CHAPTER 01

Certain infectious or parasitic diseases

This chapter has 342 four-character categories.

Code range starts with 1A00

This chapter includes certain conditions caused by pathogenic organisms or microorganisms, such as bacteria, viruses, parasites or fungi.

Exclusions: Infection arising from device, implant or graft, not elsewhere classified (NE83.1)

Coded Elsewhere: Infections of the fetus or newborn (KA60-KA6Z)

Human prion diseases (8E00-8E0Z)

Pneumonia (CA40)

This chapter contains the following top level blocks:

* Gastroenteritis or colitis of infectious origin
* Predominantly sexually transmitted infections
* Mycobacterial diseases
* Certain staphylococcal or streptococcal diseases
* Pyogenic bacterial infections of the skin or subcutaneous tissues
* Certain zoonotic bacterial diseases
* Other bacterial diseases
* Human immunodeficiency virus disease
* Viral infections of the central nervous system
* Non-viral and unspecified infections of the central nervous system
* Dengue
* Certain arthropod-borne viral fevers
* Certain zoonotic viral diseases
* Certain other viral diseases
* Influenza
* Viral hepatitis
* Viral infections characterised by skin or mucous membrane lesions
* Mycoses
* Parasitic diseases
* Sepsis
* Sequelae of infectious diseases

Gastroenteritis or colitis of infectious origin (BlockL1‑1A0)

Coded Elsewhere: Intestinal fungal infections

Bacterial intestinal infections (BlockL2‑1A0)

Any condition of the intestines, caused by an infection with a bacterial source.

Exclusions: Bacterial foodborne intoxications (BlockL2‑1A1)

Coded Elsewhere: Abdominal actinomycosis (1C10.1)

Listerial gastroenteritis (1C1A.Y)

1A00 Cholera

Inclusions: cholera syndrome

1A01 Intestinal infection due to other Vibrio

1A02 Intestinal infections due to Shigella

A disease caused by an infection with the gram-negative bacteria Shigella. This disease is characterised by an acute onset of small volume diarrhoea, accompanied by fever and nausea. This disease may also present with toxaemia, vomiting, cramps, and tenesmus. Transmission is by ingestion of contaminated food, or direct contact. Confirmation is by identification of Shigella in a faecal sample.

1A03 Intestinal infections due to Escherichia coli

Any condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli.

1A03.0 Enteropathogenic Escherichia coli infection

An infection of the gastrointestinal system, caused by the gram-negative bacteria Escherichia coli. It is characterised by acute, profuse, watery diarrhoea. Transmission is by the faecal-oral route from contaminated food, water, or fomites. Confirmation is by identification of the Escherichia coli in a faecal sample.

1A03.1 Enterotoxigenic Escherichia coli infection

A condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli. This condition is characterised by acute, watery diarrhoea due to toxins released from the bacteria. Transmission is by the faecal-oral route from ingestion of contaminated food, water, or fomites. Confirmation is by identification of the Escherichia coli in faecal sample.

1A03.2 Enteroinvasive Escherichia coli infection

A condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli. This condition is characterised by acute and profuse diarrhoea (that may be haemorrhagic), fever, and abdominal cramps. Transmission is by the faecal-oral route from ingestion of contaminated food or water. Confirmation is by identification of the Escherichia coli in a faecal sample.

1A03.3 Enterohaemorrhagic Escherichia coli infection

1A03.Y Intestinal infections due to other specified Escherichia coli

1A03.Z Intestinal infections due to Escherichia coli, unspecified

1A04 Intestinal infections due to Clostridioides difficile

A disease of the colon, caused by an infection with the gram-positive bacteria Clostridium difficile. This disease is characterised by colitis, diarrhoea, abdominal pain, and fever. Transmission is commonly by direct or indirect contact, or from a disturbance of the normal bacterial flora of the colon. Confirmation is by identification of Clostridium difficile in a faecal sample.

Coded Elsewhere: Megacolon due to Clostridioides difficile (1A0Z)

1A05 Intestinal infections due to Yersinia enterocolitica

A disease of the intestinal tract, caused by an infection with the gram-negative bacteria Yersinia enterocolitica. This disease commonly presents with a fever, diarrhoea, or abdominal pain. This disease may also lead to a systemic infection. Transmission is by the faecal-oral route from the ingestion of contaminated food or water, or direct contact with infected individuals or animal. Confirmation is by identification of Yersinia enterocolitica in a faecal sample.

Exclusions: Extraintestinal yersiniosis (1B9A)

1A06 Gastroenteritis due to Campylobacter

1A07 Typhoid fever

A condition caused by an infection with the gram-negative bacteria Salmonella typhi. This condition is characterised by an acute sustained fever. This condition may present with weakness, stomach pains, headache, loss of appetite, or flat, rose-coloured spots. Transmission is by the faecal-oral route from the ingestion of contaminated food or water. Confirmation is by identification of Salmonella typhi in a faecal or blood sample.

1A07.0 Typhoid peritonitis

1A07.Y Other specified typhoid fever

1A07.Z Typhoid fever, unspecified

1A08 Paratyphoid fever

A condition caused by an infection with the gram-negative bacteria Salmonella paratyphi. This condition is characterised by an acute sustained fever. The individual may feel weak, have stomach pains, headache, loss of appetite, or a rash of flat, rose-coloured spots. Transmission is by ingestion of contaminated food or water. Confirmation is by identification of Salmonella paratyphi in a faecal or blood sample.

1A09 Infections due to other Salmonella

Coding Note: Infection or foodborne intoxication due to any Salmonella species other than S. typhi and S. paratyphi

1A0Y Other specified bacterial intestinal infections

1A0Z Bacterial intestinal infections, unspecified

Bacterial foodborne intoxications (BlockL2‑1A1)

Any condition caused by an infection with a bacterial source. Transmission is by ingestion of contaminated food.

Exclusions: salmonella foodborne intoxication and infection (1A09)

Listeriosis (1C1A)

Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Other noxious substances eaten as food (NE61)

Ichthyotoxism not specified as bacterial (NE61)

1A10 Foodborne staphylococcal intoxication

1A11 Botulism

A disease caused by an infection with the gram-positive bacteria Clostridium botulinum. This disease commonly presents with abdominal pain, vomiting, acute paralysis, blurred vision, diplopia, and may be fatal. Transmission is by ingestion of contaminated food, direct contact, or from accidental overdose. Confirmation is by identification of Clostridium botulinum in a faecal or food sample.

