45pt
ICD-4	1931–1939	46(g)ot, 46(c)
ICD-5	1940–1949	46(c)pt, 46d
ICD-6	1950–1957	153pt, 154, 191pt
ICD-7	1958–1967	153pt, 154, 191pt
ICD-8	1968–1978	153most, 154, 173pt
ICD-9	1979–1996	153, 154
ICD-10	1997–	C18–C21

Table A6.10: ICD codes for breast cancer

Version	Period	Codes
ICD-1	1907–1917	43
ICD-2	1918–1921	43
ICD-3	1922–1930	47
ICD-4	1931–1939	50
ICD-5	1940–1949	50
ICD-6	1950–1957	170
ICD-7	1958–1967	170
ICD-8	1968–1978	174
ICD-9	1979–1996	174, 175
ICD-10	1997–	C50

Table A6.11: ICD codes for lung cancer

Version	Period	Codes
ICD-1	1907–1917	..
ICD-2	1918–1921	..
ICD-3	1922–1930	..
ICD-4	1931–1939	..
ICD-5	1940–1949	47pt
ICD-6	1950–1957	162pt, 163, 165pt
ICD-7	1958–1967	162pt, 163, 165pt
ICD-8	1968–1978	162
ICD-9	1979–1996	162
ICD-10	1997–	C33, C34

Table A6.12: ICD codes for cancer of the prostate

Version	Period	Codes
ICD-1	1907–1917	45pt
ICD-2	1918–1921	45pt
ICD-3	1922–1930	49pt
ICD-4	1931–1939	51pt
ICD-5	1940–1949	51pt
ICD-6	1950–1957	177
ICD-7	1958–1967	177
ICD-8	1968–1978	185
ICD-9	1979–1996	185
ICD-10	1997–	C61

Table A6.13: ICD codes for cancer of the stomach

Version	Period	Codes
ICD-1	1907–1917	40pt
ICD-2	1918–1921	40pt
ICD-3	1922–1930	44pt
ICD-4	1931–1939	46(b)pt
ICD-5	1940–1949	46(b)pt
ICD-6	1950–1957	151
ICD-7	1958–1967	151
ICD-8	1968–1978	151
ICD-9	1979–1996	151
ICD-10	1997–	C16

Table A6.14: ICD codes for cancer of the cervix and uterus

Version	Period	Codes
ICD-1	1907–1917	42pt
ICD-2	1918–1921	42pt
ICD-3	1922–1930	46pt
ICD-4	1931–1939	48
ICD-5	1940–1949	48
ICD-6	1950–1957	171, 172, 174
ICD-7	1958–1967	171, 172, 174
ICD-8	1968–1978	180, 182
ICD-9	1979–1996	179, 180, 182
ICD-10	1997–	C53–C55

Table A6.15: ICD codes for cerebrovascular disease

Version	Period	Codes
ICD-1	1907–1917	64, 65
ICD-2	1918–1921	64, 65
ICD-3	1922–1930	24(a,b), 83, 91b1
ICD-4	1931–1939	82a–e, 97a
ICD-5	1940–1949	83a–d, f
ICD-6	1950–1957	330–334
ICD-7	1958–1967	330–334
ICD-8	1968–1978	430–438
ICD-9	1979–1996	430–438
ICD-10	1997–	I60–I69

Table A6.16: ICD codes for ischaemic heart disease

Version	Period	Codes
ICD-1	1907–1917	..
ICD-2	1918–1921	..
ICD-3	1922–1930	..
ICD-4	1931–1939	93(c), 93(d)pt, 94(a,b,c), 99pt
ICD-5	1940–1949	94(a,b,c)
ICD-6	1950–1957	420, 422pt
ICD-7	1958–1967	420, 422pt
ICD-8	1968–1978	410–414
ICD-9	1979–1996	410–414
ICD-10	1997–	I20–I25

Table A6.17: ICD codes for nervous system diseases

Version	Period	Codes
ICD-1	1910–1917	60–76
ICD-2	1918–1921	70–86
ICD-3	1922–1930	70–86
ICD-4	1931–1939	78–89
ICD-5	1940–1949	78–89
ICD-6	1950–1957	330–399
ICD-7	1958–1967	330–399
ICD-8	1968–1978	320–359
ICD-9	1979–1996	320–359
ICD-10	1997–	G00–G99

