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CANADA

TUBERCULOSIS
STATISTICS
HANDBOOK

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DOMINION BUREAU OF STATISTICS
Health and Welfare Division
Institutions Section

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Health and Welfare Division
Institutions Section

TUBERCULOSIS STATISTICS
HANDBOOK

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PREFACE

In a single generation tuberculosis has dwindled dramatically as a cause of death among Canadians. Although 1,800 persons died of tuberculosis in 1953, an additional ten thousand would have died if the death rate of twenty-five years ago had still prevailed. Even in the last five years the rate has dropped by two-thirds, and tuberculosis now accounts for many less deaths each year than such causes as birth injury, nephritis or traffic accidents.

Despite declining mortality, however, tuberculosis remains an important disabling illness, requiring lengthy institutional treatment and absorbing a substantial proportion of Canada's health services. Each year approximately 20,000 persons are admitted to sanatoria for treatment averaging nearly a year in duration. At any given time approximately 17,000 patients are under sanatorium or hospital care for respiratory or other forms of tuberculosis.

The task of providing an annual statistical appraisal of tuberculosis morbidity and of diagnostic and treatment services is the responsibility of the Dominion Bureau of Statistics and is carried out in collaboration with federal, provincial and voluntary health authorities. It has long been felt that the absence of a comprehensive instructional and reference handbook for use by institutional staffs responsible for completing statistical returns has represented a serious deficiency in the statistical system, and the primary aim of the present publication is to correct this omission by bringing together in one booklet facsimiles of the several forms and the definitions and instructions necessary for accurate uniform reporting.

In addition the handbook contains certain other features designed to enhance its usefulness for purposes of reference, teaching and general information. Sections have thus been included on the operation of the statistical system, on the classification of tuberculosis conditions, and on commonly used statistical terms and rates.

The Bureau acknowledges with thanks the assistance received from federal and provincial health department officials in the preparation of this material. Special acknowledgement is due to Dr. G. J. Wherrett and his colleagues in the Canadian Tuberculosis Association, who provided valuable advice and suggestions. The handbook was prepared in the Institutions Section of the Health and Welfare Division of the Bureau.

Herbert Marshall,
Dominion Statistician.

CONTENTS

	Page
CHAPTER 1 Canada's national system of tuberculosis statistics	7
CHAPTER 2 Statistics of tuberculosis services	10
Annual return of tuberculosis institutions.....	10
Financial return of tuberculosis institutions	14
Annual return of tuberculosis units	17
Tuberculosis case-finding return	19
Annual return of BCG vaccinations	21
CHAPTER 3 Statistics of tuberculosis morbidity	23
Admission card	23
Separation card	27
Monthly statement	30
CHAPTER 4 Classification of tuberculosis	32
CHAPTER 5 Index of tuberculous condition	39
CHAPTER 6 Statistical terms and Bureau publications	65

CHAPTER 1

Canada's national system of tuberculosis statistics

In Canada the field of health is the constitutional responsibility of the ten provincial governments. In the division of powers between the federal and provincial authorities, however, the British North American Act gives to the Dominion the responsibility for "the census and statistics". With the passage of the Statistics Act of 1948 this function became centralized in the Bureau of Statistics. Operating as a branch of the federal Department of Trade and Commerce the Bureau has the statutory responsibility for the collection and publication of statistics on virtually all aspects of national life. In the field of tuberculosis statistics, the type of data to be collected, and methods of collection are the result of decisions reached within a framework of co-operative working arrangements with the ten provincial health departments and non-government agencies such as the Canadian Tuberculosis Association.

System started in 1937

Prior to 1937 the need for detailed statistical information concerning hospitalized tuberculosis patients had been stressed by the Canadian Tuberculosis Association, which felt that until such information was made available neither the public nor the professional groups involved could get a clear idea of the dimensions of the problem and the means used to combat it.

For some years the Bureau of Statistics had considered the possibility of collecting statistics of tuberculosis cases on a national scale. Despite the great amount of work being done in the provinces only meagre information was available, and much of this could not be studied from a national point of view due to lack of uniformity in collection procedures and definitions.

As a result of the joint efforts of provincial health authorities, the Canadian Tuberculosis Association and the Bureau of Statistics the initial steps for the introduction of a national tuberculosis statistics system were undertaken. Reporting schedules, and admission and discharge cards were drawn up. Before their final adoption they were sent to the superintendents of each tuberculosis sanatorium for comment, and valuable suggestions and criticisms leading to their improvement were received. At the Annual Meeting of the Canadian Tuberculosis Association held in Vancouver in June, 1936, the various reporting documents were presented and were adopted for use in all sanatoria in Canada.

The admission and discharge cards were put into use on January 1, 1937. The first step in the introduction of this card system was the enumeration of the inmate population of each sanatorium, on the cards provided as at January 1, 1937. The adoption of this procedure at the onset enables the Bureau to maintain a perpetual inventory of patients in tuberculosis sanatoria.

The large body of statistical data which is collected annually through this reporting system is published in a report which is issued each year.

In 1944 it was decided that in view of the great strides made in combatting tuberculosis outside the sanatoria, the system should be enlarged to include statistics concerning anti-tuberculosis activities and mass X-ray surveys. In 1950 additional data were collected to provide information concerning the general hospital admission programme and BCG vaccinations.

In addition to extending the coverage of the system throughout the years improvements have been made in the design and content of the reporting morbidity cards and schedules with a view to providing information of the greatest possible use to the consumers of these data. With few exceptions, the contents of the reporting cards and schedules are uniform throughout the ten provinces. In some cases additional information is collected on the same forms by provincial governments, although the basic uniformity of information for national consumption is maintained, thereby assuring comparability. Similar uniformity is maintained in the instructions and definitions which underlie the reported data.

Five main objectives

The purpose of the present system is to provide accurate statistical information on five main aspects of tuberculosis control:

- the volume and utilization of institutional accomodation;
- the incidence of institutionalized tuberculosis, the characteristics of patients, and the nature of treatment;
- the operating costs and revenues of tuberculosis sanatoria;
- the volume and results of case-finding activity;
- the number of BCG vaccinations

Provincial liaison

One of the main supports for the efficient operation of the present statistical system is the close co-operation which exists between the provincial tuberculosis authorities and the Bureau. In some provinces the provincial health department distributes blank forms to the reporting agencies, collects the completed forms, and returns them to the Bureau. These arrangements enable the province to procure current information, while the Bureau benefits by having returns controlled by provincial officials who are in close contact with reporting agencies. In other provinces the Bureau deals directly with the institution in the distribution and collection of reporting cards and schedules.

Factors affecting type of data collected

Of primary concern in the collection and tabulation of tuberculosis statistics are the demands of the consumers of these data who are professional health personnel concerned with tuberculosis control. Bureau officials maintain close liaison with these individuals and organized agencies through membership in professional organizations and direct consultation with the Canadian Tuberculosis Association and provincial officials.

Another factor which must necessarily influence the content and layout of the various reporting documents is expediency. Bureau policy on matters of cost, time, and available facilities must be taken into

account. In addition, only that information which has specific uses, and can be provided accurately, completely, and with a minimum of delay can be asked. Finally, it must always be borne in mind that the type and amount of information requested will not impose too heavy a burden on the staff of the institution or agency concerned.

Information confidential

Much of the information collected concerning patients in tuberculosis sanatoria is of a highly confidential nature; therefore, the particulars reported must be strictly protected. To ensure such confidentiality the Bureau staff concerned are under oath to protect the secrecy of the information with which they deal. In addition, great care is exercised in the disclosure of identity through the publication of very small frequencies.

Importance of accurate and punctual returns

The usefulness of published tuberculosis statistics is greatly affected by their currency. Figures which are two or more years old lose a great deal of value. With its present facilities the Bureau can process and publish data within a few months after the year to which they refer. But before this process can begin returns must be received and reported accurately. A few late returns can retard the whole system and seriously delay the release of information to those concerned. **The most significant single contribution an institution or agency can make to the advancement of tuberculosis statistics in Canada is the simple matter of completing and submitting its returns punctually.** Individual reporting cards should be sent in immediately after the close of each month, and the various reporting schedules should be forwarded immediately after the close of the year, or, in the case of the Financial Return of Tuberculosis Institutions, as soon as the closing of accounts makes the data available.

CHAPTER 2

Statistics of tuberculosis services

Two general classes of returns are used by the Bureau for collecting statistics. They are (1) the schedules, and (2) the morbidity cards. The object of the schedules is to provide data regarding the facilities available for tuberculosis control including institutional services, personnel, bed accommodation, X-ray surveys, and BCG vaccinations; that of the morbidity cards to provide the diagnosis, and other characteristics of patients in tuberculosis institutions.

This section outlines the procedures to be followed in completing the schedules; the morbidity cards are discussed in the following chapter.

The five schedules in use are:

Annual return of tuberculosis institutions

Financial return of tuberculosis institutions

Annual return of tuberculosis units

Tuberculosis case-finding return

Annual return of BCG vaccinations

Annual return of tuberculosis institutions

Object of schedule

The object of the **Annual return of tuberculosis institutions** is to provide data regarding the bed capacity, services, personnel of tuberculosis sanatoria only. A separate schedule, **Annual return of tuberculosis units**, is used in collecting data from tuberculosis units in general hospitals.

One copy of this schedule should be completed and submitted by January 31 to the Institutions Section, Bureau of Statistics, Ottawa, Ontario, or, where a special arrangement exists, to the appropriate provincial government department.

1. General

- (a) **Ownership**—Check the appropriate box to show what type of agency owns the sanatorium. Ownership is usually attributed to the persons, corporation, or governmental agency under whose name the lease or deed to the real estate of the sanatorium is registered or held.

(b) Capacity

“Rated bed capacity”—The rated bed capacity represents the number of beds in the sanatorium as established by provincial hospital standards and should be computed on that basis. However, the **minimum floor areas** to be used in computing the rated bed capacity are as follows:

DOMINION BUREAU OF STATISTICS

ANNUAL RETURN OF TUBERCULOSIS INSTITUTIONS

Name and address of institution

1. GENERAL

(a) Ownership -

- Federal Provincial Municipal
 Lay corporation Religious organization

(b) Capacity -

Rated bed capacity

Beds set up at December 31

Adults	Children	Total

(c) Days of patient care during year

(d) Daily average number of patients in residence during year

(e) Educational facilities -

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Is the institution affiliated with a medical school for undergraduate education | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the institution an approved school of nursing | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the school of nursing affiliated with other institutions to - secure training..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - provide training | <input type="checkbox"/> | <input type="checkbox"/> |

2. SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Bacteriology |
| <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Clinical laboratory |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Educational therapy |
| <input type="checkbox"/> Pathology | |

3. PERSONNEL AT DECEMBER 31

- | | |
|--|---------------------------------------|
| (a) Salaried doctors - full time | (f) Dietitians - graduate |
| - part time | - student |
| (b) Interns | (g) Paid social service workers |
| (c) Nurses - graduate | (h) Instructors - academic |
| - student | - vocational |
| - affiliate | (j) Technicians - radiology |
| (d) Nursing assistants | - laboratory |
| | (k) All other employees |
| (e) Orderlies and attendants | (TOTAL PERSONNEL) |

Adults	{	Single patient room	100 sq. ft.
		Multiple accommodation	80 sq. ft.
Children	{	Child single room	80 sq. ft. (Minimum width 8 ft.)
		Children's ward	50 sq. ft.
		Infant	30 sq. ft.

Where the provincial hospital standards are greater than any of the minimum floor areas outlined above, the sanatorium should report its rated bed capacity on the basis of the **provincial hospital standards**. Where the provincial hospital standards are less than the floor areas outlined above, the **minimum floor areas described above** should be used to calculate the rated bed capacity.

"Beds set up at December 31"—is the number of beds set up and ready for use at midnight, December 31, **whether occupied or not**. This number may be greater or less than the rated bed capacity.

- (c) **Days of patient care**—is the total number of days of care rendered during the year. The date of separation is not counted. A person admitted and separated on the same day is considered to have received one day of care.
- (d) **Daily average number of patients in residence**—this figure may be calculated by dividing the figure in item 1 (c) by 365; or, for a leap year, by 366; or, if the sanatorium was closed for part of the year, by the number of days it operated.

(e) **Educational facilities**

Is the institution affiliated with a medical school for undergraduate education?—Check "yes" only if the sanatorium and a university with a medical faculty have entered into an agreement whereby a doctor who is on the teaching staff of the university is also on the attending staff of the sanatorium, and whereby undergraduate students of the medical faculty are assigned to the sanatorium to acquire practical experience in the treatment of patients in the sanatorium as a regular part of their curriculum.

Has the institution an approved school of nursing?—An approved school of nursing is one which meets the legal requirements of the province in which it is located, and of which the graduates are eligible to take the qualifying examination for Registered Nurse. It does not include schools for nursing assistants.

Is the school of nursing affiliated with other institutions to:

secure training?

provide training?

Indicate in the appropriate boxes whether the sanatorium's school of nursing has entered into an agreement with another institution or other institutions to secure training for the sanatorium's students and/or to provide training for students of other institution or institutions.

2. Services

Check only services which are "organized". An organized service is one which furnishes specific service in a particular clinical laboratory field under the supervision of a director or head specially qualified in that field and who has general supervision over the work in the particular clinical or laboratory department for a definite period. In the case of a radiological or pathological department, such supervision should be by a qualified radiologist or pathologist with or without the assistance of technicians. Do not check any service not so organized.

