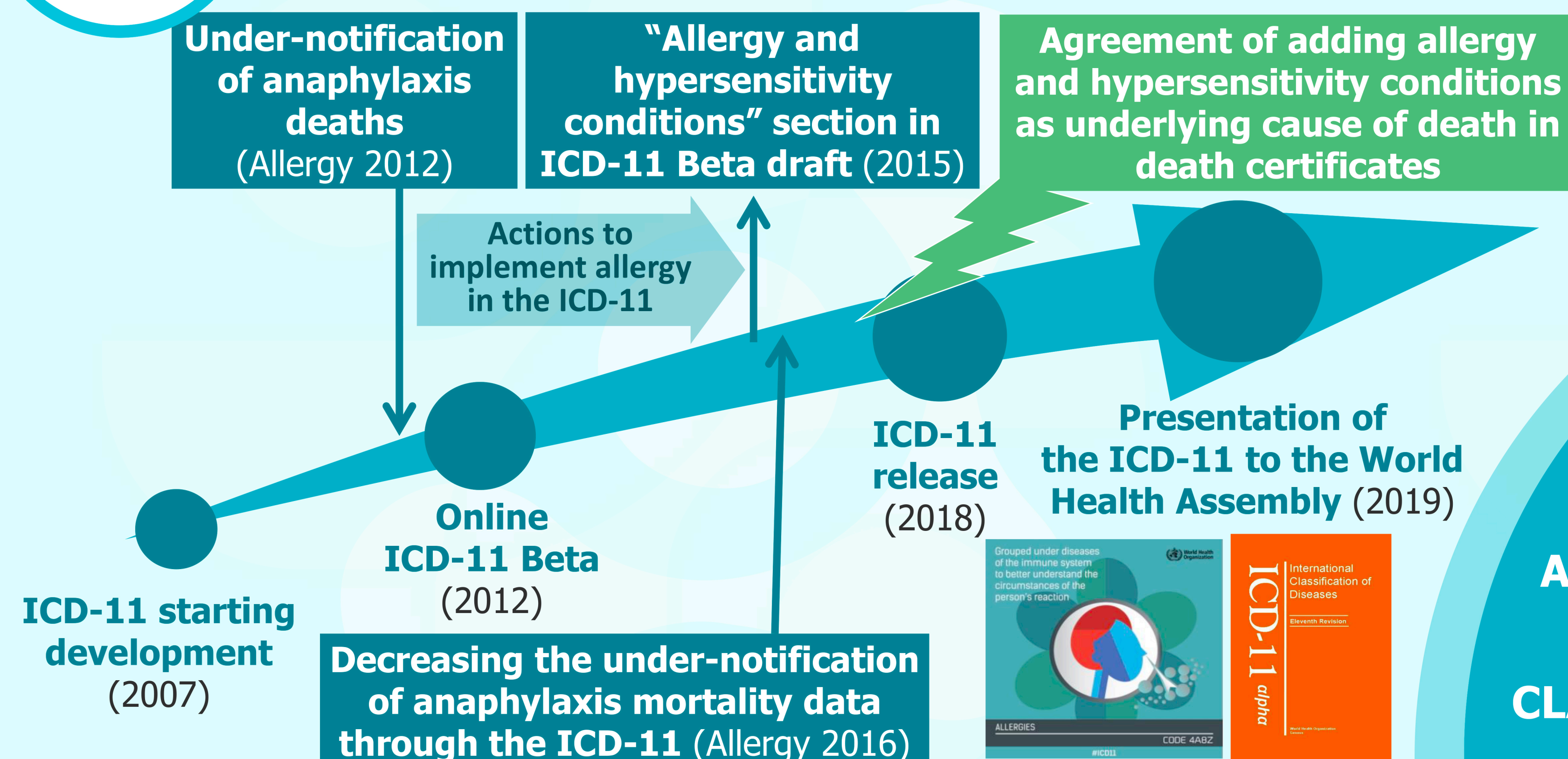




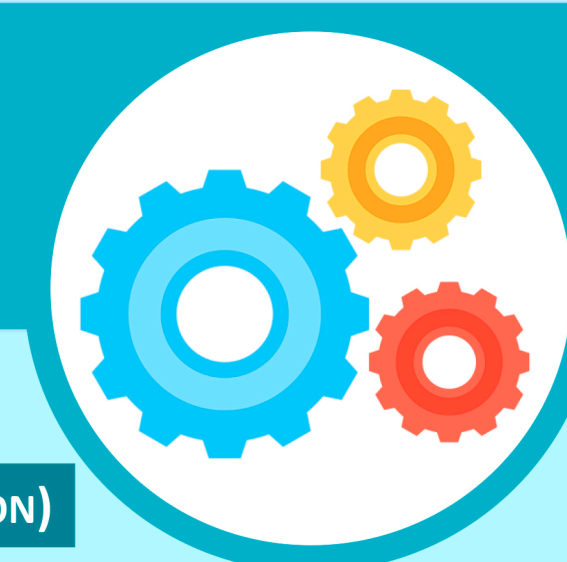
INTRODUCTION



INNOVATION AWARD
MID-CAREER SCIENTIST
Luciana KASE TANNO

CHANGING THE HISTORY OF ANAPHYLAXIS MORTALITY STATISTICS THROUGH THE INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)-11

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METHODS

ANAPHYLAXIS ICD-10 CODES (2015 VERSION)

Chapter XIX Injury, poisoning and certain other consequences of external causes (S00-T98)

Other and unspecified effects of external causes (T66-T78)
Adverse effects, not elsewhere classified

Note:
This category is to be used as the primary code to identify the effects, not elsewhere classifiable, of unknown, undetermined or ill-defined causes. For multiple coding purposes this category may be used as an additional code to identify the effects of conditions classified elsewhere.

T78.0 Anaphylactic shock due to adverse food reaction
T78.1 Other adverse food reactions, not elsewhere classified
T78.2 Anaphylactic shock, unspecified
Allergic shock NOS
Anaphylactic reaction
Anaphylaxis
T78.3 Angioneurotic oedema
Giant urticaria
Quincke oedema
T78.3 Allergy, unspecified
Allergic reaction NOS

ANAPHYLAXIS ICD-11 CODES (FROZEN MAY 2015 VERSION)