1A11.0 Foodborne intoxication by botulinum toxin

1A11.1 Other forms of botulism

1A11.Z Botulism, unspecified

1A12 Foodborne Clostridium perfringens intoxication

Inclusions: enteritis necroticans

foodborne Clostridium welchii intoxication

1A13 Foodborne Bacillus cereus intoxication

1A1Y Other specified bacterial foodborne intoxications

1A1Z Bacterial foodborne intoxications, unspecified

Viral intestinal infections (BlockL2‑1A2)

Any condition of the intestines, caused by an infection with a viral source.

Exclusions: influenza with involvement of gastrointestinal tract (1E32)

Coded Elsewhere: Herpes simplex virus duodenitis (1F00.Y)

Human immunodeficiency virus disease enteritis (1C62.2)

1A20 Enteritis due to Adenovirus

A disease of the intestinal tract, caused by an infection with adenovirus. This disease is characterised by a fever, diarrhoea, or vomiting. Transmission is by the faecal-oral route.

1A21 Gastroenteritis due to Astrovirus

1A22 Gastroenteritis due to Rotavirus

A disease of the gastrointestinal tract, caused by an infection with rotavirus. This disease is characterised by acute onset of vomiting, non-haemorrhagic diarrhoea, and abdominal pain. Transmission is by ingestion of contaminated food or water, direct contact, or through fomites. Confirmation is by identification of rotavirus.

1A23 Enteritis due to Norovirus

A disease of the gastrointestinal tract, caused by an infection with norovirus. This disease is characterised by acute onset of vomiting, non-haemorrhagic diarrhoea, and abdominal pain. Transmission is by ingestion of contaminated food or water, direct contact, or through fomites. Confirmation is by identification of norovirus.

1A24 Intestinal infections due to Cytomegalovirus

A condition of the intestinal tract, caused by an infection with cytomegalovirus. The condition is characterised by diarrhoea, fever, abdominal pain, or haematochezia. Transmission is by direct contact with infected body fluids.

1A2Y Other specified viral intestinal infections

1A2Z Viral intestinal infections, unspecified

Protozoal intestinal infections (BlockL2‑1A3)

Any condition of the intestines, caused by an infection with a protozoal parasitic source.

1A30 Infections due to Balantidium coli

Any condition caused by an infection with the protozoan parasite Balantidium coli.

1A31 Giardiasis

A condition caused by an infection with the protozoan parasite Giardia. This condition is characterised by gastroenteritis, or may be asymptomatic. Transmission is by the faecal-oral route from the ingestion of contaminated food or water. Confirmation is by identification of Giardia in a faecal sample.

1A32 Cryptosporidiosis

Any condition caused by an infection with the protozoan parasite Cryptosporidium.

1A33 Cystoisosporiasis

A disease caused by the protozoan parasite Cystoisospora belli. This disease is characterised by watery diarrhoea, fever, abdominal pain, nausea, or malaise. Transmission is by the faecal-oral route, commonly through the ingestion of contaminated food or water. Confirmation is by identification of Cystoisospora belli in a faecal sample.

1A33.0 Cystoisosporiasis of small intestine

Inclusions: Infection due to Isopora belli

Infection due to Isopora hominis

1A33.1 Cystoisosporiasis of colon

Isosporiasis of colon is a large intestinal inflammation caused by the protozoan Isospora belli.

1A33.Y Other specified cystoisosporiasis

1A33.Z Cystoisosporiasis, unspecified

1A34 Sarcocystosis

Any condition caused by an infection with the protozoan parasite Sarcocystis.

Inclusions: Sarcosporidiosis

1A35 Blastocystosis

1A36 Amoebiasis

Inclusions: infection due to Entamoeba histolytica

1A36.0 Intestinal infections due to Entamoeba

1A36.00 Acute amoebiasis

A disease caused by an infection with the protozoan parasite Entamoeba histolytica. This disease is characterised by fever, abdominal pain, tenesmus, or diarrhoea containing blood. Transmission is by the faecal-oral route or ingestion of contaminated food or water. Confirmation is by identification of Entamoeba histolytica in a faecal or blood sample.

Inclusions: amoebic dysentery

1A36.01 Amoeboma of intestine

Coded Elsewhere: Amoeboma of large intestine (1A36.0Z)

1A36.0Z Intestinal infections due to Entamoeba, unspecified

1A36.1 Extraintestinal infections due to Entamoeba

1A36.10 Amoebic liver abscess

Inclusions: Hepatic amoebiasis

1A36.11 Amoebic lung abscess

1A36.12 Cutaneous amoebiasis

1A36.1Y Amoebiasis of other specified sites

1A36.Z Amoebiasis, unspecified

1A3Y Other specified protozoal intestinal infections

1A3Z Protozoal intestinal infections, unspecified

1A40 Gastroenteritis or colitis without specification of infectious agent

Inclusions: enteritis septic

gastroenteritis septic

Exclusions: Noninfectious neonatal diarrhoea (KB8C)

noninfective diarrhoea (ME05.1)

Coded Elsewhere: Acute caecitis (1A40.0)

1A40.0 Gastroenteritis or colitis without specification of origin

There is no mention whether the gastroenteritis or colitis is infectious or non-infectious.

1A40.Z Infectious gastroenteritis or colitis without specification of infectious agent

Predominantly sexually transmitted infections (BlockL1‑1A6)

Exclusions: Nonspecific and nongonococcal urethritis (GC02.1)

Arthropathy following genitourinary infection (FA11.2)

Coded Elsewhere: Sexually transmissible viral hepatitis

Herpes simplex labialis (1F00.01)

Herpes simplex gingivostomatitis (1F00.02)

Vulvovaginal candidosis (1F23.10)

Candida balanoposthitis (1F23.11)

Human immunodeficiency virus disease (1C60-1C62.Z)

Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium (JB63.3)

Candidosis of external genitalia (1F23.1Y)

Anogenital molluscum contagiosum (1E76)

Syphilis (BlockL2‑1A6)

A predominantly sexually transmitted infection caused by Treponema pallidum ssp. pallidum.