3. Personnel at December 31

Under personnel include only full-time employees except in the case of part-time salaried doctors. Include only paid personnel and members of religious orders who are working in the sanatorium as staff members without pay.

- (a) **Salaried doctors**—Enter on the appropriate lines the number of full-time and the number of part-time physicians and surgeons on the payroll of the sanatorium including doctors under contract to the sanatorium.
- (b) **Interns**—Include all junior and senior interns and residents, and residents proceeding to a specialist's certificate, if on the medical staff.
- (c) **Nurses**
 - **graduate**—are persons who have graduated from an approved school of nursing. This term includes both registered and non-registered graduate nurses.
 - **student**—are persons who are undertaking a formal course of study at the sanatorium's approved school of nursing, the successful completion of which will render them eligible to take the qualifying examination for Registered Nurse. It excludes students who are training to become nursing aides, practical nurses, or persons of similar status.
 - **affiliate**—are students of another institution who are acquiring training in the sanatorium's approved school of nursing through an agreement between the sanatorium and their institution wherein the sanatorium undertakes to provide such training. The students must be undergoing training, the successful completion of which will render them eligible to take the qualifying examination for Registered Nurse.
- (d) **Nursing assistants**—includes nursing aides, practical nurses, and persons of similar status who have completed a formal course of training below the course of a graduate nurse.
- (e) **Orderlies and attendants**—are persons who perform nursing duties but have neither enrolled for nor completed a formal course of training.
- (f) **Dietitians**
 - **graduate**—is one who has satisfactorily completed a post-graduate course in hospital dietetics whether or not the course is one approved by the Canadian Dietetics Association, or who, though not having satisfactorily completed a post-graduate

course in hospital dietetics, is a graduate in home economics and is carrying out the functions of a dietitian.

- **student**—includes here only students of a post-graduate course in hospital dietetics.
- (g) **Paid social service workers**—Enter here all paid, full-time, qualified social service workers. These can be qualified either through having five years' experience in social welfare work, under qualified supervision, or through graduation from a school of social work approved by the Canadian Association of Social Workers.
- (h) **Instructors**—Enter in the appropriate spaces all full-time academic instructors and vocational instructors.
- (j) **Technicians**
 - **radiology**—includes all employees of the sanatorium who are carrying out or assisting in carrying out the duties of a radiological technician whether or not they are registered with the Canadian Society of Radiological Technicians or the American Registry of Radiological Technicians.
 - **laboratory**—includes all employees of the sanatorium who are carrying out or assisting in carrying out the duties of a laboratory technician whether or not they possess a graduation certificate from a school for laboratory technicians approved by a committee of the Canadian Medical Association in co-operation with the Canadian Society of Laboratory Technicians.
- (k) **All other employees**—includes all full-time employees, not included in any of the above categories.

Financial return of tuberculosis institutions

Object of schedule

The object of the **Financial return of tuberculosis institutions** is to provide financial data regarding the operating costs, revenue, and financial condition of tuberculosis sanatoria. Only non-federal sanatoria complete this schedule. There is no financial schedule for tuberculosis units since it is not feasible to segregate such information for them from the data for the hospitals of which they form part.

One copy of this schedule should be completed and submitted to the Institutions Section, Bureau of Statistics, Ottawa, Ontario, or, where a special arrangement exists, to the appropriate provincial government department, within one month after the end of the fiscal year.

Operating revenue—includes all revenue which accrued (or became receivable) to the sanatorium during the fiscal year for its operation and maintenance.

1. **Grants and payments**—Include revenue from governments to cover operating deficits and/or assist in maintaining services, but exclude capital grants or payments. Payments made on behalf of specific individuals are not to be entered here but rather under item 3, "Workmen's Compensation Board and other contracts".

DOMINION BUREAU OF STATISTICS

FINANCIAL RETURN OF TUBERCULOSIS INSTITUTIONS

Name and address of institution Year ended 19.....

OPERATING REVENUE

1. Grants and payments: Federal	}	
Provincial		
Municipal		
2. Received from paying patients	}	
3. Workmen's Compensation Board and other contracts		
4. Hospital care plans		
5. Other revenue for care of patients		
6. TOTAL REVENUE FROM SERVICES TO PATIENTS		
7. Income from investments and permanent funds		
8. Donations and bequests		
9. Contributed services		
10. Sales of Christmas Seals		
11. Other revenue		
12. TOTAL SPECIAL REVENUE		
13. TOTAL OPERATING REVENUE		
14. Excess of expenditure over revenue		
15. GRAND TOTAL		

OPERATING EXPENDITURE

1. Gross salaries and wages	}	
Less: deductions for board, etc.		
2. Medical, surgical and sterile supplies	}	
3. Provisions (food)		
4. Fuel, power, light and water		
5. Other operating expenditures		
6. TOTAL OPERATING EXPENDITURES		
7. Excess of revenue over expenditure		
8. GRAND TOTAL		

2. **Received from paying patients**—Enter here all revenue accruing to the hospital from paying patients or from other persons such as relatives or friends on behalf of paying patients. Do not include amounts paid by governments on behalf of specific patients; such amounts are to be included in item 3, "Workmen's Compensation Board and other contracts". Do not include payments received from patients by way of their membership in medical and/or hospital insurance plans; such amounts are to be included in item 4, "Hospital care plans".
3. **Workmen's Compensation Board and other contracts**—Enter here revenue earned for care of special patients or groups of patients under terms of contracts. Distinguish carefully from item 1 above. Include in this section amounts paid by governments on behalf of individuals or specific groups of individuals.
4. **Hospital care plans**—Include payments received by the sanatorium through patients' membership in medical and/or hospital insurance plans.
5. **Other revenue for care of patients**—Enter here only revenue received for care of patients and clearly not assignable to any of the sources listed in 1 to 4 inclusive.
6. **Total revenue from services to patients**—the sum of 1 to 5 inclusive.
9. **Contributed services**—Enter the value, at the standard rate, of donated services of unpaid or partially paid personnel after deductions for board, laundry, etc., have been made.
11. **Other revenue**—Enter here only sums clearly not assignable to any of the sources listed above.
12. **Total special revenue**—the sum of 7 to 11 inclusive.
13. **Total operating revenue**—the sum of 6 and 12.
14. **Excess of expenditure over revenue**—If no excess, enter "nil".
15. **Grand total**—the sum of 13 and 14.

Operating expenditure—is the actual accrued cost of operating the sanatorium during the fiscal year. All operating expenses should be indicated whether or not payment has actually been made. Do not include any capital expenditures.

1. **Gross salaries and wages**—include all wages and salaries earned by personnel during the fiscal year including the value, at the standard rate, of contributed service by unpaid full-time personnel such as members of religious orders.

less deductions for board, etc — subtract here the known or estimated value of board, lodging, laundry, and similar perquisites supplied to the staff by the hospital.

Enter on the right the balance after deductions have been subtracted from gross salaries and wages.

6. **Total operating expenditures**—the sum of 1 to 5 inclusive.
7. **Excess of revenue over expenditure**—If there is no excess, enter "nil".
8. **Grand total**—must equal item 15 of **Operating revenue**.

Annual return of tuberculosis units

Object of schedule

The object of the **Annual return of tuberculosis units** is to collect ownership, accommodation, and patient load data regarding tuberculosis units that form parts of hospitals other than tuberculosis sanatoria. The schedule should be completed annually by the unit and forwarded to the Institutions Section, Bureau of Statistics, Ottawa, Ontario, or, where a special arrangement exists, to the appropriate provincial government department, not later than January 31st.

This return is not completed by tuberculosis units in mental hospitals.

Type of hospital or institution—Check in the appropriate box the type of hospital of which the unit forms a part.

Ownership—Check in the appropriate box the type of ownership of the hospital of which the unit forms a part. Ownership is usually attributed to the persons, corporation, or governmental agency under whose name the lease or deed to the real estate of the hospital or institution is registered or held.

Number of beds in unit—Rated bed capacity—The rated bed capacity represents the number of beds in the hospital as established by provincial hospital standards and should be computed on that basis. However, the **minimum floor areas** to be used in computing the rated bed capacity are as follows:

Adults	{	Single patient room	100 sq. ft.
		Multiple accommodation	80 sq. ft.
Children.....	{	Child single room	80 sq. ft. (Minimum width 8 ft.)
		Children's ward	50 sq. ft.
		Infant	30 sq. ft.

Where the provincial hospital standards are greater than any of the minimum floor areas outlined above, the unit should report its rated bed capacity on the basis of the **provincial hospital standards**. Where the provincial hospital standards are less than the floor areas outlined above, the **minimum floor areas described above** should be used to calculate the rated bed capacity.

Beds set up at December 31—is the number of beds set up and ready for use at midnight, December 31, **whether occupied or not**. This number may be greater or less than the rated bed capacity.

Number of patients

Patients admitted during year—Enter the total number of patients admitted to the unit during the calendar year. An admission is the formal acceptance and reception of a person as an in-patient. Reception involves the allocation of a regular hospital bed to the patient. Patients returning from leave or from temporary transfer to another institution or to another part of the hospital or institution of which the unit forms a part, are not to be counted as admissions.

ANNUAL RETURN OF TUBERCULOSIS UNIT S

Province of _____

Name and address of hospital or institution
in which this Tuberculosis Unit is located

TYPE OF HOSPITAL OR INSTITUTION

- General hospital Special hospital Mental hospital
 Psychiatric hospital Other
-

OWNERSHIP

- Federal Provincial Municipal
 Lay corporation Religious organization
-

NUMBER OF BEDS IN UNIT

Rated bed capacity

Beds set up at December 31,

NUMBER OF PATIENTS

Patients admitted during year

Patients discharged (alive) during year

Patients died during year

Patients in the unit at December 31

DAYS OF CARE

Total days of patient care given during year

Patients discharged (alive)—Enter the total number of discharges (live separations) from the unit during the calendar year. For statistical purposes, a discharge is the official release by the unit of a live in-patient. Do not include persons temporarily transferred to another institution or to another part of the hospital or institution of which the unit forms a part. However, include such transfers if they are not temporary and if they involve the official release by the unit of the live in-patient.

Patients died—Enter the total number of patients who died in the unit or while still on the books of the unit, regardless of the cause of death.

Patients in the unit at December 31—Enter the number of patients who were in the unit, or on the books of the unit, at midnight of the last day of the year.

Total days of care—Enter here the total number of days of care rendered by the unit during the year. The date of separation is not counted. A person admitted and discharged on the same day is considered to have received one day of care.

Tuberculosis case-finding return

Object of schedule

The object of the **Tuberculosis case-finding return** is to collect data on those preventive measures aimed at the early detection of tuberculosis among the general population, designated by the term "anti-tuberculosis activities". Hence this return is completed by general hospitals, which report on routine chest X-rays of admissions, by tuberculosis clinics and dispensaries, and by agencies undertaking mass X-ray surveys. This schedule, when completed by the agency concerned, is forwarded to the director of anti-tuberculosis activities in the province. The provincial director, in turn, submits to the Bureau a master schedule consolidating the returns made by all the agencies in his province. The schedule should be completed by the general hospitals, clinics and dispensaries, and X-ray survey authorities and submitted to the provincial director not later than January 31st.

Type of agency reporting—The appropriate box should be checked. Where a return is being made for more than one type of agency, a separate schedule should be completed for each.

Diagnosis—The type of diagnosis to be reported depends upon the type of agency reporting. Final diagnoses should be reported by clinics and dispensaries, provisional diagnoses by mass X-ray surveys, and diagnostic impressions by hospital admission programmes.

Total number of persons examined—Enter the total number of persons examined by the general hospital, tuberculosis clinic or dispensary, or mass X-ray survey during the year. This should equal the total of the numbers on the succeeding five lines.

Number with tuberculosis—The entry here should be the same as that in **Total tuberculosis** under Diagnosis.

Pneumothorax and Pneumoperitoneum

Number of patients treated—Enter in the spaces provided the total number of patients to whom pneumothorax was rendered and the number of patients to whom pneumoperitoneum was rendered regardless of the number of treatments given.

TUBERCULOSIS CASE-FINDING RETURN

Province of _____

Type of agency reporting: General hospital admissions Tb. clinic or dispensary
 (a separate form should be Mass X-ray survey
 used by each type of agency)

Name and address of hospital, clinic or agency

TOTAL NUMBER OF PERSONS EXAMINED

Number with no significant abnormality

No diagnosis made

Number with non-tuberculous chest conditions

Tuberculosis suspects

NUMBER WITH TUBERCULOSIS

Breakdown of 'NUMBER WITH TUBERCULOSIS' above -

DIAGNOSIS*	TOTAL	ACTIVE		INACTIVE		DOUBTFUL ACTIVITY	
		New	Old	New	Old	New	Old
PULMONARY: Minimal							
Moderately advanced							
Far advanced							
PLEURISY							
PRIMARY INFECTION				x x x x x x		x x x x x x	
OTHER RESPIRATORY TUBERCULOSIS							
NON-RESPIRATORY TUBERCULOSIS							
TOTAL TUBERCULOSIS							

* It is understood that while clinics and dispensaries will report final diagnosis, mass surveys may be able to report provisional diagnosis, while hospital admission programs may be able to report only diagnostic impressions.