Chapter 04 Disorders of the immune system

Section Allergic and hypersensitivity conditions

Subsection Anaphylaxis

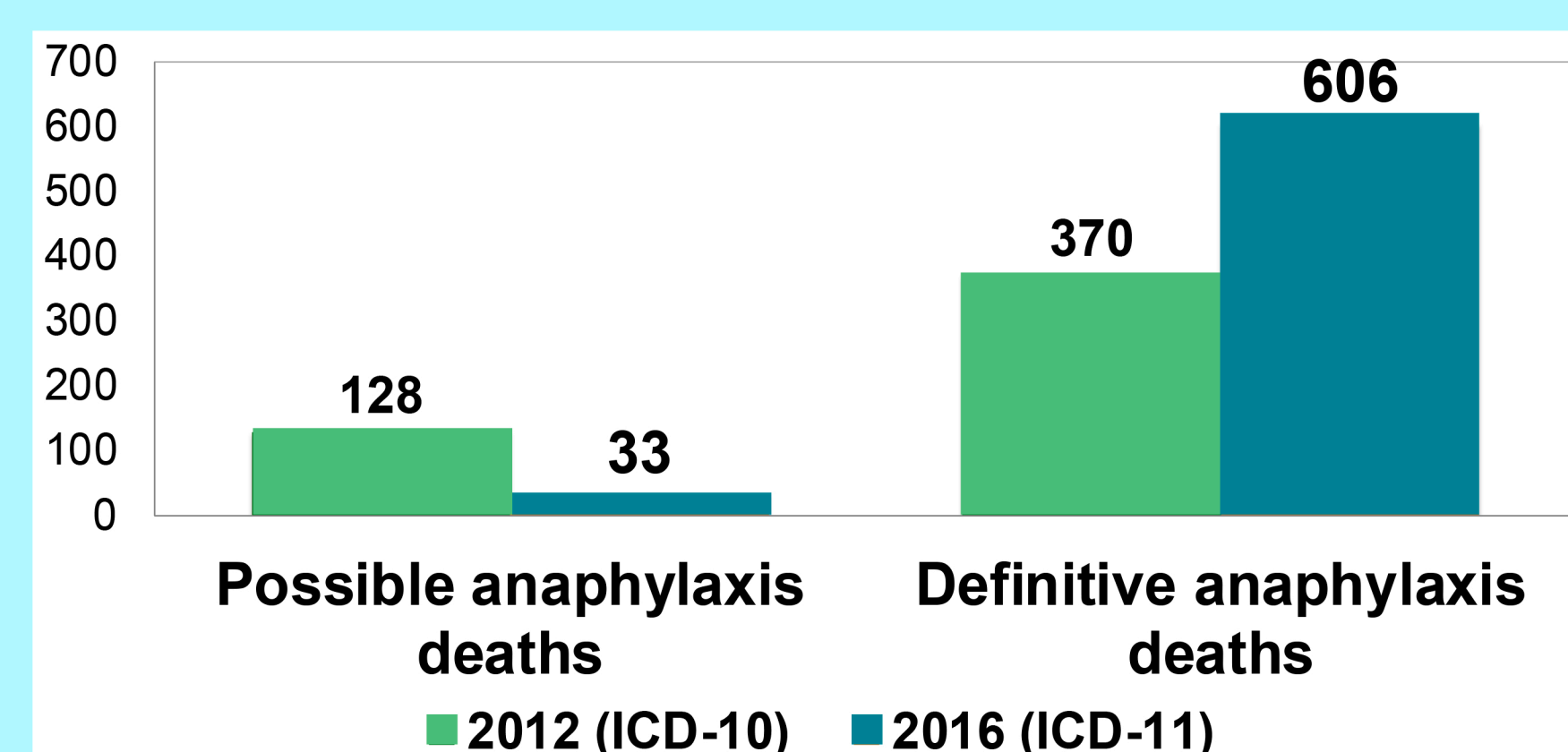
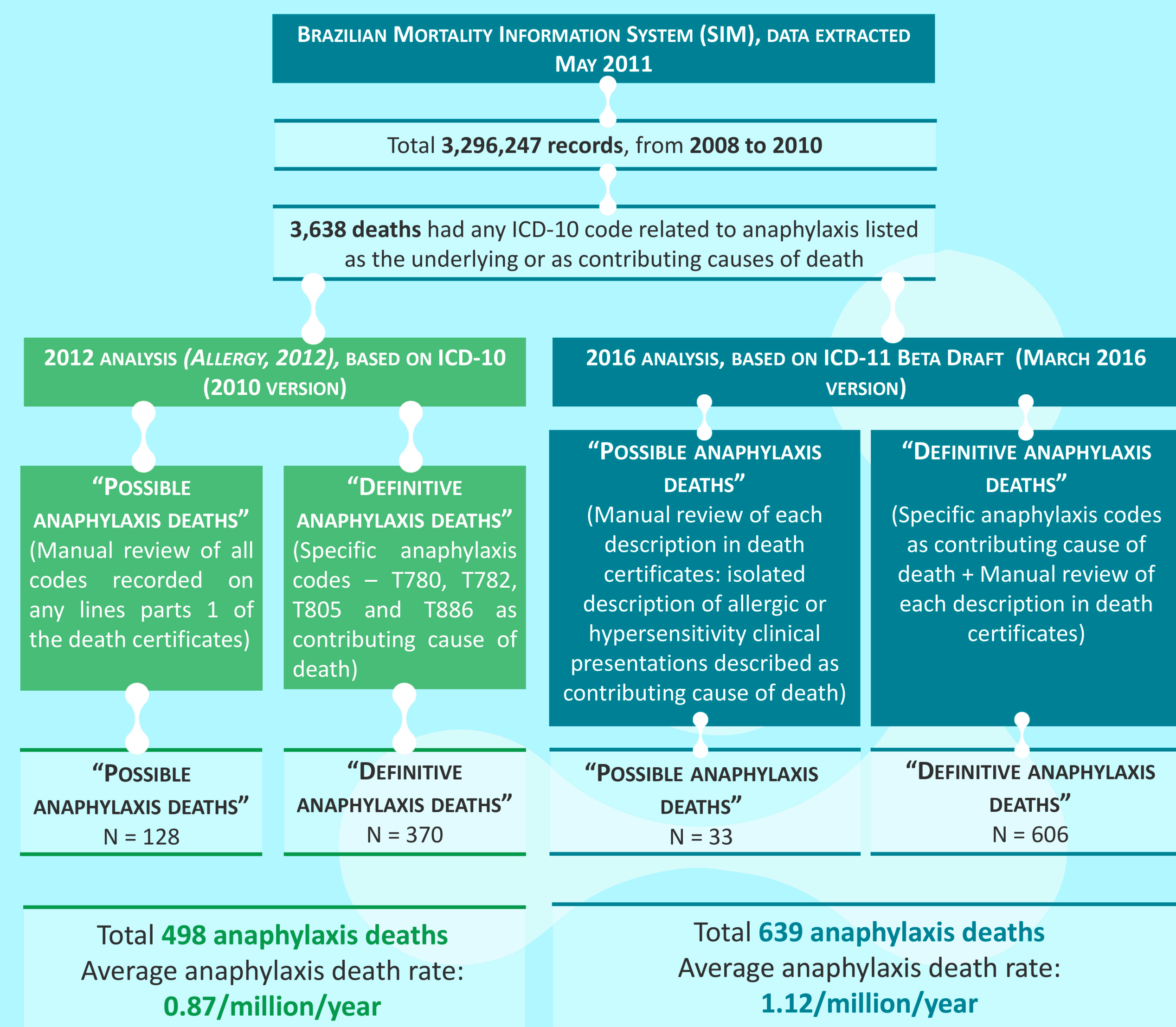
4B50 Anaphylaxis due to allergic reaction to food
4B51 Drug-induced anaphylaxis
4B52 Anaphylaxis due to insect venom
4B53 Anaphylaxis provoked by physical factors