Coded Elsewhere: Syphilis complicating pregnancy, childbirth or the puerperium (JB63.1)

1A60 Congenital syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum in utero. This disease may present with clinical signs depending on the stage of disease. Transmission is by vertical transmission.

1A60.0 Early congenital syphilis, symptomatic

A disease affecting newborns or children up to 2 years of age, caused by an infection with the gram-negative bacteria Treponema pallidum pallidum in utero. This disease is characterised by premature birth, hepatosplenomegaly, skeletal abnormalities, and bullous skin disease. Transmission is by vertical transmission.

1A60.1 Early congenital syphilis, latent

1A60.2 Late congenital syphilitic oculopathy

This is a late congenital, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is with oculopathy.

1A60.3 Late congenital neurosyphilis

Neurological sequelae of longstanding (> 2 years) untreated congenital neurosyphilis include mental delay, hydrocephalus, seizures, cerebral infarction and cranial nerve palsies.

1A60.4 Late congenital syphilis, symptomatic

1A60.5 Late congenital syphilis, latent

1A60.Z Congenital syphilis, unspecified

1A61 Early syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum, including primary and secondary stages of syphilis, and early latent syphilis of less than 2 years duration. This disease is characterised by a single chancre in the primary stage, and diffuse rash in the secondary stage. Transmission is commonly by sexual contact.

Exclusions: Early congenital syphilis (1A60)

1A61.0 Primary genital syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by a single chancre in the genital region. Transmission is commonly by sexual contact.

1A61.1 Primary anal syphilis

1A61.2 Primary syphilis of other sites

1A61.3 Secondary syphilis of skin or mucous membranes

A disease caused by an infection with Treponema pallidum pallidum. This disease is characterised by lesions of the skin and mucous membranes. Transmission is commonly by sexual contact.

1A61.4 Secondary syphilis of other sites

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by less common symptoms of syphilis, including hepatitis, kidney disease, arthritis, periostitis, optic neuritis, uveitis, or interstitial keratitis. Transmission is commonly by sexual contact.

1A61.5 Latent early syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by serologic proof of infection without symptoms of disease less than 1 year after secondary syphilis. Transmission is commonly by sexual contact.

1A61.Y Other specified early syphilis

1A61.Z Early syphilis, unspecified

1A62 Late syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by gummas, neurological abnormalities, or cardiac abnormalities. Clinical signs normally manifest approximately 3-15 years after initial infection. Transmission is commonly by sexual contact.

Exclusions: Late congenital syphilis (1A60)

1A62.0 Neurosyphilis

A disease of the brain or spinal cord caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by four different forms: meningovascular, tabes dorsalis, general paresis, or may be asymptomatic. Clinical signs normally manifest approximately 4-25 years after initial infection. Transmission is commonly by sexual contact.

1A62.00 Asymptomatic neurosyphilis

1A62.01 Symptomatic late neurosyphilis

A diverse constellation of neuropsychiatric signs resulting from prolonged untreated or inadequately treated syphilis. The protean clinical manifestations include chronic, insidious meningeal inflammation with cranial nerve palsy, cognitive and/or behavioural impairment, ataxia, stroke, seizures and visual or auditory impairment.

Coded Elsewhere: Dementia due to neurosyphilis (6D85.Y)

Meningitis due to Treponema pallidum (1D01.0Y)

1A62.0Z Neurosyphilis, unspecified

1A62.1 Cardiovascular late syphilis

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the cardiovascular area.

1A62.2 Symptomatic late syphilis of other sites

1A62.20 Ocular late syphilis

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is with ocular.

1A62.21 Late syphilis involving the musculoskeletal system

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the musculoskeletal system.

1A62.22 Late syphilis of skin or mucous membranes

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the skin and mucous membranes.

1A62.2Y Symptomatic late syphilis of other specified sites

1A62.2Z Symptomatic late syphilis of unspecified site

1A62.Y Other specified late syphilis

1A62.Z Late syphilis, unspecified

1A63 Latent syphilis, unspecified as early or late

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by serologic proof of infection without symptoms of disease. Transmission is commonly by sexual contact.

Inclusions: Positive serological reaction for syphilis

1A6Z Syphilis, unspecified

Gonococcal infection (BlockL2‑1A7)

A condition caused by an infection with the gram-negative bacteria Neisseria gonorrhoeae. Transmission is by sexual contact. Confirmation is by identification of Neisseria gonorrhoeae.

Coded Elsewhere: Gonorrhoea complicating pregnancy, childbirth or the puerperium (JB63.2)

1A70 Gonococcal genitourinary infection

1A70.0 Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess

Exclusions: Gonococcal infection of lower genitourinary tract with periurethral or accessory gland abscess (1A70.1)

1A70.00 Gonorrhoea of penis

1A70.0Y Other specified gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess

1A70.0Z Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess, unspecified

1A70.1 Gonococcal infection of lower genitourinary tract with periurethral or accessory gland abscess

1A70.Y Gonococcal infection of other specified genitourinary organ

1A70.Z Gonococcal genitourinary infection, unspecified

1A71 Gonococcal pelviperitonitis

This is an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.

1A72 Gonococcal infection of other sites

1A72.0 Gonococcal infection of musculoskeletal system

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the musculoskeletal system.

1A72.1 Gonococcal infection of rectum

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea of the rectum.

1A72.2 Gonococcal infection of anus

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the anus.

1A72.3 Gonococcal pharyngitis

1A72.4 Gonococcal infection of eye

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the eye.

Coded Elsewhere: Neonatal conjunctivitis or dacryocystitis due to Neisseria gonorrhoeae (KA65.0)

1A72.Y Gonococcal infection of other specified sites

1A73 Disseminated gonococcal infection

Disseminated gonococcal infection occurs when there is bacteremic dissemination of Neisseria gonorrhoeae from its initial focus of infection in female pelvic organs. It manifests as pain and swelling around one or more joints, intermittent crops of erythematous papules and pustules on the limbs, fever and rigors. Blood cultures may be but are not always positive.

1A7Z Gonococcal infection, unspecified

Sexually transmissible infections due to chlamydia (BlockL2‑1A8)

An infection with the gram-negative bacteria Chlamydia trachomatis. This infection may be asymptomatic or characterised by fever, painful urination, urinary urgency, dyspareunia, vaginal bleeding or discharge, pain in the abdomen in females and by fever, urethritis, painful urination, discharge from the penis, swollen or tender testicles in males. Transmission is by anal, vaginal, or oral sex. Confirmation is by identification of Chlamydia trachomatis.