PNEUMOTHORAX AND PNEUMOPERITONEUM Pneumothorax Pneumoperitoneum

Number of patients treated

Number of refills given

Number of refills given—Enter in the appropriate spaces the number of **refills** of pneumothorax and the number of **refills** of pneumoperitoneum rendered to the above patients.

Annual return of BCG vaccinations

Object of schedule

The object of the **Annual return of BCG vaccinations** is to collect data on the use of bacillus Calmette-Guérin as an anti-tuberculosis measure. The return is completed by the hospital, clinic, or other governmental or voluntary vaccinating agency, within one month of the end of each calendar year, and forwarded to the provincial director of anti-tuberculosis activities; the provincial director submits to the Bureau of Statistics, a schedule consolidating the returns completed by the institutions and agencies that made use of BCG vaccinations in his province during the year.

In completing items 1-6, enter the total number of **BCG vaccinations** given to persons in the various categories listed.

1. Nurses

- (a) **graduates**—are persons who have graduated from an approved school of nursing. This term includes both registered and non-registered graduate nurses.
- (b) **students**—include both students and affiliates. Students are persons who are undertaking a formal course of study at the reporting hospital's **approved** school of nursing, the successful completion of which will render them eligible to take the qualifying examination for Registered Nurse. Affiliates are students of another institution who are acquiring training in the reporting hospital's **approved** school of nursing through an agreement between the reporting hospital and their institution wherein the reporting hospital undertakes to provide such training. The students or affiliates must be undergoing training the successful completion of which will render them eligible to take the qualifying examination for registered nurse. (An approved school of nursing is one which meets the legal requirements of the province in which it is located and of which the graduates are eligible to take the qualifying examination for registered nurse.)
- (c) **Other nursing personnel**—includes nursing aides, practical nurses, and persons of similar status who either have completed or are now trainees of a formal course of training below the course of a graduate nurse.

2. **Other personnel**—Enter here the total number of BCG vaccinations rendered to all other personnel including orderlies of the reporting hospital, clinic, or vaccinating agency, except medical students.

4. **Indians and eskimos**—For statistical purposes, an Indian is either (a) a person living on a reservation either or both of whose parents is a native Indian, or (b) a person, not living on a reservation, whose **father** is a native Indian. An Eskimo is a person whose **father** is a native Eskimo.

6. **Total**—Enter the total of 1-5, which should be the total number of BCG vaccinations rendered by the hospital, clinic, or vaccinating agency during the year.

ANNUAL RETURN OF BCG VACCINATIONS

Province of _____

Name and address of hospital,
clinic or vaccinating agency

NUMBER OF BCG VACCINATIONS GIVEN TO

1. Nurses (a) graduates

(b) students

(c) other nursing personnel¹

2. Other hospital personnel²

3. Medical students

4. Indians and Eskimos (a) newborn

(b) adults and children

5. All other persons (a) newborn contacts

(b) adults and children, contacts

(c) newborn, not contacts

(d) adults and children, not contacts

6. TOTAL

1. Includes nursing assistants, ward aides, etc.

2. Includes orderlies.

CHAPTER 3

Statistics of tuberculosis morbidity

General

Information concerning the incidence of the various types of hospitalized tuberculosis in Canada, and the characteristics of patients is derived from individual reporting cards. Through the co-operation of provincial tuberculosis authorities these reporting cards are submitted by tuberculosis sanatoria and units in general hospitals.

Two cards are used, an admission card for each admission, readmission, or transfer in; and a separation card for each discharge, death, or transfer out. The cards representing the admissions or separations for any one month are forwarded by the institution or unit to the Bureau, or in some cases through the provincial tuberculosis control authorities. Each monthly batch is accompanied by a monthly statement of population movement which serves as check on the cards involved and indicates the patients in residence in the institution.

On arrival at the Bureau the completed cards are edited for inaccuracies, and coded according to a variety of statistical classifications. These codes are then punched onto I.B.M. Punch Cards for statistical tabulation.

Admission card

Types of admission

The institution which includes a sanatorium or a tuberculosis unit of a general hospital, submits one card for each admission, that is, for each formal acceptance and reception of a person as an in-patient. Reception involves the allocation of a regular hospital bed to the patient. Hence a patient returning from leave or from temporary transfer is not classed as an admission. To be counted as an admission, a patient must fall into one of the following categories:

First admission—One being admitted to a tuberculosis institution, either from the community or from an institution **other than one for tuberculosis**, who has no past history of admission to any tuberculosis institution anywhere. Note that a person admitted from the tuberculosis unit of a general hospital to a sanatorium would **not** be a first admission; note also that a person admitted to a tuberculosis unit from a general division, whether in the same hospital or elsewhere, who had no past history of tuberculosis hospitalization, **would** be a first admission.

Readmission—One who was previously discharged from any tuberculosis institution, wherever located, and who re-enters a tuberculosis institution because of a reactivation or extension of disease. This term includes patients discharged against medical advice who re-enter **after** thirty days.

Review—One who, having been discharged, re-enters a tuberculosis institution for review purposes, and who is found on review not to require institutional treatment. Note that if a patient is detained for treatment he is not a review, regardless of his diagnosis.

TUBERCULOSIS ADMISSION

Name and address of institution

Name of patient Date of admission Case no.
(month) (day) (year)

1. Residence

2. Sex male female

3. Date of birth

4. Marital status single married widowed divorced

5. Country of birth Canada U.K. U.S.A.
 Other (specify)

6. Year of arrival in Canada

7. Citizenship Canada Other British U.S.A.
 Other (specify)

8. Origin English French Native Indian
 Other (specify)

9. Occupation 10. Industry

11. Type of admission first admission readmission
 review to continue treatment
 transfer, from

IF TUBERCULOSIS -

12. Bacillary status bacillary non-bacillary

13. Activity active inactive

arrested undetermined

14. Diagnosis

With occupational disease of lung (001)

Pulmonary tuberculosis (002) { minimal
 moderately advanced
 far advanced
 miliary

Pleural tuberculosis (003) { with effusion
 without effusion

Primary infection (004)

Tracheobronchial (005)

Other respiratory (007), specify

Other tuberculosis (010-019), specify

OTHER CONDITIONS

15. no disease non-tuberculous disease no diagnosis
specify

16. Has patient ever had BCG vaccination?
 Yes No If yes, state year

To continue treatment—One re-entering a tuberculosis institution who had been previously discharged from a tuberculosis institution while still in need of treatment but for whom treatment had been postponed; or, one discharged against medical advice who re-enters **within** thirty days.

Transfer from—A patient sent from one tuberculosis institution in Canada to another. Should the sending institution be other than a tuberculosis institution, then the patient should be classed as either a first admission or a readmission as applicable.

Insert name and address of the reporting institution in the appropriate space.

Name of patient—Print or type the **surname first** followed by the given names in full.

Date of admission—Enter in that order the month, day, and year of the present admission regardless of type of admission. The date of admission is the date of the patient's physical arrival in the tuberculosis institution, not necessarily the date of his formal entry.

Case number—Enter here the case number assigned by the institution to the patient on admission. This number should remain with the patient throughout his stay and hence should appear on both his admission card and his separation card. This number should:

- (1) consist of not more than six digits;
- (2) contain only arabic numerals, no letters;
- (3) not duplicate the number used for another patient.

1. **Residence**—Enter here the last regular home address of the patient before admission rather than a temporary address the patient may have had pending admission.
4. **Marital status**—Check in the appropriate box whether the patient is single, married, widowed, or divorced. Separated persons are to be recorded as married since this latter term includes any person who is legally married whether living with his or her spouse or not.
5. **Country of birth**—Check country of birth in the appropriate box according to the following instructions:

Canada—Check for any person born in any province or territory of Canada. Persons born in Newfoundland prior to its confederation with Canada are to be considered as having been born in Canada.

U.K. (United Kingdom)—Check for any person born in England, Scotland, Wales, or Northern Ireland. Persons born in the Republic of Ireland are to be shown in "Other (specify)"

U.S.A.—Check for persons born in **continental** United States of America, not in its possessions.

Other (specify)—Check for any person born elsewhere than in Canada, U.K., or U.S.A. as defined above, and enter, on the appropriate line, the name of the country of birth.

6. **Year of arrival in Canada**—Enter here the year of arrival in Canada of any person whose birth-place was other than Canada.

7. **Citizenship**—Citizenship, which is to be regarded as synonymous with "nationality", refers to the country to which the person owes allegiance.

Canada—Check for any person who is a Canadian citizen by birth, marriage, or naturalization in accordance with the provisions of the Canadian Citizenship Act.

Other British—Check for all persons who are citizens of member countries of the British Commonwealth of nations.

U.S.A.—Check for all persons who are citizens of the United States of America including its possessions.

Other—Check for all persons who are citizens of countries other than those specified above, and enter the name of the country of which they are citizens.

8. **Origin**—Origin refers to the ethnic or cultural group from which a person is descended. For statistical purposes, origin is traced through the father. The one exception to this rule occurs in the case of persons of mixed native Indian and white parentage who are on reserves; these should always be recorded as Native Indian. For those of mixed native Indian and white parentage not on reserves, the general rule applies, *i.e.*, origin is traced through the male parent.

The name of the country in which a patient is born is not necessarily an indication of his racial origin. Some countries such as Canada, U.S.A., and Switzerland have no corresponding racial origin. Moreover, a national born citizen of a country may be of a different racial group, for example a child born in France of a German father.

For entering racial origin, check the appropriate box if origin is English, French, or Native Indian. For other origin, check the appropriate box and specify the origin, using one of the terms on the following list:

Austrian	Finnish	Italian	Swedish
Belgian	German	Japanese	Syrian
Bulgarian	Greek	Negro	Turkish
Chinese	Jewish	Norwegian	Ukranian
Czecho-Slovakian	Hungarian	Polish	Welsh
Danish	Icelandic	Roumanian	Yugoslavic
Dutch	Indian (Asia)	Russian	Other European
Eskimo	Irish	Scottish	Other Asiatic

9. **Occupation**—Is the trade, profession, or kind of work in which the patient was engaged as his regular employment, business, or calling prior to admission, for example, carpenter, stenographer, sales clerk, office clerk, housewife, etc.
10. **Industry**—Is the kind of business or industry in which the person followed his occupation, for example, coal mining, retail grocery, dairy farming, textile manufacturing, etc.
11. **Type of admission**—Check the appropriate box, using the definitions above.
12. **Bacillary status**—Check in appropriate box whether disease is bacillary or non-bacillary.

13. **Activity**—Check activity in appropriate box whether active, arrested, inactive, or undetermined.
14. **Diagnosis**—The listing of diseases on the reporting card is in accordance with the *International Statistical Classification of Diseases, Injuries and Causes of Death* (6th Revision). In Canada, pulmonary tuberculosis is further classified according to the severity of the disease, and plural tuberculosis according to whether it is with effusion or without effusion. Check the appropriate box, and also specify the type of disease in the case of other respiratory and other tuberculosis.
15. **Other conditions**—If non-tuberculous disease, check the appropriate box and specify according to the *International Classification of Diseases, Injuries and Causes of Death* (6th Revision). The category "no diagnosis" includes tuberculosis suspects, undiagnosed cases, and newborn. If this category is checked, the type should be specified.
16. **Has patient ever had BCG vaccination**—If answer is the affirmative, state the year in which the BCG vaccination occurred.

Separation card

Types of separation

A separation card should be completed for each separation, that is for each official release by the hospital of a patient. A separation may be a patient who was discharged alive from a tuberculosis institution, or who died while hospitalized in a tuberculosis institution, or who was transferred to another tuberculosis institution. Hence a patient going on leave is not a separation nor is a patient temporarily transferred for treatment for a specified period to a general hospital, or, in the case of a tuberculosis unit, to another part of the hospital of which the unit forms a part.

Name of patient—Print or type the **surname first**, followed by the given names in full.

Date of separation—Enter in that order the month, day and year of the present separation.

Case No.—Enter here the case number assigned to the patient by the hospital. This should be the same number as that which had been entered on the patient's admission card.

1. **Residence**—Enter here the last regular home address of the patient prior to his admission.
2. **Type of separation**—Check the appropriate box or boxes, using the following instructions:

On medical advice—Check for separations leaving on medical advice.

Against medical advice—Check for separations leaving against medical advice.