Table A6.18: ICD codes for mental health diseases

Version	Period	Codes
ICD-1	1907–1917	..
ICD-2	1918–1921	..
ICD-3	1922–1930	..
ICD-4	1931–1939	..
ICD-5	1940–1949	..
ICD-6	1950–1957	300–326
ICD-7	1958–1967	300–326
ICD-8	1968–1978	290–319
ICD-9	1979–1996	290–319
ICD-10	1997–	F00–F99

Table A6.19: ICD codes for congenital malformations, deformations and chromosomal abnormalities

Version	Period	Codes
ICD-1	1907–1917	150
ICD-2	1918–1921	150
ICD-3	1922–1930	159
ICD-4	1931–1939	157
ICD-5	1940–1949	750–759
ICD-6	1950–1957	750–759
ICD-7	1958–1967	750–759
ICD-8	1968–1978	740–759
ICD-9	1979–1996	740–759
ICD-10	1997–	Q00–Q99

Table A6.20: ICD codes for conditions originating in the perinatal period

Version	Period	Codes
ICD-1	1907–1917	151–153
ICD-2	1918–1921	151–153
ICD-3	1922–1930	160–163
ICD-4	1931–1939	158–162
ICD-5	1940–1949	158–162
ICD-6	1950–1957	760–776
ICD-7	1958–1967	760–776
ICD-8	1968–1978	760–779
ICD-9	1979–1996	760–779
ICD-10	1997–	P00–P96

Table A6.21: ICD codes for deaths from motor vehicle accidents

Version	Period	Codes
ICD-1	1907–1917	. .
ICD-2	1918–1921	. .
ICD-3	1922–1930	188c
ICD-4	1931–1939	186e
ICD-5	1940–1949	170a–d
ICD-6	1950–1957	E810–835
ICD-7	1958–1967	E810–835
ICD-8	1968–1978	E810–823
ICD-9	1979–1996	E810–825
ICD-10	1997–	V02–V04, V07–V09, V12–V14, V19–V79, V803–V806, V810–V811, V820, V821, V83–V88, V890, V892, V899

Table A6.22: ICD codes for deaths from suicide

Version	Period	Codes
ICD-1	1907–1917	155–163
ICD-2	1918–1921	155–163
ICD-3	1922–1930	165–174
ICD-4	1931–1939	163–171
ICD-5	1940–1949	163ab, 164a–h
ICD-6	1950–1957	E970–979, 963
ICD-7	1958–1967	E970–979, 963
ICD-8	1968–1978	E950–959
ICD-9	1979–1996	E950–959
ICD-10	1997–	X60–X84

Table A6.23: ICD codes for sudden infant death syndrome

Version	Period	Codes
ICD-1	1907–1917	..
ICD-2	1918–1921	..
ICD-3	1922–1930	..
ICD-4	1931–1939	..
ICD-5	1940–1949	..
ICD-6	1950–1957	..
ICD-7	1958–1967	..
ICD-8	1968–1978	..
ICD-9	1979–1996	798.0
ICD-10	1997–	R95

Table A6.24: ICD codes for senility

Version	Period	Codes
ICD-1	1907–1917	154
ICD-2	1918–1921	154
ICD-3	1922–1930	164
ICD-4	1931–1939	162
ICD-5	1940–1949	162
ICD-6	1950–1957	794
ICD-7	1958–1967	794
ICD-8	1968–1978	794
ICD-9	1979–1996	797
ICD-10	1997–	R54

Table A6.25: ICD codes for diabetes

Version	Period	Codes
ICD-1	1907–1917	50
ICD-2	1918–1921	50
ICD-3	1922–1930	57
ICD-4	1931–1939	59
ICD-5	1940–1949	61
ICD-6	1950–1957	260
ICD-7	1958–1967	260
ICD-8	1968–1978	250
ICD-9	1979–1996	250
ICD-10	1997–	E10–E14