1A80 Chlamydial lymphogranuloma

A disease of the inguinal lymph glands, caused by an infection with the gram-negative bacteria Chlamydia trachomatis. This disease is characterised by a genital ulcer, buboes, abscesses in the groin, blood in faeces, tenesmus, or proctocolitis. Transmission is by sexual contact. Confirmation is by identification of Chlamydia trachomatis in a blood sample or by polymerase chain reaction tests.

Inclusions: Durand-Nicolas-Favre disease

1A81 Non-ulcerative sexually transmitted chlamydial infection

Exclusions: Neonatal chlamydial pneumonia (KB24)

Neonatal conjunctivitis due to Chlamydia (KA65.0)

Chlamydial lymphogranuloma (1A80)

Chlamydial peritonitis (1C21)

Trachoma (1C23)

1A81.0 Chlamydial infection of lower genitourinary tract

1A81.1 Chlamydial infection of internal reproductive organs

1A81.Y Non-ulcerative sexually transmitted chlamydial infection of other specified site

1A81.Z Non-ulcerative sexually transmitted chlamydial infection of unspecified site

1A8Y Other specified sexually transmissible infections due to chlamydia

1A8Z Sexually transmissible infections due to chlamydia, unspecified

1A90 Chancroid

A disease caused by an infection with the gram-negative bacteria Haemophilus ducreyi. This disease is characterised by painful ulcer(s) on the genitalia. Transmission is by sexual contact. Confirmation is by identification of Haemophilus ducreyi from the ulcer exudate.

Inclusions: Ulcus molle

1A91 Granuloma inguinale

A disease caused by infection with the gram-negative bacterium Klebsiella granulomatis. It commonly presents with painless genital ulceration following contact with an infected sexual partner. Small, painless nodules appear after an incubation period of about 10–40 days; later the nodules break down to create open, fleshy, oozing ulcers which gradually extend, mutilating the infected tissue. The lesions occur at the region of contact and are typically found on the shaft of the penis, the labia, or the perineum.

Inclusions: Donovanosis

1A92 Trichomoniasis

A disease caused by an infection with the protozoan parasite Trichomonas. This disease presents with symptoms depending on the site of infection.

Coded Elsewhere: Intestinal trichomoniasis (1A3Y)

1A93 Sexually transmissible infestations

Coded Elsewhere: Scabies (1G04)

Pubic infestation by Phthiriasis (1G03)

1A94 Anogenital herpes simplex infection

A condition of the anogenital region, caused by an infection with herpes simplex virus type 1 or 2. This condition is characterised by vesicles, or may be asymptomatic. Transmission is by sexual contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

1A94.0 Herpes simplex infection of genitalia or urogenital tract

Herpes simplex infection affecting the vulva and vagina in women and the penis in men. It is more commonly due to infection with Herpes simplex type 2 virus than with type 1 virus.

1A94.1 Herpes simplex infection of perianal skin or rectum

Herpes simplex infection of perianal skin and rectum. This is commonly due to Herpes simplex virus type 2 and acquired through anal sexual contact.

1A94.Z Anogenital herpes simplex infection without further specification

1A95 Anogenital warts

Anogenital warts are due to an infection of anogenital skin and mucous membranes by certain human papilloma viruses, most commonly HPV subtypes 6,11,16 and 18. Transmission is predominantly by sexual contact. They manifest typically as flat plaques or papillomatous, keratinous growths on and adjacent to the external genitalia and anus. Some HPV subtypes, including types 16 and 18, are oncogenic and predispose to the development of anogenital cancers.

Inclusions: Condylomata acuminata

Coded Elsewhere: Anogenital verrucous carcinoma of Buschke and Lowenstein (2C31.0)

1A95.0 Anal warts

Infection of the anus or perianal skin by human papillomavirus (HPV). Although the majority of such infections are sexually transmitted and caused by HPV subtypes responsible for genital warts, autoinoculation from common warts, especially on the hands in children, may also cause perianal warts.

Inclusions: Anal condyloma acuminata

1A95.1 Genital warts

Infection of anogenital mucosa or skin by the human papillomavirus. The infection is commonly asymptomatic but manifests typically as flat, papular or pedunculated growths depending on the site of infection. Transmission is by normally by sexual contact.

1A95.2 Extragenital condylomata acuminata

Anogenital warts transmitted to extragenital sites (i.e. beyond the anogenital region). This may be through autoinoculation of anogenital wart virus to moist, intertriginous sites on the abdomen or under the breasts, or as a result of sexual activity, particularly to the lips and oral cavity.

Inclusions: Anogenital warts affecting sites other than the anogenital area

1A9Y Other specified predominantly sexually transmitted infections

1A9Z Predominantly sexually transmitted infections, unspecified

Mycobacterial diseases (BlockL1‑1B1)

Tuberculosis (BlockL2‑1B1)

A disease caused by an infection with bacteria of the Mycobacterium tuberculosis complex. This disease presents with symptoms depending on the site of infection. Transmission is commonly by inhalation of infected respiratory secretions.

Inclusions: Infections due to Mycobacterium tuberculosis and Mycobacterium bovis

Exclusions: Pneumoconiosis associated with tuberculosis (CA60.3)

Coded Elsewhere: Congenital tuberculosis (KA61.0)

Tuberculosis complicating pregnancy, childbirth or the puerperium (JB63.0)

HIV disease clinical stage 1 associated with tuberculosis (1C60.0)

HIV disease clinical stage 2 associated with tuberculosis (1C60.1)

HIV disease clinical stage 3 associated with tuberculosis (1C60.2)

HIV disease clinical stage 4 associated with tuberculosis (1C60.3)

Human immunodeficiency virus disease associated with tuberculosis (1C60)

1B10 Tuberculosis of the respiratory system

This is a progressive or chronic disease resulting from infection with the bacterium Mycobacterium tuberculosis or those in the M. tuberculosis complex: M. bovis, M. africanum, M. canetti, and M. microti. The infection is limited to the respiratory system.