TUBERCULOSIS SEPARATION

Name and address of institution

Name of patient Date of separation Case no.
(month) (day) (year)

1. Residence

2. Sex male female

3. Type of separation on medical advice against medical advice
 death disciplinary
 to continue anti-microbial treatment
 transfer to

4. Admission status first admission readmission

5. Length of treatment (a) present treatment days
 (b) all previous treatments days

6. Nature of treatment given

- | | | | |
|--------------------|---|--------------------|---|
| present treatment | <input type="checkbox"/> routine only | present treatment | <input type="checkbox"/> plombage |
| previous treatment | <input type="checkbox"/> streptomycin | previous treatment | <input type="checkbox"/> wedge resection |
| | <input type="checkbox"/> PAS | previous treatment | <input type="checkbox"/> segmental resection |
| | <input type="checkbox"/> INH | previous treatment | <input type="checkbox"/> lobectomy |
| | <input type="checkbox"/> pneumothorax | previous treatment | <input type="checkbox"/> pneumonectomy |
| | <input type="checkbox"/> pneumonolysis | previous treatment | <input type="checkbox"/> decortication of lung |
| | <input type="checkbox"/> pneumoperitoneum | previous treatment | <input type="checkbox"/> pleural aspiration |
| | <input type="checkbox"/> thoracoplasty | previous treatment | <input type="checkbox"/> bronchoscopy (treatment) |
| | <input type="checkbox"/> phrenic | | |
| | <input type="checkbox"/> other, specify | | |

CONDITION ON ADMISSION (FINAL DIAGNOSIS)

7. Bacillary status bacillary non-bacillary

8. Activity active inactive
 arrested undetermined

9. Diagnosis

CONDITION ON DISCHARGE

10. Bacillary status bacillary non-bacillary

11. Disease status
 (a) tuberculous inactive arrested
 active improved active unimproved
 (b) non-tuberculous cured improved
 unimproved

12. Complications tuberculosis (specify)

non-tuberculous (specify)

CAUSE OF DEATH

respiratory tuberculosis tuberculosis, other forms
 non-tuberculous cause

Death—Check for patients dead on separation, regardless of cause of death.

Disciplinary—Check for disciplinary separations.

To continue anti-microbial treatment—Check for discharges who have undergone anti-microbial treatment in the institution and who are discharged on the understanding they will continue anti-microbial treatment after discharge.

Transfer to—Check only for patients transferred to another **tuberculosis** institution, and enter the name of the institution. Do not check for patients permanently transferred to other types of hospitals.

4. **Admission status**—Check "**First admission**" if patient was a first admission as defined in the section on Admission Card under the heading "Types of Admission" (Page 23), or if a patient under continuous care as a **first admission** in one institution was transferred to another. Check "**Readmission**" for any patient whose type of admission was **readmission, review, or to continue treatment**, or for a patient under continuous care as a **readmission** in one institution who was transferred to another.

5. **Length of treatment:**

(a) **Present treatment**—Enter total days' duration of **present continuous treatment** in tuberculosis institutions. Transfers from one institution to another are not to be regarded as interruptions of treatment.

(b) **All previous treatments**—Enter total days' duration of all stays in any tuberculosis institution previous to present treatment.

6. **Nature of treatment given**—Check appropriate box or boxes. Check this section not only for all present treatments but also for all previous treatments if applicable. If any treatment rendered during the **present admission** is not included among those listed on the card, check the box for "other" and specify such treatment in the space provided.

7. **Bacillary status**—Indicate, by checking appropriate box, whether condition is bacillary or non-bacillary at **time of final diagnosis on admission**.

8. **Activity**—Indicate, by checking appropriate box, activity at **time of final diagnosis on admission**, showing whether active, inactive, arrested, or undetermined.

9. **Diagnosis**—Enter in the space provided the type of disease indicated at **time of final diagnosis on admission**.

In most cases, the entries for items 7, 8 and 9 should agree with those which had been entered on the patient's admission card. There are, however, cases in which the original diagnosis had been amended when more data became available. Note that a change in admission diagnosis should result only from more facts which permit a fuller diagnosis or from the correction of clerical errors, but **not** from treatment in the institution.

10. **Bacillary status**—Indicate, by checking appropriate box, whether patient's condition is bacillary or non-bacillary at time of separation.
11. **Disease status**—For tuberculous separations, indicate, by checking appropriate box, whether disease is inactive, arrested, active improved, or active unimproved, at time of separation. For non-tuberculous separations, indicate, by checking appropriate box, whether disease is cured, improved, or unimproved at time of separation.
12. **Complications**—If there are complications present at time of separation, check the appropriate box, indicating whether tuberculous or non-tuberculous, and enter the type of complication in the space provided.
13. **Cause of death**—Check one box only.

Monthly statement

Purpose of statement

When the admission and separation cards are forwarded each month by the institution to the Bureau of Statistics, the sanatorium or tuberculosis unit completes a **monthly statement** and encloses the statement with the cards. This statement enables the Bureau to maintain a register of patient movement in each institution during the year, and provides a ready means of checking receipt by the Bureau of a card for each admission and separation reported by the institution. On the card are entered the number of patients on the institution's books at the beginning of the month, the number of admissions, the number of separations, and the number of patients on the institution's books at the end of the month. After comparing the data on the monthly statement with that in the register, the Bureau forwards an acknowledgement card, either confirming the data submitted and acknowledging receipt of the cards, or indicating discrepancies in the data or in the number of cards enclosed.

The monthly statement should be completed by the institution and forwarded to the Bureau of Statistics, by the seventh day of the month following that covered by the statement.

Patients in residence at end of previous month—Enter in the appropriate spaces the total numbers of male and female patients on the books of the institution, including those on leave or on temporary transfer, at midnight of the last day of the month previous to that for which the institution is reporting.

Patients admitted during month—Enter in the appropriate spaces the total numbers of male and female **admissions** to the institution during the month. The numbers of male and female admission cards enclosed should agree with these totals.

Patients discharged during month—Enter in the appropriate spaces the total numbers of male and female **separations** from the institution during the month. The numbers of male and female separation cards enclosed should agree with these totals.

Patients in residence at end of month—Enter in the appropriate spaces the total numbers of male and of female patients on the books of the institution at midnight of the last day of the month for which the institution is reporting. The figures entered here should equal the numbers of patients in residence at end of previous month, plus the numbers of patients admitted during month, minus the numbers of patients discharged during month.

Enter in the appropriate spaces, the name and address of the tuberculosis institution, the name and title of the official submitting the statement, and the date on which the statement is completed and forwarded.

Return to: Dominion Bureau of Statistics
Institutions Section

Re: Movement of patients for the month of..... 19.....

	Males	Females
Patients in residence at end of previous month	_____	_____
Patients admitted during month (cards enclosed)	_____	_____
Patients discharged during month (cards enclosed)	_____	_____
Patients in residence at end of month	_____	_____

Name of Tuberculosis Institution

Address

Report submitted byTitle

Date

CHAPTER 4

Classification of tuberculosis

Statistics of tuberculosis are the facts which are basic to an understanding of the dimensions of tuberculosis as a public health problem. To be used with confidence they must be built up from individual diagnostic particulars recorded and classified in a comparable manner. To be intelligible they must bring together these individual diagnoses into groupings which permit scientific generalization and deduction. These fundamental attributes of the statistics provide the basis for the employment of a uniform classification of tuberculous conditions.

Statistics of tuberculous conditions are uniformly classified according to the *International Statistical Classification of Diseases, Injuries and Causes of Death* (6th Revision) which was drawn up by the World Health Organization of which Canada is a member. This Classification which serves as the basis for statistics of mortality and morbidity provides 612 numbered categories of diseases and morbid conditions arranged in 17 main sections. Each category is identified by a three-digit number, several being further subdivided by decimals for greater specificity.

This classification should not be confused with nomenclature of diseases. The purpose of the latter is to provide a complete list of approved terms for every disease which is clinically recognizable. A statistical classification on the other hand combines these diseases into groupings which facilitate comparison.

The following pages list the categories of the International Statistical Classification which are used to classify the tuberculous conditions reported to the Bureau by tuberculosis sanatoria and units in general hospitals.

TUBERCULOSIS OF RESPIRATORY SYSTEM (001-008)

Numbers 001-008 exclude cases with no evidence of clinical tuberculosis and which require no present treatment or supervision.

001 Respiratory tuberculosis with mention of occupational disease of lung

Colliers'	} phthisis	Koniophthisis
Grinders'		Silicotuberculosis
Millstone makers'		Tuberculosis as defined in 002-008
Miners'		with pneumoconiosis of any type
Potters'		as defined in 523-524
Sandblasters'		
Stonemasons'		

This title includes any disease assigned to 002-008 with mention of occupational disease of lung (523-524).

002 Pulmonary tuberculosis

No attempt is made to subdivide pulmonary tuberculosis according to the extent of severity of disease, since this is a matter where different countries are bound by the special grading or classification of their official or non-official public health organizations. The supplementary category YO3 provides for cases of pulmonary tuberculosis which are regarded as cured or arrested, but are still under supervision, and for cases without symptoms or need for treatment, but with radiological evidence suggestive of past tuberculosis. Furthermore, supplementary category YO1 provides for cases showing tuberculin sensitivity without clinical or radiological symptoms.

Caseous pneumonia	Tuberculosis or phthisis:
Epituberculosis with symptoms	respiratory NOS
Tuberculosis or phthisis (of):	senile
bronchi	Tuberculous:
fibroid	abscess of lung
lung, any site:	bronchiectasis
disseminated	fibrosis of lung
fibroid	haemoptysis
miliary	haemorrhage
pulmonary	pneumonia (any)
	pneumothorax
	pulmonary fistula

This title includes miliary and disseminated tuberculosis with mention of lung, and respiratory tuberculosis, unqualified.

003 Pleural tuberculosis**003.0 Pleurisy specified as tuberculous**

Tuberculosis (of):	Tuberculous:
pleura	empyema
pleural	pleurisy (with effusion)

003.1 Pleurisy with effusion without mention of cause

Effusion, chest or pleura	Pleurisy:
Exudative pleurisy	serofibrinous
	with effusion
	Serous pleurisy

004 Primary tuberculosis complex with symptoms

Primary infection, Ghon tubercle	} with symptoms
Primary tuberculosis complex	
Ranke's primary infiltration	

005 Tracheobronchial glandular tuberculosis with symptoms

Tuberculosis (of):	} with symptoms
hilar	
lymph nodes:	
bronchial	
mediastinal	
tracheobronchial	
tracheobronchial, glandular	

006 Radiological evidence suggestive of active respiratory tuberculosis not classifiable elsewhere

Radiological evidence suggestive of active pulmonary tuberculosis or pleural tuberculosis, without other indications having yet been found which are sufficient to justify classification to 001-005.

This title will be found useful to tuberculosis clinics, in mass X-ray surveys and other case-finding programmes.

Some of the cases included here will have had full clinical investigation with negative results, but will still be under observation as suspected active tuberculosis on account of the radiological indications. Other cases will not yet have received clinical investigation.

Since this title may include cases where the suspicion of active tuberculosis will not, in the end, be substantiated (with resulting subsequent reclassification to YO3 or some pulmonary condition other than tuberculosis) it is advised that in morbidity statistics of respiratory tuberculosis in toto (001-008) the number of cases classified to 006, and included therein, shall always be specified. This applies to the use of the group "Respiratory tuberculosis(001-008)" in the Intermediate List of 150 Causes and in the Special List of 50 Causes (pages 355, 363).

007 Other respiratory tuberculosis

Tuberculosis or phthisis of:

glottis
larynx
mediastinum
nasopharynx
nose (septum)
pharynx
sinus (any nasal)
throat
tonsil

Tuberculosis or phthisis of:

trachea
other respiratory sites not classifiable under 002-006
Tuberculous:
laryngitis
marasmus
retropharyngeal abscess
rhinitis

This title excludes respiratory tuberculosis, unqualified (002).

008 Tuberculosis, unspecified site

Tuberculosis NOS
Tuberculosis of unspecified site
Tuberculous disease of unspecified site

TUBERCULOSIS, OTHER FORMS (010-019)

010 Tuberculosis of meninges and central nervous system

Solitary tubercle, brain

Tuberculoma:

brain
cerebri
medullae spinalis
meninges
spinal cord

Tuberculosis (of):

brain (any part)
central nervous system (any part)
cerebrospinal

Tuberculosis (of):

meninges (cerebral, spinal)
miliary, brain or meninges
spinal cord

Tuberculous:

abscess, brain (any part)
encephalitis
leptomeningitis
meningitis
meningo-encephalitis
myelitis

011 Tuberculosis of intestines, peritoneum, and mesenteric glands

Tabes mesenterica	Tuberculosis or phthisis (of):
Tuberculosis or phthisis (of):	mesentery
abdomen	miliary, intestine
anus	peritoneum
appendix	rectum (with abscess)
enterica	retroperitoneal
ileocaecal (hyperplastic)	Tuberculous:
intestine (any part)	abscess, intestine (any part)
lymph nodes:	enteritis
mesenteric	peritonitis
retroperitoneal	

012 Tuberculosis of bones and joints, active or unspecified**012.0 Active or unspecified tuberculosis of vertebral column**

Abscess (tuberculous)(of):

iliopsoas

lumbar

psoas

sacrum

spine

vertebra (column)

Caries (tuberculous) of: }

sacrum

spine

vertebra (column)

Pott's disease

Pott's spinal curvature }

} active or unspecified

Tuberculosis of:

sacrum

vertebra (column)

Tuberculous:

arthritis, spine or vertebra

curvature of spine

kyphosis

necrosis, spine or vertebra

spinal disease

spondylitis

012.1 Active or unspecified tuberculosis of hip

Abscess of hip, tuberculous

Tuberculosis coxae

Tuberculosis of hip (joint)

Tuberculous:

arthritis of hip

hip

hip joint disease

012.2 Active or unspecified tuberculosis of knee

Tuberculosis (of):

genu

knee (joint)

Tuberculous:

arthritis of knee

knee (joint)

012.3 Active or unspecified tuberculosis of other and unspecified bones and joints

Articular tuberculosis

Cold abscess, articular

Tuberculosis (of):

bone (any except vertebra)
 joint (any except hip, knee and vertebra)
 osseous
 skeletal

Tuberculous:

abscess of:
 bone (any except vertebra)
 frontal sinus
 arthritis (except of hip, knee and vertebra)
 dactylitis
 mastoiditis
 necrosis (bone, any except vertebra)
 osteitis (bone, any except vertebra)
 osteomyelitis (bone, any except vertebra)
 synovitis (except of hip, knee and spine)
 tenosynovitis

013 Late effects of tuberculosis of bones and joints**013.0 Late effects of tuberculosis of vertebral column**

Any condition in 012.0 if specified as arrested, healed, cured, inactive, or as a late effect or sequela

013.1 Late effects of tuberculosis of hip

Any condition in 012.1 if specified as arrested, healed, cured, inactive, or as a late effect or sequela

013.2 Late effects of tuberculosis of knee

Any condition in 012.2 if specified as arrested, healed, cured, inactive, or as a late effect or sequela

013.3 Late effects of tuberculosis of other and unspecified bones and joints

Any condition in 012.3 if specified as arrested, healed, cured, inactive, or as a late effect or sequela

014 Tuberculosis of skin and subcutaneous cellular tissue**014.0 Primary tuberculosis of skin**

Any condition in 014.3 specified as primary

014.1 Erythema nodosum specified as tuberculous

Tuberculous erythema nodosum

This title excludes erythema nodosum (705.2) unless specified as tuberculous.