4B53.1 Exercise-induced anaphylaxis
4B53.2 Cold-induced anaphylaxis
4B53.Y Anaphylaxis provoked by other specified physical factors
4B53.Z Anaphylaxis provoked by unspecified physical factors

4B54 Anaphylaxis due to inhaled allergens
4B55 Anaphylaxis due to contact with allergens



RESULTS



↑ **Sensitivity:**
Identification of cases 25% higher

↑ **Accuracy:**
Reaching 95% for definitive anaphylaxis deaths

| | 2012 ANALYSIS Total: 489 (%) | 2016 ANALYSIS Total: 639 (%) |
|--------------------------|---------------------------------|---------------------------------|
| Gender | | |
| Men | 288 (58) | 376 (59) |
| Women | 210 (42) | 264 (41) |
| Age (years) | | |
| Children (0-15) | 43 (9) | 51 (8) |
| Young adults (15-40) | 102 (20) | 148 (23) |
| Adults (40-60) | 138 (28) | 177 (28) |
| Elderly (>60) | 212 (43) | 263 (41) |
| External stimulus | | |
| Drugs | 208 (42) | 324 (51) |
| Insect bite | 172 (35) | 179 (28) |
| Food | 12 (2) | 12 (2) |
| Unspecified | 106 (21) | 124 (19) |

❖ Anaphylaxis morbidity statistics (WHO Montpellier hospitalization database): 89 cases/year, improvement of accuracy reaching 71.5% of agreement with the ICD-11.