1B10.0 Respiratory tuberculosis, confirmed

A disease of the respiratory tract, caused by an infection with the bacteria Mycobacterium tuberculosis, which has been confirmed by laboratory testing. This disease is characterised by chronic cough, and sputum production that may be haemorrhagic. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in clinical samples.

1B10.1 Respiratory tuberculosis, not confirmed

A disease of the respiratory tract, caused by an infection with the bacteria Mycobacterium tuberculosis, which has not been confirmed. This disease is characterised by a chronic cough, and sputum production that may be haemorrhagic. Transmission is commonly by inhalation of infected respiratory secretions.

1B10.Z Respiratory tuberculosis, without mention of bacteriological or histological confirmation

1B11 Tuberculosis of the nervous system

A disease of the central nervous system, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease is characterised by neurological deficits depending on the site affected. Transmission is through haematogenous spread to the nervous system after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in the cerebrospinal fluid. see comment

1B11.0 Tuberculous meningitis

A disease of the meninges, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease is characterised by fever, headache, or neurological deficits. Transmission is through haematogenous spread to the meninges after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in the cerebrospinal fluid.

Inclusions: Tuberculous leptomeningitis

1B11.1 Tuberculous meningoencephalitis

1B11.2 Meningeal tuberculoma

Tuberculomas are conglomerate caseous foci within the substance of the brain, caused by dissemination of tuberculosis to the central nervous system.

Inclusions: Tuberculoma of meninges

1B11.3 Tuberculous granuloma of brain

1B11.4 Tuberculous granuloma of the meninges

1B11.Y Tuberculosis of other specified part of nervous system

1B11.Z Tuberculosis of the nervous system, unspecified

1B12 Tuberculosis of other systems and organs

1B12.0 Tuberculosis of heart

Mycobacterium tuberculosis infection involving the heart and pericardium

1B12.1 Tuberculosis of eye

Tuberculosis involving the eye. This may manifest in multiple different ways including keratoconjunctivitis, episcleritis, anterior uveitis and posterior uveitis

Exclusions: lupus vulgaris of eyelid (1B12.8)

1B12.2 Tuberculosis of ear

This is a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis. This diagnosis is of the ear.

Exclusions: tuberculosis of skin of external ear (1B12.8)

Tuberculous mastoiditis (1B12.40)

1B12.3 Tuberculosis of endocrine glands

Infection of endocrine glands by Mycobacterium tuberculosis with resultant endocrine disturbances including adrenal or pituitary failure.

Coded Elsewhere: Tuberculous Addison disease (1B12.3)

1B12.4 Tuberculosis of the musculoskeletal system

Coded Elsewhere: Mycobacterial infection of vertebra (FA90.1)

1B12.40 Tuberculosis of bones or joints

A disease of the bones and joints, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease commonly presents with bone pain, joint inflammation, loss of movement or feeling in the affected bone or joint, and weak bones prone to fracture. Transmission is through haematogenous spread to the bones and joints after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in biopsy samples of the affected site.

1B12.41 Tuberculous myositis

1B12.4Y Tuberculosis of other specified part of the musculoskeletal system

1B12.4Z Tuberculosis of the musculoskeletal system, unspecified

1B12.5 Tuberculosis of the genitourinary system

Tuberculosis involving the urinary tract and/or reproductive organs. The primary site of infection is most commonly the kidney as a result of haematogenous spread from distant sites: infection may then spread further down the urinary tract and/or to the reproductive organs. Genital infection may be sexually transmitted.

1B12.6 Tuberculous peripheral lymphadenopathy

A disease of the peripheral lymph nodes, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease is characterised by inflammation of the peripheral lymph nodes, typically the cervical lymph nodes. Transmission is through haematogenous spread to the peripheral lymph nodes after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis from lymph node biopsies.

Inclusions: Tuberculous adenitis

Exclusions: Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically or histologically (1B10.0)

Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation (1B10)

1B12.7 Tuberculosis of the digestive system

Tuberculosis of the digestive tract or hepatobiliary system

1B12.8 Cutaneous tuberculosis

Tuberculosis involving the skin and mucous membranes including lupus vulgaris, scrofuloderma and periorificial tuberculosis.

Exclusions: Tuberculids (BlockL2‑EA4)

Skin complications of BCG immunisation (EA51)

Coded Elsewhere: Acute miliary cutaneous tuberculosis (1B13.0)

1B12.Y Tuberculosis of other specified organ or site

1B13 Miliary tuberculosis

1B13.0 Acute miliary tuberculosis of a single specified site

A disease caused by an infection with the bacteria Mycobacterium tuberculosis that is disseminated through the body, and affecting a specific body site. This disease is characterised by numerous small lesions of 1-5 millimetre(s) in any organ, and fever. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by radiography, CT, ultrasonography, and identification of Mycobacterium tuberculosis, depending on the site affected.

1B13.1 Acute miliary tuberculosis of multiple sites

A disease caused by an infection with the bacteria Mycobacterium tuberculosis that is disseminated through the body, and affecting multiple body sites. This disease is characterised by numerous small lesions of 1-5 millimetre(s) in more than one organ, and fever. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by radiography, advanced imaging, ultrasonography, and identification of Mycobacterium tuberculosis, depending on the sites affected.

1B13.Y Other specified miliary tuberculosis

1B13.Z Miliary tuberculosis, unspecified

1B14 Latent tuberculosis

1B1Y Other specified tuberculosis

1B1Z Tuberculosis, unspecified

1B20 Leprosy

A disease caused by an infection with Mycobacterium leprae. This disease commonly presents with a long asymptomatic period followed by granulomatous lesions of the skin, respiratory tract, and peripheral nerves. Transmission is commonly by droplet transmission. Confirmation is by identification of Mycobacterium leprae with skin biopsy.

Inclusions: Infection due to Mycobacterium leprae

1B20.0 Paucibacillary leprosy

1B20.1 Multibacillary leprosy

1B20.2 Leprosy reactions

1B20.20 Type I leprosy reaction

This phenomenon, also named “upgrading reaction,” occurs in borderline leprosy states and is associated with an increase in cell-mediated immunity. It occurs typically within the first 6 months of treatment in previously untreated patients but may be related to stress, intercurrent infections, or pregnancy. Clinical features include inflammatory swelling, erythema and occasionally ulceration of existing lesions, constitutional symptoms and neuritis. If the neuritis is not treated promptly permanent motor nerve damage may ensue.