014.2 Lupus

Lupus
 NOS
 exedens
 vulgaris

This title excludes disseminated lupus erythematosus (456) and lupus erythematosus (705.4).

014.3 Other tuberculosis of skin and subcutaneous cellular tissue

Erythema induratum	Tuberculous:
Scrofuloderma	abscess, skin (any site)
Tuberculid (skin, of any site)	cellulitis
Tuberculosis (of):	ulcer, skin (any site)
cutis	verrucosa cutis
indurativa	Verruca necrogenica
lichenoides	
skin (any site)	
subcutis	

015 Tuberculosis of lymphatic system

Scrofula	Tuberculosis of:
Scrofulous abscess	lymph nodes (except bronchial, mediastinal, mesenteric, and retroperitoneal)
Tuberculosis (of):	Tuberculous:
axilla	adenitis
glandular, general	struma
groin	
inguinalis	

This title excludes tuberculosis of bronchial, mediastinal, mesenteric and retroperitoneal lymph nodes (005, 011).

016 Tuberculosis of genito-urinary system

Tuberculosis (of):	Tuberculosis (of):
bladder	ureter
cervicis uteri	urethra
cervix	uterus (any part)
endometrium	vagina
epididymis	vasis deferentis
Fallopian tube	vesicae urinariae
kidney	vulva
ovary	Tuberculous:
oviducts	abscess, genito-urinary system
penis	(any part)
prostate	pelvic abscess
renis	pyelitis
seminal vesicles	pyelonephritis
spermatic cord	salpingitis
testis	vesiculitis

017 Tuberculosis of adrenal glands

Addison's disease, tuberculous
Tuberculosis (of):
adrenal or suprarenal (capsule) (gland)
glandulae suprarenalis
Tuberculous hypo-adrenalism

This title excludes Addison's disease, unless specified as tuberculous (274).

018 Tuberculosis of other organs**018.0 Tuberculosis of eye**

Tuberculosis of eye (any part)

Tuberculous:

choroiditis

iritis

keratitis

018.1 Tuberculosis of ear

Tuberculosis of ear (any part, except bone or skin)

Tuberculous otitis media

This title excludes tuberculous mastoiditis (012.3).

018.2 Other

Tuberculosis of:

breast

esophagus

liver

mouth

oesophagus

pancreas

pericardium

spleen

stomach (any part)

Tuberculosis of:

thymus gland

thyroid gland

tongue

other organs not classifiable under
001-018.1Tuberculous, any disease so quali-
fied of organs not classifiable
under 001-018.1**019 Disseminated tuberculosis**

This title excludes tuberculosis of multiple sites if the lung is mentioned (002), or if tuberculosis of one site is the predominant cause of death or treatment.

019.0 Acute miliary tuberculosis specified as nonpulmonary

Acute generalized tuberculosis specified as nonpulmonary

Acute miliary tuberculosis of multiple sites not including lung

019.1 Acute miliary tuberculosis, unspecified

Acute generalized tuberculosis NOS

Acute miliary tuberculosis NOS

019.2 Other forms of disseminated tuberculosis

Tuberculosis:

chronic miliary, organ unspecified

diffuse

generalized

miliary, of multiple or unspecified sites

} without mention of lung

Tuberculous polyserositis

Other disseminated tuberculosis, not classifiable under 019.0-019.1

CHAPTER 5

Index of tuberculous conditions

An alphabetical index is a necessary tool for the use of any statistical classification. While the index which follows has been prepared primarily for the use of clerks engaged in coding diagnostic terms appearing on medical records it is felt that the persons responsible for the recording of such particulars may derive benefit from its inclusion in the present handbook.

The index has been taken from Volume 2 of the *Alphabetical Index of the International Statistical Classification of Diseases, Injuries and Causes of Death* (6th Revision). Like its international counterpart, it includes a number of ill-defined colloquial and even undesirable terms in order to indicate to the coder where the case should be assigned. The presence of such terms in the index should not be taken, therefore, either as sanction for their usage in good medical terminology or as inferring acceptance of their adequacy for classification purposes.

For these reasons, the index should only be used in conjunction with the list of categories itself, which should constitute the final authority for decisions on correct assignment.

A

Abscess (infectional) (metastatic) (multiple) (pyogenic) (septic)	
bone (subperiosteal)	
spinal (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
brain (epidural) (perisinus) (pons varolii) (temporal lobe)	010
breast	018.2
cold (see Tuberculosis abscess)	
articular (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Cowper's gland	016
genito-urinary system (any part)	016
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
iliopsoas (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
intestine, intestinal	011
joint (see also Tuberculosis Abscess)	
vertebral (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
lumbar (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
lung	002
with occupational disease of lung (see also Tuberculosis Respiratory)	001
pelvis, pelvic	016
psoas (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
pulmonary (see Abscess lung)	
retropharyngeal	007
with occupational disease of lung (see also Tuberculosis Respiratory)	001
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
skin	014.3
primary	014.0
spine (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Achrocytosis, lachrymal, lacrimal gland	018.0

Acnitis	014.3
primary	014.0
Addison's disease, tuberculous (bronze)	017
Adenitis (suppurative) (see also Lymphadenitis)	
scrofulous	015
strumous, tuberculous	015
Adenopathy, tuberculous	015
Adhesion (s)	
pericardium, tuberculous	018.2
Adrenalism, tuberculous	017
Aneurysm (anastomotic) (artery) (cirroid) (diffuse) (false) (fusiform) (miliary)	
(multiple) (ruptured) (saccular)	
Rasmussen's	002
Anthracosilicosis (occupational)	001
non-occupational	002
Anthracosis (lung) (occupational)	001
non-occupational	002
Appendicitis	011
Arachnoiditis (acute) (adhesive) (basal) (brain) (cerebrospinal) (chiasmal)	
(spinal)	010
Arthritis, arthritic (multiple) (active)	012.3
chronic (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
synovial (see Arthritis)	
Artificial	
pneumothorax	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Asbestosis (occupational)	001
non-occupational	002
Ascites	011
Assman's focus	
with	
occupational disease of lung (see also Tuberculosis, respiratory)	001
symptoms	002
Asthma, asthmatic	
colliers'	001
grinders'	001
millstone makers'	001
miners'	001
pneumoconiotic NEC (occupational)	001
non-occupational	002
potters'	001
sandblasters'	001
stonemasons'	001
tuberculous	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Ax grinder's disease	001

B

Bacillary	
phthisis	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Bacilluria	016
Bagassosis (occupational)	001
non-occupational	002
Baker's	
cyst (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
Bazin's disease	014.3
primary	014.0
Berylliosis (lung) (occupational)	001
non-occupational	002
Blepharitis (eyelid)	
scrofulous	018.0
Bronchiectasis (recurrent)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001

Bronchitis	002
caseous	001
with occupational disease of lung (see also Tuberculosis, respiratory)	001
moulders'	002
scrofulous	001
with occupational disease of lung (see also Tuberculosis, respiratory)	002
tuberculous	001
with occupational disease of lung (see also Tuberculosis, respiratory)	002
Broncholithiasis	001
with occupational disease of lung (see also Tuberculosis, respiratory)	002
Bronchorrhagia	001
with occupational disease of lung (see also Tuberculosis, respiratory)	017
Bronze	015
disease (Addison's)	001
Bubo	002
scrofulous	001
Byssinosis (occupational)	002
non-occupational	

C

Cachexia	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Calcosis (occupational)	001
non-occupational	002
Calcification	
adrenal (capsule, gland)	017
lung (active)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
pleura (active)	003
with occupational disease of lung (see also Tuberculosis, respiratory)	001
healed (see YO3.2)	
Calcified	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Caries (bone)	
cerebrospinal (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spine, spinal (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Caseation lymphatic gland	015
Caseous	
bronchitis	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
epididymitis	016
meningitis	010
pneumonia	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculosis	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Catarrh, catarrhal (inflammation)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Cavity	
lung	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
pulmonary	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Cellulitis (see also Abscess)	014.3
primary	014.0
Cervicitis	016
Chalcosis (pulmonum) (occupational)	001
non-occupational	002
Chondritis (purulent)	
(active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
intervertebral (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Chorioretinitis	018.0
Choroiditis (circumscribed) (plastic)	018.0
Coal miners' lung	001

Cold	
abscess (see also Tuberculosis, abscess)	
articular (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Colitis	
(ulcerative)	011
Colliers'	
asthma	001
lung	001
phthisis	001
Complaint	
miners'	001
Complex	
primary, (with symptoms)	004
Congenital (see also condition)	008
Conjunctivitis (acute) (chronic)	
phlyctenular	018.0
Consumption (see also Tuberculosis)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
bowel	011
brain	010
galloping	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
grinders'	001
intestine	011
miners'	001
pulmonary	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
quick	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
scrofulous	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
throat	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Coxalgia (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
Curvature	
spinal, Pott's (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spine (congenital) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Cyst (simple) (true) (see also Neoplasm, benign)	
Baker's (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
ovary, ovarian	016
Cystitis (acute) (bullous) (catarrhal)	016

D

Dacryocystitis (acute) (chronic) (phlegmonous)	018.0
Dactylitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Deformity (see also Malformation)	
pelvis, pelvic (congenital)	013.3
Degeneration, degenerative	
pancreas	018.2
spinal (cord)	010
Diarrhea, diarrhoea, diarrheal, diarrhoeal	011
Diathesis	
scrofulous	015
Disease, diseased	
Addison's (bronze)	017
Bazin's	014.3
primary	014.0
bronze	
Addison's	017
tuberculous	017
flax-dressers'	001
gannister (occupational)	001
non-occupational	002
heart (organic) pulmonary	018.2
hip (joint) (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1

Poncet's	018.2
Pott's (active)	012.0
inactive, arrested, cured, healed late effect, sequela	013.0
scrofulous	015
spine (spinal) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
stonemasons'	001
tuberculous	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Dust	
reticulation (occupational)	001
non-occupational	002
Dysentery, dysenteric	011

E

Effusion	
pleura, pleurisy, pleuritic, pleuro-pericardial	003.1
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculous	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Empysema	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Empyema	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Encephalitis	010
Enderteritis	018.2
Endocarditis	018.2
Endocervicitis	016
Endometritis	016
Enteritis	011
Epididymitis	
caseous	016
tuberculous	016
Episcleritis	018.0
Epituberculosis (with symptoms)	002
without symptoms (see Y00.1)	
Erythema	
induratum (scrofulosorum)	014.3
primary	014.0
nodosum	014.1
tuberculous	014.3
primary	014.0
Esophagitis	018.2

F

Fibroid	
phthisis	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculosis (active) (old)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
healed (see Y03.1)	
Fibrosis, fibrotic	
lung (chronic) (atrophic) (confluent) (massive)	
with	
anthracosilicosis	001
non-occupational	002
anthracosis	001
non-occupational	002
asbestosis	001
non-occupational	002
bagassosis	001
non-occupational	002
berylliosis (occupational)	001
non-occupational	002
byssinosis (occupational)	001
non-occupational	002
calcicosis (occupational)	001
non-occupational	002
chalicosis (occupational)	001
non-occupational	002

dust reticulation (occupational)	001
non-occupational	002
Gannister disease (occupational)	001
non-occupational	002
pneumoconiosis (occupational)	001
non-occupational	002
pneumosiderosis (occupational)	001
non-occupational	002
siderosis (occupational)	001
non-occupational	002
silicosis (occupational)	001
non-occupational	002
tuberculosis	002
with occupational disease of lung	001
non-occupational	002
occupational	001
silicotic (occupational)	001
non-occupational	002
tuberculosis	002
with occupational disease of lung	001
healed (see YO3.1)	001
Fistula (sinus)	
anus, anal (recurrent) (infectious)	011
bronchocutaneous, bronchomediastinal, bronchopleural, bronchopleurome-	
diastinal (infective)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
epididymis	016
gastrocolic	011
in ano	011
joint (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
lumbar, (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
perineum	018.2
perirectal	011
pleura, pleural, pleurocutaneous, pleuroperitoneal	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
pulmonary	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
rectovaginal	011
rectum	011
scrotum (urinary)	016
urethra	016
Flax-dressers' disease	001
Focus, Assmann's	006
with	
occupational disease of lung (see also Tuberculosis, respiratory)	001
symptoms	002
Folliclitis	014.3
primary	014.0
Fungus, fungous	
testis	016
Funiculitis (acute)	016
Funnel	
pelvis	013.3
G	
Ganglion (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Ganglionic	015
Gangrene, gangrenous (dry) (moist) (senile)	008
Gannister disease (occupational)	001
non-occupational	002
Gastritis (acute) (atrophic) (bilious) (catarrhal) (chronic) (diarrheal) (diarrhoeal)	
(dietetic) (exogenous) (glandular) (haemorrhagic) (hemorrhagic) (hypertrophic)	
(infectious)(infective) (phlegmonous) (sclerotic) (septic) (simple) (subacute)	
(suppurative) (toxic) (ulcerative)	018.2
Gastro-enteritis (catarrhal) (congestive) (dietetic) (epidemic) (haemorrhagic)	
(hemorrhagic) (injectional) (septic) (toxic) (zymotic)	011
Ghon tubercle primary infection (with symptoms)	004
Granite workers' lung	001