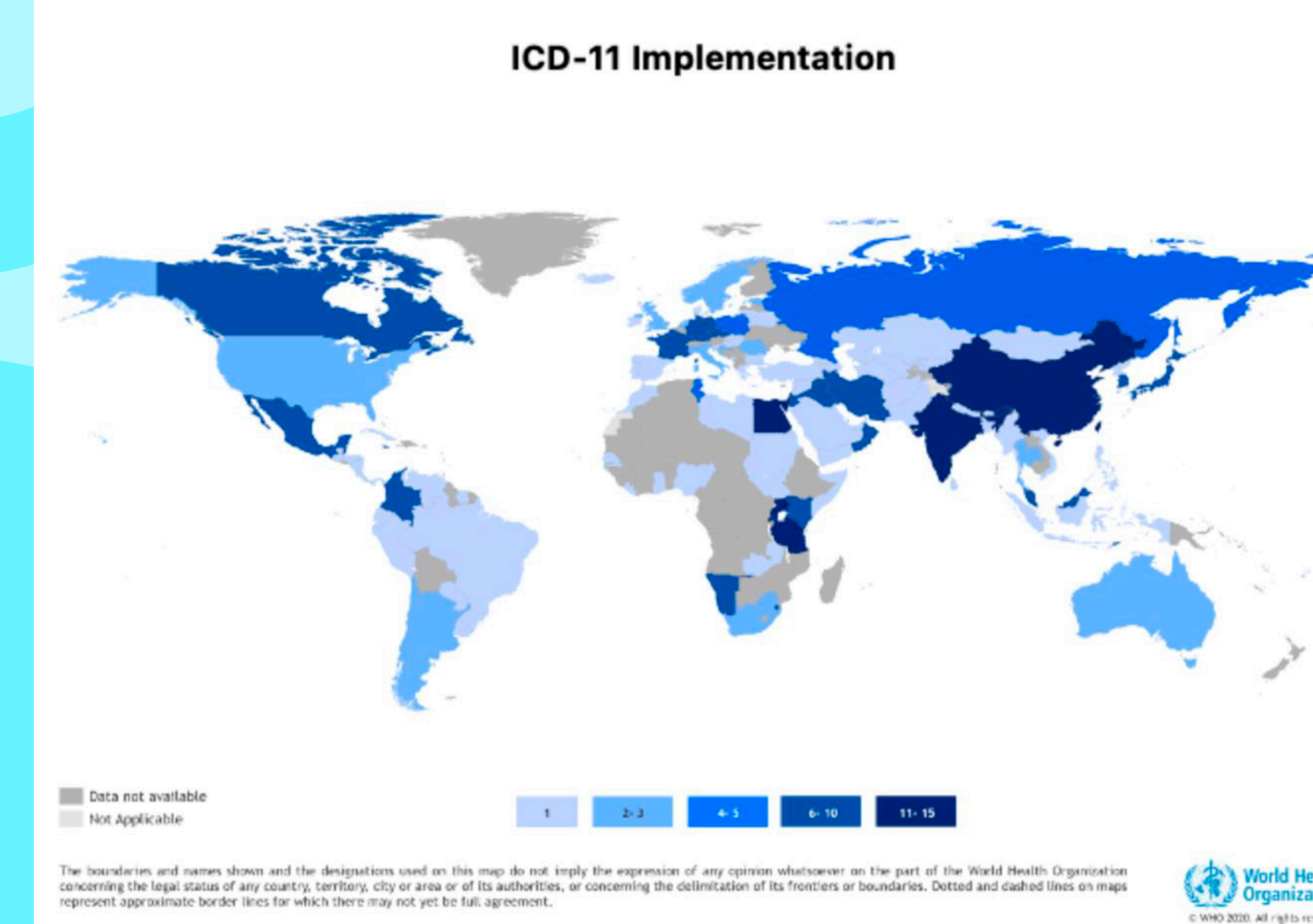
#ICD11

#CLASSIFICATION

#HYPERSENSITIVITY

ANAPHYLAXIS

ICD Implementation across WHO Member States



Affiliations: University Hospital of Montpellier, Montpellier, and Sorbonne Universités, UPMC, UMR-S 1136, IPLESP, Equipe EPAR, 75013, Paris, France
WHO Collaborating Centre on Scientific Classification Support (FRA 133)



CONCLUSION

The use of ICD-11 had a **clearer effect** on **accuracy**, reaching 95% for definite anaphylaxis, and **increased sensibility**, with identification of 25% higher.

The **ICD-11 "anaphylaxis"** section endorsed by the WHO = recognition as a real condition, able to be properly diagnosed and managed

Immediate consequences of the ICD-11 new classification:

Although currently anaphylaxis fatalities are perceived as rare, the **reported number of anaphylaxis deaths may increase**
Cases will be included in official mortality statistics, providing a **global standard for comparability** and, therefore, **for decision-making and prevention**.

ICD-11 is **under implementation worldwide**.

STALLERGENES GREER
Foundation