1B20.21 Type II leprosy reaction

This phenomenon, also named downgrading reaction, occurs in borderline leprosy states and is associated with a decrease in cell-mediated immunity with a shift towards the lepromatous end of the clinical spectrum.

1B20.3 Complications of leprosy

1B20.Z Leprosy, unspecified

1B21 Infections due to non-tuberculous mycobacteria

Any condition caused by an infection with the bacteria Mycobacterium (excluding infections due to Mycobacterium tuberculosis and Mycobacterium leprae). These conditions commonly present with lung disease; however, symptoms are dependent on the site of infection. Transmission is by direct contact with Mycobacterium in the environment. Confirmation is by identification of Mycobacterium from the affected site(s).

Exclusions: Leprosy (1B20)

Tuberculosis (BlockL2‑1B1)

1B21.0 Pulmonary infection due to non-tuberculous mycobacterium

A condition of the pulmonary system, caused by an infection with the bacteria Mycobacterium (excluding infections due to Mycobacterium tuberculosis and Mycobacterium leprae). This disease is characterised by cough, fever, weight loss, and fatigue. Transmission is by direct contact with Mycobacterium in the environment.

1B21.1 Non-tuberculous mycobacterial lymphadenitis

1B21.2 Cutaneous non-tuberculous mycobacterial infection

Exclusions: Leprosy (1B20)

Tuberculosis (BlockL2‑1B1)

1B21.20 Mycobacterium ulcerans infection

Mycobacterium ulcerans infection (Buruli ulcer) typically presents as a subcutaneous nodule which breaks down to form a deep painless ulcer which commonly reaches a size of 15 cm in diameter but may extend further to cause extensive tissue damage. The organism is found in wetlands of tropical and subtropical regions of the world, particularly Africa [Dermatology TAG].

1B21.2Y Cutaneous infection due to other specified non-tuberculous mycobacteria

1B21.2Z Cutaneous infection due to unspecified non-tuberculous mycobacteria

1B21.3 Disseminated non-tuberculous mycobacterial infection

1B21.4 Gastrointestinal non-tuberculous mycobacterial infection

1B21.Y Non-tuberculous mycobacterial infection of other specified site

1B21.Z Non-tuberculous mycobacterial infection of unspecified site

1B2Y Other specified mycobacterial diseases

1B2Z Mycobacterial diseases, unspecified

Certain staphylococcal or streptococcal diseases (BlockL1‑1B4)

Coded Elsewhere: Streptococcal tonsillitis (CA03.0)

Rheumatic myocarditis (BC42.3)

Chronic rheumatic pericarditis (BB21)

Acute staphylococcal tonsillitis (CA03.Y)

Acute rheumatic fever (BlockL2‑1B4)

A disease of the connective tissue, caused by an infection with the gram-positive bacteria Streptococcus pyogenes; (the disease may also affect the heart, joints, central nervous system, subcutaneous tissues, or skin). This disease is characterised by fever, polyarthritis, carditis, subcutaneous nodules, or erythema marginatum. Transmission is through haematogenous spread to other parts of the body after direct or indirect contact. Confirmation is by electrocardiography, sedimentation rate, or identification of Streptococcus pyogenes in a blood sample.

Coded Elsewhere: Erythema marginatum rheumaticum (EA50.0)

1B40 Acute rheumatic fever without mention of heart involvement

1B40.0 Rheumatic arthritis, acute or subacute

1B40.Y Other specified acute rheumatic fever without mention of heart involvement

1B40.Z Acute rheumatic fever without mention of heart involvement, unspecified

1B41 Acute rheumatic fever with heart involvement

A disease of the cardiovascular system, caused as a result of rheumatic fever. Rheumatic heart disease is characterised by repeated inflammation with fibrinous repair. This disease may present with cardinal anatomic changes of the valve including leaflet thickening, commissural fusion, and shortening and thickening of the tendinous cords. Inflammation and valve scarring may also occur. Confirmation is by a thoracic radiography or echocardiography.

Exclusions: Rheumatic mitral valve stenosis (BB60.0)

Rheumatic mitral valve insufficiency (BB61.0)

Rheumatic mitral valve prolapse (BB62.0)

Rheumatic mitral stenosis with insufficiency (BB63.0)

Rheumatic aortic valve stenosis (BB70.0)

Rheumatic aortic valve insufficiency (BB71.0)

Rheumatic aortic stenosis with insufficiency (BB72.0)

Rheumatic tricuspid valve stenosis (BB80.0)

Rheumatic tricuspid valve insufficiency (BB81.0)

Rheumatic tricuspid valve stenosis with insufficiency (BB82.0)

Rheumatic pulmonary valve stenosis (BB90.0)

Rheumatic pulmonary valve insufficiency (BB91.0)

Rheumatic pulmonary valve stenosis with insufficiency (BB92.0)

1B41.0 Acute rheumatic pericarditis

A disease of the pericardium, caused by acute rheumatic fever. This disease is characterised by fever, dry cough, rapid heart rate, fatigue, or low blood pressure. Confirmation is by echocardiography, or thoracic radiography.

1B41.1 Acute rheumatic endocarditis

A disease of the endocardium, caused as a result of acute rheumatic fever. This disease is characterised by a high fever, chills, shortness of breath, rapid or irregular heartbeat, coughing up of blood, abdominal pain or septicaemia. This disease commonly presents with valvular involvement. Confirmation is by echocardiography.

1B41.10 Rheumatic aortitis

1B41.1Y Other specified acute rheumatic endocarditis

1B41.1Z Acute rheumatic endocarditis, unspecified

1B41.2 Acute rheumatic myocarditis

Acute rheumatic myocarditis is cardiac inflammation associated with acute rheumatic fever triggered by an autoimmune reaction to group A streptococci infection resulting in pancarditis involving inflammation of the myocardium, endocardium, and epicardium, usually with left-sided valvar involvement.

1B41.Y Other acute rheumatic heart disease

1B41.Z Acute rheumatic heart disease, unspecified

1B42 Rheumatic chorea

Sydenham chorea is a movement disorder that occurs with rheumatic fever heumaragic fever. It is characterised by rapid, uncoordinated jerking movements affecting primarily the face, feet and hands. Sydenham's chorea (SC) results from childhood infection with Group A beta-haemolytic Streptococci

Exclusions: Huntington chorea (8A01.10)

1B50 Scarlet fever

A disease caused by an infection with the gram-positive bacteria Streptococcus pyogenes. This disease is characterised by a sore throat, fever, and a red rash. Transmission is commonly by inhalation of infected respiratory secretions, direct skin contact, or indirect contact.