Granuloma	012.0
spine (active)	013.0
inactive, arrested, cured, healed, late effect, sequela	
Grinders'	
asthma	001
consumption	001
lung	001
phthisis	001

H

Haematite miners' lung	001
Haematuria (essential) (idiopathic)	016
Haemoptysis	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Haemorrhage, haemorrhagic	002
lung	001
with occupational disease of lung (see also Tuberculosis, respiratory)	002
tuberculous	001
with occupational disease of lung (see also Tuberculosis, respiratory)	
Haemothorax	003.0
1 year +	001
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Hematite miners' lung	016
Hematuria (essential) (idiopathic)	002
Hemoptysis	001
with occupational disease of lung (see also Tuberculosis, respiratory)	
Hemorrhage, hemorrhagic	002
lung	001
with occupational disease of lung (see also Tuberculosis, respiratory)	002
tuberculous	001
with occupational disease of lung (see also Tuberculosis, respiratory)	
Hepatitis	018.2
Hilliard's lupus	014.2
Hydrocephalus	010
acute	002
Hydropneumothorax	001
with occupational disease of lung (see also Tuberculosis, respiratory)	003.0
Hydrothorax (chylous) (double) (pleura)	001
with occupational disease of lung (see also Tuberculosis, respiratory)	017
Hypo-adrenalism	

I

Ileitis	011
Infancy, infantile	
phthisis	002
Infection, infected	004
Ghon tubercle, primary (with symptoms)	008
without symptoms (see YOO.I)	001
Koch's	016
with occupational disease of lung (see also Tuberculosis, respiratory)	
urinary	
Infiltrate, infiltration	004
Ranke's primary (with symptoms)	
Inflammation, inflamed, inflammatory	010
(with exudation)	012.2
cerebrospinal	013.2
knee, (active)	
inactive, arrested, cured, healed, late effect, sequela	012.0
spine (see also Osteomyelitis)	013.0
(active)	018.0
inactive, arrested, cured, healed, late effect, sequela	
Iritis	

J

Jejunitis	011
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K

Keratitis	018.0
interstitial (congenital) (hereditary) (syphilitic)	018.0
Kerato-iritis (acute) (chronic)	

Keratoscleritis,	018.0
Knifegrinders' rot	001
Koch's infection	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Konlophthisis	001
Kyphoscoliosis, kyphoscoliotic	
(acquired) (congenital)	
(active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Kyphosis, kyphotic (adolescent postural) (acquired) (congenital)	
(active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
L	
Laryngitis (acute) (infiltrative) (subglottic)	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Lead	
Miners' lung	001
Leptomeningitis (aseptic) (circumscribed) (haemorrhagic) (hemorrhagic) (non-suppurative) (purulent) (serous occipital) (suppurative)	010
Lewandowsky's disease	014.3
primary	014.0
Lichen	
scrofulosus	014.3
primary	014.0
Lichenoides	014.3
primary	014.0
Lithosis (occupational)	001
non-occupational	002
Lordosis (acquired) (congenital)	
(active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Lupus	014.2
exedens	014.2
Hilliard's	014.2
vulgaris	014.2
Lymphadenitis	
abdomen	011
axillary	015
bronchial (with symptoms)	005
cervical (pyogenic)	015
due to	
anthracosis (occupational)	001
non-occupational	002
inguinal	015
mediastinal, (with symptoms)	005
mesenteric (non specific)	011
tracheobronchial (with symptoms)	005
tuberculous (see Tuberculosis, lymph gland)	
Lymphangitis	
strumous,	015
tuberculous (see Tuberculosis, lymph gland)	
Lymphatism	
scrofulous	015
M	
Marasmus	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Masons' lung	001
Mastoiditis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Mediastinitis (acute) (chronic)	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Melanosis	
Addisonian	017
Meningitis (basal) (basic) (basilar) (brain) (catarrhal) (cerebral) (cervical) (congenital) (congestive) (diffuse) (fibrinopurulent) (haemorrhagic) (hemorrhagic) (infantile) (infectious) (membranous) (metastatic) (non-meningococcal) (non-specific) (ossificans) (otitic) (pontine) (postinfectious) (progressive) (purulent) (septic) (serosa circumscripta) (serous) (simple) (spinal) (subacute) (suppurative) (sympathica) (toxic)	
caseous	010

cerebrospinal (acute) (chronic) (diplococcal) (endemic) (epidemic) (fulminant) (infectious) (malignant) (meningococcal) (sporadic)	010
miliary	010
tuberculous	
with psychosis	010
Meningo-encephalitis, meningo-encephalitic	010
Meningomyelitis	010
Metal	
polishers'	
phthisis	001
Metalliferous miners' lung	001
Metritis (acute) (subacute)	016
Millstone makers'	
asthma	001
lung	001
phthisis	001
Miners'	
asthma	001
consumption	001
lung	001
tuberculosis	001
Morbus	
coxae	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
Moulders'	
bronchitis	001
tuberculosis	001
Myelitis (spinal cord)	010
Myocarditis (chronic) (degenerative) (fibroid) (interstitial) (old) (senile) (pro- gressive)	018.2
N	
Necrosis, necrotic (ischaemic) (ischemic) (see also Gangrene)	012.3
bone (active)	012.3
hip (joint) (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (joint) (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Nephritis, nephritic	016
Node(s) (see Tuberculosis, lymph gland)	
O	
Oesophagitis'	018.2
Oleopneumothorax	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Oleothonax	002
with occupational disease of lung (see also Tuberculosis, respiratory)	002
Oophoritis (infectious) (interstitial)	016
Orchitis	016
Osteitis (active)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Osteochondrosis	
tuberculous (active) (see also Osteomyelitis, tuberculous)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Osteomyelitis (with periostitis)	
(active)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3

knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Otitis	
media (staphylococcal) (streptococcal) (suppurative)	018.1

P

Pachmeningitis (adhesive) (basal) (brain) (cerebral) (cervical) (chronic) (circumscribed) (external) (fibrous) (haemorrhagic) (hemorrhagic) (hypertrophic) (internal) (purulent) (spinal) (suppurative)	010
Pansinusitis	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Paraplegia (flaccid) (residual)	
Pott's (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Paronychia	014.3
primary	014.0
Peri-appendicitis (acute)	011
Peribronchitis	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pericarditis (calcareous) (constrictive) (fibrinopurulent) (fibrous) (granular) (haemorrhagic) (hemorrhagic) (plastic) (with effusion) (with decompensation)	018.2
Periostitis (acute) (chronic) (circumscribed) (diffuse) (infective) (purulent) (streptococcal) (suppurative)	012.3
(active)	013.3
inactive, arrested, cured, healed, late effect, sequela	018.2
Periphlebitis	018.0
retina	018.0
Peritonitis (acute) (with adhesions) (with effusion)	
fibrocaceous	011
Pharyngitis	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Phlyctenulosis (conjunctiva)	018.0
Phthisis (see also Tuberculosis)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
abdominal	011
anus	011
appendix	011
bacillary	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
bronchi	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
bronchopneumonic	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
colliers'	001
enterica	011
fibroid (old)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
florida	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
galloping	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
glottis	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
grinders'	001
ilicoecal, iliocecal (hyperplastic)	011
infantile	002
intestine (miliary)	011
larynx	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
lung (disseminated) (fibroid) (miliary)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
lymph gland or node (see Tuberculosis, lymph gland or node)	
mediastinum	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
mesentery, mesenteric	011
lymph nodes	011
metal polishers'	001
miliary (see Tuberculosis miliary)	
millstone makers'	001
miners'	001

nasopharynx	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
nose (septum).....	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
peritoneum	011
pharynx	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
pneumonic	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
pottery	001
pulmonary	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
rectum (with abscess)	011
respiratory NEC	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
specified respiratory site NEC	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
retroperitoneal	011
lymph node	011
sandblasters'	001
senile	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
sinus (nasal)	007
stonemasons'	001
throat.....	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tonsil.....	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
trachea	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculous fibroid (old).....	002
Pleurisy (lung) (acute) (sterile)	
with	
effusion	003.1
with occupational disease of lung (see also Tuberculosis, respiratory).....	001
tuberculous	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
exudative (see also Pleurisy with effusion)	003.1
with occupational disease of lung (see also Tuberculosis, respiratory)	001
fibrinous	003
with occupational disease of lung (see also Tuberculosis, respiratory)	001
plastic	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
serofibrinous (see also Pleurisy with effusion)	003.1
with occupational disease of lung (see also Tuberculosis, respiratory)	001
serous (see also Pleurisy with effusion)	003.1
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculous	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pneumoconiosis (occupational)	001
non-occupational	002
Pneumonia	
caseous	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculous (any).....	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pneumoconiosis (occupational)	001
due to silica	001
non-occupational	002
Pneumorrhagia	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pneumosiderosis (occupational)	001
Pneumothorax	
artificial	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Therapeutic (tuberculous)	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculous	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Polyserositis (peritoneal)	
pleural (see Pleurisy).....	019.2
Potters'	
asthma.....	001
lung	001
phthisis	001

Pott's	
disease (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spinal curvature (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Proctitis (gangrenous) (ulcerative)	011
Psychosis (organic)	
meningitis	010
Pyæmia, pyæmic	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pyarthrosis	
joint, (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Pyelitis (cystica) (suppurative)	016
Pyæmia, pyemic	008
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pyopneumothorax	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pyothorax	003.0
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Pyo-ureter	016

R

Radiological evidence suggestive of active pulmonary or pleural TB	006
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Ranke's primary infiltration (with symptoms)	004
Rasmussen's aneurysm	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Resection	
phrenic nerve	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Reticulation, dust (occupational)	001
non-occupational	002
Retinitis (atrophic) (central) (circinate) (septic) (suppurative)	018.0
Rheumatism, rheumatic (acute) (subacute) (chronic)	
(active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Rhinitis	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001

S

Salpingitis (Fallopian tube) (catarrhal) (follicular) (nodular) (pseudofollicular)	
(purulent) (septic)	016
Sandblasters'	
asthma	001
lung	001
phthisis	001
Scleritis (nodular)	018.0
Sclerokeratitis	018.0
Scollis (acquired) (congenital)	
(active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Scrofula	015
Scrofulide	014.3
primary	014.0
Scrofuloderma, scrofuloderma (any site)	014.3
primary	014.0
Scrofulosis (universal)	015
Scrofulosus lichen	014.3
primary	014.0
Seminal	
vesiculitis	016
Siderosis (lung) (occupational)	001
non-occupational	002
tuberculous	001
Silicosis, silicotic (occupational)	001
fibrosis, lung (confluent) (massive) (occupational)	001
non-occupational	002
pulmonum (occupational)	001
non-occupational	002
Silicotuberculosis	001

Sinusitis (antrum) (ethmoidal) (frontal) (maxillary) (sphenoidal)	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Slate-dressers' lung	001
Slate-miners' lung	001
Solitary	
tubercle, brain	010
Splenitis	018.2
Spondylitis (spine)	
(active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Stenosis (cicatricial) (see also Stricture)	
bronchus	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Stonemasons' lung	001
Stonemasons'	
asthma, disease of lung	001
phthisis	001
Stricture (see also Stenosis)	
rectum (sphincter)	011
trachea	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Struma (colloid diffuse) (hyperplastic) (parenchymatous) (simple)	
scrofulous	015
tuberculous	015
abscess	015
adenitis	015
lymphangitis	015
ulcer	015
Suspected	
respiratory tuberculosis on radiological evidence	006
with occupational disease of lung (see also Tuberculosis, respiratory)	001
tuberculosis (see YO3.2)	
Swelling	
joint NEC	
(active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
white (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Synovitis (crepitating) (infective) (pneumococcal) (purulent) (septic) (staphylococcal) (streptococcal) (suppurative) (villous)	
(active)	012.3
hip	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0

T

Tabs, tabetic	
mesenterica	011
Farsitis (eyelid)	018.0
Tenosynovitis	
(active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Thoracoplasty	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Thyroiditis (suppurative)	018.2
Tin miners' lung	001
Tonsillitis	007
with occupational disease of lung (see also Tuberculosis, respiratory)	001
Trigonitis (bladder)	016
Tubercle (see also Tuberculosis)	
brain, solitary	010
Tuberculid, tuberculide (skin)	014.3
indurating, subcutaneous	014.3
primary	014.0
lichenoid	014.3
primary	014.0
miliary	014.3
primary	014.0

papulonecrotic	014.3
primary	014.0
primary	014.0
Tuberculoma	
brain	010
cerebelli	010
cerebri	010
medullae spinalis	010
meninges	010
spinal cord	010
Tuberculosis, tubercular, tuberculous	008

Note. Tuberculosis of respiratory system and tuberculosis of unspecified site are assigned to 001 when occupational disease of lung is mentioned. For terms indicating occupational disease of lung, see Tuberculosis, respiratory.

abdomen	011
lymph gland	011
abscess	018.2
arm	018.2
bone (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spinal (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
brain	010
breast	018.2
Cowper's gland	016
dura (mater)	010
epidural	010
frontal sinus (see Tuberculosis, sinus)	
genito-urinary system (any part)	016
gland (lymphatic) (see Tuberculosis, lymph gland)	
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
iliopsoas (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
intestine	011
ischiorectal	011
joint NEC (active)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
vertebral (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
kidney	016
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
lumbar (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
lung	002
with occupational disease of lung	001
pelvic	016
perianal	011
fistula	011
perinephritic	016
perineum	018.2
perirectal	011
psoas (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
rectum	011
retropharyngeal	007
with occupational disease of lung	001
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
scrotum	016
skin	014.3
primary	014.0
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0

testis	016
thigh	018.2
uterus	016
accessory sinus (see Tuberculosis, sinus)	
Addison's disease	017
adenitis	015
adenoids	007
with occupational disease of lung	001
adenopathy	015
adherent pericardium	018.2
adnexa (uteri)	016
adrenal (capsule) (gland)	017
air passage	007
with occupational disease of lung	001
alimentary canal	011
anaemia, anemia	018.2
ankle (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
anus	011
fistula	011
apex (see Tuberculosis, lung)	
apical (see Tuberculosis, lung)	
appendicitis	011
appendix	011
arachnoid	010
arrested (see YO3.2)	
artery	018.2
arthritis (active) (chronic) (synovial)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
articular (see Tuberculosis, joint)	
ascites	011
asthma	002
with occupational disease of lung	001
axilla, axillary	015
gland	015
bilateral	002
with occupational disease of lung	001
miliary	002
with occupational disease of lung	001
bladder	016
bone (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
spine or vertebral column (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
bowel	011
miliary	011
brain (miliary) (diffuse)	010
calcified	010
breast	018.2
broad ligament	016
bronchi	002
with occupational disease of lung	001
bronchial	
gland (with symptoms)	005
without symptoms (see YOO.1)	
lymph gland or node (with symptoms)	005
without symptoms (see YOO.1)	
bronchiectasis	002
with occupational disease of lung	001
bronchitis	002
with occupational disease of lung	001
bronchopleural	003.0
with occupational disease of lung	001
bronchopneumonia, bronchopneumonic	002
with occupational disease of lung	001
bronchorrhagia	002
with occupational disease of lung	001
bronchotracheal	002
with occupational disease of lung	001

bronchus	002
with occupational disease of lung	001
bronze disease (Addison's)	017
buccal cavity	018.2
bulbo-urethral gland	016
bursa (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
cachexia	008
with occupational disease of lung	001
caecum	011
calcification, calcified	008
with occupational disease of lung	001
adrenal	017
pleura	003.0
with occupational disease of lung	001
caries (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
cartilage (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
intervertebral (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
caseous	008
with occupational disease of lung	001
catarrhal	002
with occupational disease of lung	001
cecum	011
cellular tissue	014.3
primary	014.0
cellulitis	014.3
primary	014.0
central nervous system	010
cerebellum	010
cerebral	010
meninges	010
cerebrospinal	010
meninges	010
cerebrum	010
cervical	015
gland	015
lymph nodes	015
cervicis uteri	016
cervicitis (uteri)	016
cervix	016
chest (wall)	002
with occupational disease of lung	001
choroid	018.0
choroiditis (circumscribed) (plastic)	018.0
ciliary body	018.0
colitis	011
colliquativa	014.3
primary	014.0
colon	011
ulceration	011
complex, primary (with symptoms)	004
without symptoms (see YOO.1)	
congenital	008
conjunctiva	018.0
connective tissue	018.2
cornea (ulcer)	018.0
Cowper's gland	016
coxae (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
coxalgia (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
cul-de-sac of Douglas	011
curvature, spine (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
cutis (colliquativa)	014.3
primary	014.0
cyst, ovary	016

cystitis	016
dacrocystitis	018.0
dactylitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
deformity, pelvis	013.3
degeneration	018.2
specified site—code by site under Tuberculosis	
diarrhea, diarrhoea	011
diffuse	019.2
lung	002
with occupational disease of lung	001
digestive tract	011
disease NEC	008
with occupational disease of lung	001
heart	018.2
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
organs NEC	018.2
disseminated	019.2
lung	002
with occupational disease of lung	001
duodenum	011
dura (mater)	010
dysentery	011
ear (inner) (middle)	018.1
bone (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
external	014.3
primary	014.0
skin	014.3
primary	014.0
elbow (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
emphysema	002
with occupational disease of lung	001
empyema	003.0
with occupational disease of lung	001
encephalitis	010
endarteritis	018.2
endocarditis	018.2
endocardium	018.2
endocrine glands	018.2
endometrium	016
enteric, enterica	011
enteritis	011
enterocolitis	011
epididymis	016
epididymitis	016
epidural abscess	010
epiglottis	007
with occupational disease of lung	001
episcleritis	018.0
erythema	014.3
nodosum	014.1
primary	014.0
esophagus	018.2
Eustachian tube	018.1
exposure to (checkup) (see YOO.1)	003.0
exudative	001
with occupational disease of lung	001
eye	018.0
eyelid	014.3
primary	014.0
Fallopian tube	016
fascia	018.2
fauces	007
with occupational disease of lung	001
fibrinous pleurisy	003.0
with occupational disease of lung	001
fibroid	002
with occupational disease of lung	001
fibrosis, lung	002
with occupational disease of lung	001
finger	018.2

first infection.....	002
with occupational disease of lung	001
fistula, perirectal	011
florida	002
with occupational disease of lung	001
foot	018.2
funnel pelvis	013.3
gallbladder	018.2
galloping	002
with occupational disease of lung	001
ganglionic	015
gastritis	018.2
gastrocolic fistula.....	011
gastro-enteritis	011
gastro-intestinal tract.....	011
general, generalized	019.2
acute	019.1
lung	002
with occupational disease of lung	001
non-pulmonary	019.0
lung	002
with occupational disease of lung	001
genital organs	016
genito-urinary	016
genu (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
glandulae suprarenalis	017
glandular, general	015
glottis	007
with occupational disease of lung	001
groin	015
gum	018.2
haematogenous	008
with occupational disease of lung	001
haemoptysis	002
with occupational disease of lung	001
haemorrhage	002
with occupational disease of lung	001
haemothorax	003.0
with occupational disease of lung	001
hand	018.2
heart	018.2
healed (see YO3.2)	
hematogenous	008
with occupational disease of lung	001
hemoptysis	002
with occupational disease of lung	001
hemorrhage	002
with occupational disease of lung	001
hemothorax	003.0
with occupational disease of lung	001
hepatitis	018.2
hilum, hilum (lung) (gland) (with symptoms).....	005
without symptoms (see YO0.1)	
hip (joint) (disease) (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
hydrocephalus	010
hydropneumothorax	003.0
with occupational disease of lung	001
hypo-adrenalism	017
hypopharynx	007
with occupational disease of lung	001
ileocaecal, ileocecal (hyperplastic)	011
coil	011
ileocolitis	011
ileum	011
iliac spine (superior) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
inactive (see YO3.2)	
incipient	008
with occupational disease of lung	001
indurativa	014.3
primary	014.0
infantile	002
infraclavicular gland	015

inguinal gland	015
inguinalis	015
interstitial	002
with occupational disease of lung	001
intestine	011
abscess	011
hyperplastic	011
miliary	011
iris	018.0
iritis	018.0
ischiorectal	011
jaw (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
jejunum	011
joint (active)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
vertebral (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
keratitis (interstitial)	018.0
kidney	016
knee (joint) (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
kyphoscoliosis (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
kyphosis (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
lacrimal, lacrimal apparatus, gland	018.0
laryngitis	007
with occupational disease of lung	001
larynx	007
with occupational disease of lung	001
leptomeninges	010
spinal	010
leptomeningitis	010
spinal	010
lichenoides	014.3
primary	014.0
linguae	018.2
lip	018.2
liver	018.2
lordosis (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
lung (disseminated) (fibroid) (miliary)	002
with occupational disease of lung	001
active	002
with occupational disease of lung	001
apparently inactive (see YO3.0)	
arrested (see YO3.0)	
calcified	002
with occupational disease of lung	001
childhood	002
first infection	002
with occupational disease of lung	001
healed (see YO3.1)	
history of (see YO3.0)	
inactive (see YO3.0)	
incipient	002
with occupational disease of lung	001
isolated circumscribed foci	002
with occupational disease of lung	001
latent (see YO3.2)	
minimal (fibrotic)	002
with occupational disease of lung	001
multiple round foci	002
with occupational disease of lung	001
old	002
with occupational disease of lung	001
parenchymatous	002
with occupational disease of lung	001
primary (inflammatory)	002
with occupational disease of lung	001

qulescent (see YO3.2)	
reinfection phase, type	002
with occupational disease of lung	001
tracheobronchial (childhood) (with symptoms)	005
without symptoms (see YOO.1)	
ulcerative	002
with occupational disease of lung	001
luposa	014.2
lymph gland or node	015
abdomen	011
bronchial (with symptoms)	005
without symptoms (see YOO.1)	
cervical	015
mediastinal (with symptoms)	005
without symptoms (see YOO.1)	
mesenteric	011
retroperitoneal	011
tracheobronchial (with symptoms)	005
without symptoms (see YOO.1)	
lymphadenitis (see Tuberculosis, lymph gland)	
lymphangitis (see Tuberculosis, lymph gland)	
lymphatic (gland) (vessel) (see Tuberculosis, lymph gland)	
malignant	008
with occupational disease of lung	001
mammary gland	018.2
marasmus	007
with occupational disease of lung	001
mastoiditis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
mediastinal (lymph) gland or node (with symptoms)	005
without symptoms (see YOO.1)	
mediastinitis	007
with occupational disease of lung	001
mediastino-pericarditis	018.2
mediastinum	007
with occupational disease of lung	001
medulla	010
melanosis, Addisonian	017
membrane, brain	010
meninges (cerebral) (spinal) (miliary)	010
meningitis	010
with psychosis	308.2
basilar	010
brain	010
cerebral	010
cerebrospinal	010
spinal	010
cord	010
meningo-encephalitis	010
mesentery (mesenteric)	011
lymph gland or node	011
miliary (multiple sites)	019.2
acute	019.1
lung	002
with occupational disease of lung	001
multiple sites	019.0
lung included	002
with occupational disease of lung	001
pulmonary	002
with occupational disease of lung	001
bilateral	002
with occupational disease of lung	001
brain	010
chronic	019.2
brain or meninges	010
intestine	011
lung	002
with occupational disease of lung	001
pulmonary	002
with occupational disease of lung	001
intestine	011
lung	002
with occupational disease of lung	001
meninges	010
moulders'	001

mouth	018.2
multiple	019.2
muscle	018.2
myelitis	010
myocarditis, chronic	018.2
myocardium	018.2
nasal	007
with occupational disease of lung	001
passage	007
with occupational disease of lung	001
sinus (see Tuberculosis, sinus)	
nasopharynx	007
with occupational disease of lung	001
neck gland	015
necrosis (bone) (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
nephritis	016
nerve	018.2
nose (septum)	007
with occupational disease of lung	001
ocular	018.0
oesophagus	018.2
omentum	011
oophoritis	016
optic	018.0
nerve trunk	018.0
papilla, papillae	018.0
orbit	018.0
orchitis	016
organ, specified NEC	018.2
officialis	014.3
primary	014.0
osseous (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
spine or vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
osteitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
osteomyelitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
spine or vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
otitis (media)	018.1
ovary	016
ovary	016
oviducts	016
pachymeningitis	010
palate	018.2
pancreas	018.2
papulonecrotic	014.3
primary	014.0
parathyroid glands	018.2
paronychia	014.3
primary	014.0
parotid gland or region	018.2
pelvic organ	018.2
pelvis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
penis	016
peribronchitis	002
with occupational disease of lung	001
pericarditis	018.2
pericardium	018.2
perichondritis, larynx	007
with occupational disease of lung	001
perineal abscess	018.2
perinephritic abscess	016
perineum	018.2
periostitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3