Inclusions: Scarlatina NOS

Exclusions: streptococcal sore throat (1B51)

Staphylococcal scarlatina (EA50.3)

1B51 Streptococcal pharyngitis

A disease of the pharynx, caused by an infection with the gram-positive bacteria Streptococcus pyogenes. This disease is characterised by fever, sore throat, tonsillar exudates, or large cervical lymph nodes. Transmission is commonly by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pyogenes from a throat swab.

Inclusions: Streptococcal sore throat

Exclusions: Scarlet fever (1B50)

1B52 Toxic shock syndrome

Exclusions: endotoxic shock NOS (1G41)

1B52.0 Streptococcal toxic shock syndrome

1B52.1 Staphylococcal toxic shock syndrome

1B53 Meningitis due to Streptococcus

A disease of the meninges, caused by an infection with the gram-positive bacteria Streptococcus. This disease commonly presents with nausea, vomiting, photophobia, and confusion. Transmission is through haematogenous spread to the meninges after inhalation of infected respiratory secretions. Confirmation is by identification of Streptococcus in the cerebrospinal fluid.

Inclusions: Streptococcal meningitis

1B54 Meningitis due to Staphylococcus

A disease of the meninges, caused by an infection with the gram-positive bacteria Staphylococcus. This disease commonly presents with acute inflammation of the meninges causing headache, fever, stiff neck, or with neurological deficits. Confirmation is by identification of Staphylococcus in the cerebrospinal fluid.

Inclusions: Staphylococcal meningitis

1B5Y Other specified staphylococcal or streptococcal diseases

1B5Z Staphylococcal or streptococcal diseases, unspecified

Pyogenic bacterial infections of the skin or subcutaneous tissues (BlockL1‑1B7)

Coded Elsewhere: Acute bacterial paronychia (EE12.0)

1B70 Bacterial cellulitis, erysipelas or lymphangitis

Diffuse, spreading infections of skin and soft tissues by a range of bacterial organisms, most commonly beta-haemolytic streptococci and Staphylococcus aureus. The clinical presentation is dependent not only on the organism but also on the manner in which it invades the tissues.

Exclusions: Eosinophilic cellulitis (EB30)

1B70.0 Erysipelas

Exclusions: postpartum or puerperal erysipelas (JB40)

1B70.00 Erysipelas of face

1B70.01 Erysipelas of external ear

A rapidly expanding diffuse superficial dermal streptococcal infection involving the external ear. In contrast with infective otitis externa, the skin of the auricle is often initially healthy except at a point of entry for beta-haemolytic streptococci (commonly at a fissure behind the ear or where the ear lobule is attached to the side of the head) and systemic features including fever and malaise are common.

1B70.02 Erysipelas of lower limb

1B70.0Y Erysipelas of other specified site

1B70.1 Streptococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)

Cellulitis of external ear (AA01)

anal cellulitis (DB70.00)

vulvar cellulitis (GA00.0)

Cellulitis of penis (GB06)

Inflammatory disorders of scrotum (GB07.2)

perirectal cellulitis (DB36.10)

Superficial incisional site infection (NE81.20)

1B70.2 Staphylococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)

Cellulitis of external ear (AA01)

anal cellulitis (DB70.00)

vulvar cellulitis (GA00.0)

Cellulitis of penis (GB06)

Inflammatory disorders of scrotum (GB07.2)

perirectal cellulitis (DB36.10)

Superficial incisional site infection (NE81.20)

1B70.3 Ascending bacterial lymphangitis

A complication of a focal acute pyogenic bacterial infection in which the draining lymphatics become red, inflamed and tender as the result of ascending infection. It is most commonly caused by Streptococcus pyogenes.

1B70.Y Bacterial cellulitis or lymphangitis due to other specified bacterium

1B70.Z Bacterial cellulitis or lymphangitis due to unspecified bacterium

1B71 Necrotising fasciitis

1B71.0 Streptococcal necrotising fasciitis

Exclusions: Neonatal necrotising fasciitis (1B71.2)

Coded Elsewhere: Neonatal streptococcal necrotising fasciitis (1B71.2)

1B71.1 Polymicrobial necrotising fasciitis

Exclusions: Neonatal necrotising fasciitis (1B71.2)

1B71.2 Neonatal necrotising fasciitis

Neonatal necrotising fasciitis is a life-threatening acute necrotising infection of fascia, subcutaneous tissues, and overlying skin similar to the condition seen in adults. It is rare in neonates but, in contrast to the adult form, tends to affect otherwise healthy babies. It has followed omphalitis, mastitis and postoperative wound infection, though preceding sites of infection are not always found. It has more commonly been associated with Staphylococcus aureus than with streptococcal infection. Gram-negative organisms have also been implicated. It may cause extensive tissue destruction and mortality is high.

1B71.Y Necrotising fasciitis due to other specified bacterial infection

1B71.Z Necrotising fasciitis, unspecified

1B72 Impetigo

A condition of the skin, commonly caused by a secondary infection with the gram-positive bacteria Staphylococcus aureus or group A beta haemolytic streptococci. This condition is characterised by bullous or non-bullous symptoms. Transmission is by direct contact with an infected individual. Confirmation is by identification of the infectious agent in a skin sample.

Exclusions: impetigo herpetiformis (EA90.40)

Staphylococcal scalded skin syndrome (EA50.2)

Coded Elsewhere: Otitis externa in impetigo (AA3Z)

1B72.0 Bullous impetigo

Bullous impetigo is a contagious superficial infection of the skin caused by certain strains of Staphylococcus aureus which release toxins into the local environment which are capable of cleaving desmoglein I, a protein involved in intercellular adhesion of epidermal keratinocytes. In contrast to the very superficial, rapidly shed and rarely observed blisters of non-bullous impetigo, the bullae of bullous impetigo are tense and well demarcated, sometimes reaching several centimetres in diameter before rupture.