periphlebitis	018.2
eye vessel	018.0
retina	018.0
perirectal fistula	011
peritoneal gland	011
peritoneum	011
peritonitis	011
pernicious	008
with occupational disease of lung	001
pharyngitis	007
with occupational disease of lung	001
pharynx	007
with occupational disease of lung	001
phlyctenulosis (conjunctiva)	018.0
phthisis	002
with occupational disease of lung	001
fibroid (old)	002
with occupational disease of lung	001
pituitary gland	018.2
placenta	016
pleura, pleural, pleurisy, pleuritis (fibrinous) (obliterative) (purulent) (simple plastic) (with effusion)	003.0
with occupational disease of lung	001
active, radiological evidence suggestive of	006
pneumonia, pneumonic	002
with occupational disease of lung	001
pneumothorax	002
with occupational disease of lung	001
tense valvular	002
with occupational disease of lung	001
polyserositis	019.2
prepuce	016
primary complex (with symptoms)	016
without symptoms (see YOO.1)	004
proctitis	011
prostate	016
prostatitis	016
pulmonalis	002
with occupational disease of lung	001
pulmonary (artery) (fistula)	002
with occupational disease of lung	001
active, radiological evidence suggestive of	006
with occupational disease of lung	001
pyaemia	008
with occupational disease of lung	001
pyelitis	016
pyelonephritis	016
pyemia	008
with occupational disease of lung	001
pyonephrosis	016
pyopneumothorax	003.0
with occupational disease of lung	001
pyothorax	003.0
with occupational disease of lung	001
rectum (with abscess)	011
fistula	011
reinfection stage	008
with occupational disease of lung	001
renal	016
renis	016
reproductive organ	016
respiratory NEC	002
with	
occupational disease of lung NEC	001
anthracosis (occupational)	001
non-occupational	002
anthracosis (occupational)	001
non-occupational	002
asbestosis (occupational)	001
non-occupational	002
bagassosis (occupational)	001
non-occupational	002
berylliosis (occupational)	001
non-occupational	002

byssinosis (occupational)	001
non-occupational	002
calcicosis (occupational)	001
non-occupational	002
chalcosis (occupational)	001
non-occupational	002
cirrhosis lung (chronic)	002
occupational	001
cirrhotic pneumonia (chronic)	002
occupational	001
colliers' asthma or lung	001
dust reticulation	002
occupational	001
fibroid	
disease, lung (chronic)	002
occupational	001
induration, lung (chronic)	002
occupational	001
pneumonia (chronic)	002
occupational	001
fibrosis, lung (atrophic) (confluent) (massive) (chronic)	002
occupational	001
silicotic (occupational)	001
non-occupational	002
gannister disease (occupational)	001
non-occupational	002
grinders' asthma or lung	001
hepatization, lung, (chronic)	002
occupational	001
induration, lung, (chronic)	002
occupational	001
inflammation, lung, (chronic)	002
occupational	001
interstitial pneumonia (chronic)	002
occupational	001
lithosis (occupational)	001
non-occupational	002
millstone makers' asthma or lung	001
miners' asthma or lung	001
pleuropneumonia, chronic	002
occupational	001
pneumoconiosis (occupational)	001
non-occupational	002
pneumonia, chronic	002
occupational	001
pneumosiderosis (occupational)	001
non-occupational	002
pottery workers' asthma or lung	001
sandblasters' asthma or lung	001
siderosis (occupational)	001
non-occupational	002
silicosis (occupational)	001
non-occupational	002
stonemasons' asthma or lung	001
specified-site NEC	007
with occupational disease of lung	001
retina	018.0
retroperitoneal	011
gland	011
lymph gland or node	011
retropharyngeal abscess	007
with occupational disease of lung	001
rheumatism (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
rhinitis	007
with occupational disease of lung	001
sacro-iliac (joint) (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
sacrum (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
salivary gland	018.2
salpingitis	016
sclera	018.0
scoliosis (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0

scrotum	016
seminal tract	016
vesicle	016
senile	002
with occupational disease of lung	001
septic	008
with occupational disease of lung	001
shoulder (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
sigmoid	011
sinus (accessory) (nasal)	007
with occupational disease of lung	001
bone (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
epididymis	016
skeletal (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
skin (any site)	014.3
primary	014.0
small intestine	011
soft palate	018.2
spermatic cord	016
spinal	
column (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
cord	010
disease (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
membrane	010
meninges	010
spine (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spleen	018.2
acute miliary	018.2
splenitis	018.2
spondylitis (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
spontaneous pneumothorax	002
with occupational disease of lung	001
sternoclavicular joint (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
stomach	018.2
struma	015
subcutaneous tissue	014.3
primary	014.0
subcutis	014.3
primary	014.0
subdeltoid bursa	018.2
submaxillary	018.2
region	018.2
supraclavicular gland	015
suprarenal (capsule) (gland)	017
suspected (see YO3.2)	
respiratory, on radiological evidence	006
with occupational disease of lung	001
swelling, joint (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
symphysis pubis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
synovitis (active)	012.3
hip (active)	012.1
inactive, arrested, cured, healed, late effect, sequela	013.1
inactive, arrested, cured, healed, late effect, sequela	013.3
knee (active)	012.2
inactive, arrested, cured, healed, late effect, sequela	013.2
spine or vertebra (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
systemic	019.2
tarsitis	018.0
tendon (sheath)	018.2
tenosynovitis (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
testicle (testis)	016
congenital	016

throat	007
with occupational disease of lung	001
thymus gland	018.2
thyroid gland	018.2
toe	018.2
tongue	018.2
tonsil	007
with occupational disease of lung	001
lingual	018.2
tonsillitis	007
with occupational disease of lung	001
trachea, tracheal	007
with occupational disease of lung	001
gland (with symptoms)	005
without symptoms (see YOO.1)	
tracheobronchial	002
glandular (with symptoms)	005
without symptoms (see YOO.1)	
lymph gland or node (with symptoms)	
without symptoms (see YOO.1)	005
tubal	016
tunica vaginalis	016
typhilitis	011
ulcer (skin)	014.3
bowel or intestine	011
other specified sites—code according to site under Tuberculosis	
primary	014.0
ureter	016
urethra, urethral	016
gland	016
urinary organ or tract	016
uterus	016
uveal tract	018.0
uvula	018.2
vagina	016
vas deferens	016
vasis deferentis	016
vein	018.2
verruca	014.3
primary	014.0
verrucosa (cutis)	014.3
primary	014.0
vertebra (column) (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
vesicae urinae	016
vesiculitis	016
viscera	011
vulva	016
wrist (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Tumour	
white (active)	012.3
inactive, arrested, cured, healed, late effect, sequela	013.3
Typhilitis	011

U

Ulcer, ulcerated, ulcerating, ulceration, ulcerative	
bladder (sphincter)	016
cornea	
phlyctenular	018.0
intestine, intestinal	011
lung	002
with occupational disease of lung (see also Tuberculosis, respiratory)	001
scrotum	016
skin	014.3
primary	014.0
spine (active)	012.0
inactive, arrested, cured, healed, late effect, sequela	013.0
Ulcus (see also Ulcer)	
cutis tuberculosum	014.3
uveitis (recurrent) (healed)	018.0

V

Vaginitis	016
Vasitis	016
Verruca	
necrogenica	014.3
primary	014.0
tuberculosa	014.3
primary	014.0
Vesiculitis (seminal)	016

CHAPTER 6

Statistical terms and Bureau publications

Average or mean. The sum of the values recorded in a series of observations divided by the number of observations.

Median. The centre value in a series of observations when the observations are ranged from lowest to highest. With an even number of observations the mean of the two central observations is usually taken. The median is a useful form of average when the arithmetic mean is unduly affected by very large or very small outlying observations. It is an average of position, being affected by the number of observations rather than by the size of extreme values of observations.

Mode. The value which occurs most frequently in a series of observations. It is the maximum point on the curve which most closely describes an observed frequency distribution. While it is not possible to make an exact mathematical determination of the mode it can be calculated approximately from the formula $\text{Mode} = \text{Mean} - 3(\text{Mean} - \text{Median})$.

Range. The distance between the lowest and highest values observed.

Frequency distribution. An arrangement of a number of observations to show the frequency with which each observation occurs, for example, the number of individuals in each age group of a population.

Mean deviation. The arithmetic average of all the differences between the observations and their mean, the differences being added without regard to whether they are difference above or below the mean.

Standard deviation. A special form of average deviation from the mean. It is computed by taking the square root of the arithmetic average of the squares of the differences between the observations and their mean.

Coefficient of variation. The standard deviation expressed as a percentage of the mean, or—

$$\frac{\text{Standard deviation} \times 100}{\text{mean}}$$

Standard error. A measure of the variability which a statistical value, such as a percentage or a mean, would show if repeated samples were taken from the same series of observations. In other words it shows how much variation might be expected to occur merely by chance in the various characteristics of samples drawn equally randomly from one and the same population.

Significance. If two averages (or two proportions) differ by more than twice the value of the standard error of the difference, the difference is said to be "significant", or more than is easily likely to have arisen by chance.

Probable error. The probable error of a value is 0.6745 times (or about two-thirds) its standard error. If twice the standard error is taken as the level of "significance", then three times the probable error must be taken to reach the same level.

Correlation coefficient. A measure of the degree of association or interdependence between two characteristics. Its value must be between plus 1 and minus 1. Either plus or minus 1 indicates complete linear dependence of one characteristic on the other; zero denotes no linear association whatever between them. A plus sign shows that an upward movement of one characteristic is accompanied by an upward movement in the other. A minus sign indicates that an upward movement of one is accompanied by a downward movement of the other.

Chi-square test. A test as to how well a sample distribution agrees with a theoretical population distribution. Other uses of this test will be found in any standard text.

Scatter diagram. A graphic method of ascertaining the relationship between two characteristics of a number of individuals. Each individual is entered as a point or dot on a graph, the position of each point being determined by the associated value of the two characteristics measured in that individual, for example the height of children plotted against their weight. The relationship is shown by the form of the path made by the points across the face of the diagram.

Rates and ratios

Admission rate. The total number of admissions (excluding transfers) to tuberculosis sanatoria during a calendar year per 100,000 general population at the middle of the year.

$$\frac{\text{Number of admissions} \times 100,000}{\text{Population}}$$

First admission rate. The number of first admissions during a calendar year per 100,000 general population at the middle of the year.

$$\frac{\text{Number of first admissions} \times 100,000}{\text{Population}}$$

Re-admission rate. The number of re-admissions during a calendar year per 100,000 general population at the middle of the year.

$$\frac{\text{Number of re-admissions} \times 100,000}{\text{Population}}$$

Age-specific admission rate. The number of admissions in a specified age-group during a calendar year per 100,000 population in that age group at the middle of the year.

$$\frac{\text{Number of admissions at a specified age} \times 100,000}{\text{Total population at the same age}}$$

Note: Admission rates may be specific for other characteristics than age, or for combinations of characteristics, for example, sex,

marital status, occupation, age-sex, etc. Similarly admission rates may be calculated for individual diagnoses either for the whole population or specific for age and other characteristics.

Hospitalization rate. The number of persons on the books of tuberculosis institutions at a given date per 100,000 general population at the same date.

$$\frac{\text{Patients at end of year} \times 100,000}{\text{Population at end of year}}$$

Patients under care. The total number of persons receiving care at any time during the year, i.e. the sum of the number of patients on books at the beginning of the year and the number of admissions during the year.

Discharge rate. The number of patients discharged alive during a calendar year per 1,000 patients under care during the year.

$$\frac{\text{Discharges} \times 1,000}{\text{Patients under care during year}}$$

Death rate. The number of patients who died before discharge during a calendar year per 1,000 patients under care during the year.

$$\frac{\text{Number of patients died} \times 1,000}{\text{Patients under care during year}}$$

General death rate. The number of deaths in the general population during a calendar year per 1,000 population at the middle of the year.

$$\frac{\text{Number of deaths} \times 1,000}{\text{Population}}$$

Note: Death rates (either general or institutional) may be specific for age, sex, diagnosis or other characteristics subject to the proviso that both the numerator and denominator used in calculating the rate must refer to the same population characteristic.

Average daily population. The number of patients under care on an average day during the calendar year.

$$\frac{\text{Total patient days of care during the year}}{\text{Number of days in the year}}$$

Percentage occupancy. A measure of "patient turnover" which relates the average daily population to the beds available. It may be calculated either for bed capacity or the average number of beds set up.

(a)
$$\frac{\text{Average daily population} \times 100}{\text{Standard bed capacity}}$$

(b)
$$\frac{\text{Average daily population} \times 100}{\text{Average beds set up}}$$

Average stay. The average duration of stay, in days, weeks or months of all patients who died in, or were discharged from the hospital during the year.

$$\frac{\text{Total duration of stay of separated patients}}{\text{Number of separated patients}}$$

Personnel ratio. The ratio between the number of patients in hospital at the end of a calendar year and the number of staff, either for all personnel or for those in a particular category, at the same date, e.g.

$$\frac{\text{Patients in hospital at end of year}}{\text{Nursing staff}}$$

Average cost per patient day. The average operating cost of maintaining a patient in the hospital for one day.

$$\frac{\text{Total maintenance expenditure for the year}}{\text{Total patient days during the year}}$$

Official publications of the Dominion Bureau of Statistics

Tuberculosis Statistics.

Mental Health Statistics.

Hospital Statistics (2 vols.)

Annual Report of Vital Statistics.

Census of Mental Institutions, 1951.

Census of Welfare Institutions, 1951.

Population Estimates, 1921-1952 (and annual supplements).

Physician's Pocket Reference, 1950.

Health Reference Book, 1948.

Census of Canada, 1951.

The Canada Year Book (annual).

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