Coded Elsewhere: Neonatal bullous impetigo (EH11)

1B72.1 Non-bullous impetigo

Non-bullous impetigo is due to superficial skin infection with either Streptococcus pyogenes or Staphylococcus aureus or both. The very superficial blisters which form in the upper epidermis are soon shed and rarely seen (cf. bullous impetigo) so that it normally presents with areas of superficial oozing and crusting on the skin surface. It often following minor skin injury or on skin damaged by a preexisting dermatosis such as atopic eczema or scabies.

1B72.2 Secondary impetiginisation of the skin

Secondary infection of dermatoses such as atopic eczema by streptococci or staphylococci.

Coding Note: Code aslo the casusing condition

1B72.Y Other specified impetigo

1B72.Z Impetigo, unspecified

1B73 Ecthyma

Ecthyma is a superficial ulcerative bacterial pyoderma. It is characterised by small, purulent, shallow, punched-out ulcers with thick, brown-black crusts and surrounding erythema. The commonest form is caused by beta-haemolytic streptococci, often in association with Staphylococcus aureus. It is associated with poor hygiene and malnutrition. Ecthyma gangrenosum is an uncommon severe variant caused by Pseudomonas aeruginosa.

1B73.0 Streptococcal ecthyma

1B73.1 Staphylococcal ecthyma

Ecthyma due to a monoinfection with Staphylococcus aureus. It is less common that streptococcal ecthyma.

1B73.2 Ecthyma gangrenosum

Ecthyma gangrenosum is a potentially life-threatening infection of skin in patients who are immunocompromised through disease or immunosuppressive therapy. It is most commonly caused by Pseudomonas aeruginosa though a variety of other organisms may be implicated. It is characterised by usually painless erythematous macules or plaques which progress to haemorrhagic blistering and necrosis of the skin. Lesions may be multiple and widely disseminated, though the anogenital area is a common site. Pseudomonas can frequently be cultured from the blood.

Coded Elsewhere: Neonatal ecthyma gangrenosum (EH11)

1B73.Y Other specified ecthyma

1B73.Z Ecthyma, unspecified

1B74 Superficial bacterial folliculitis

Bacterial infection of the follicular ostium manifested as follicular papules and pustules with perifollicular erythema. The most commonly isolated organisms are coagulase-negative staphylococci and Staphylococcus aureus. The infection may be acute but is more commonly subacute or chronic; individual lesions heal without scarring. Commonly affected sites include the scalp, beard area, thighs and buttocks.

1B74.0 Staphylococcus aureus superficial folliculitis

Infection of the follicular ostium with Staphylococcus aureus. There is a predilection for hairy areas including the scalp, beard and thighs.

1B74.Y Superficial bacterial folliculitis due to other specified organism

1B74.Z Superficial bacterial folliculitis due to unspecified organism

1B75 Deep bacterial folliculitis or pyogenic abscess of the skin

Single or multiple focal infections of skin and soft tissues most commonly centred on the hair follicle and most commonly due to Staphylococcus aureus. Pyogenic abscesses may develop in other locations in skin which has been injured as a result of either trauma or surgery.

1B75.0 Furuncle

A localised infection of a hair follicle by Staphylococcus aureus. It manifests as a painful swollen purulent mass centred on a hair follicle.

1B75.1 Carbuncle

A deep follicular pyogenic staphylococcal skin infection involving a group of adjacent hair follicles. It manifests as a painful boggy mass containing multiple purulent discharging sinuses.

1B75.2 Furunculosis

The presence of multiple furuncles, this condition is associated with disorders such as malnutrition and diabetes mellitus. Treatment-resistant furunculosis may be associated with Panton-Valentine leucocidin-producing Staphylococcus aureus.

1B75.3 Pyogenic abscess of the skin

A pus-producing abscess of the skin most commonly due to bacterial infection by Staphylococcus aureus. It is prone to develop where the normal anatomy is disturbed as in pilonidal disease, an epidermoid cyst or around foreign bodies such as surgical sutures.

Coded Elsewhere: Sacrococcygeal pilonidal abscess (EG63.2)

Infected epidermoid cyst (EK70.00)

1B75.4 Chronic deep bacterial folliculitis

A chronic pyogenic infection by Staphylococcus aureus involving the whole depth of the hair follicle. Sycosis occurs mostly in males after puberty, and commonly involves the follicles of the beard. Most cases begin in the third or fourth decade. Unknown host factors appear to be important in the chronicity of the infection. Extensive follicular destruction and scarring may ensue (lupoid sycosis).

Coded Elsewhere: Folliculitis cruris pustulosa atrophicans (ED81.0)

1B7Y Other specified pyogenic bacterial infection of skin and subcutaneous tissue

Certain zoonotic bacterial diseases (BlockL1‑1B9)

This is a group of bacterial diseases that are transmitted to humans by contact with infected vertebrate animals.

1B90 Rat-bite fevers

Any disease caused by an infection with the gram-negative bacteria Streptobacillus moniliformis or gram-negative bacteria Spirillum minus. This disease presents with symptoms depending on the bacterial agent. Transmission is through the bite of an infected rat or rodent.

1B90.0 Spirillosis

A disease caused by an infection with the gram-negative bacteria Spirillum minus. This disease is initially characterised by local inflammation, followed by fever, lymphadenitis, and headache. Transmission is commonly by direct contact through the bite or scratch of an infected rat. Confirmation is by identification of Spirillum in blood or tissue samples.

Inclusions: Sodoku

1B90.1 Streptobacillosis

A disease caused by an infection with the gram-negative bacteria Streptobacillus monoliformis. This disease is characterised by systemic illness with fever, chills, rash, and polyarthralgias. Transmission is commonly by direct contact through the bite or scratch of an infected rat. Confirmation is by identification of Streptobacillus in blood or joint samples.

Inclusions: Epidemic arthritic erythema

Haverhill fever

Streptobacillary rat-bite fever

1B91 Leptospirosis

A disease caused by an infection with the gram-negative bacteria Leptospira. In the first phase, this disease is characterised by generalised illness (fever, chills, or myalgias) or individuals may be asymptomatic; in the second phase, the heart, liver, kidneys, or brain may be affected by the infection (symptoms are dependent on the site affected). Transmission is by ingestion of contaminated food or water, droplet transmission, or direct cutaneous contact. Confirmation is by identification of Leptospira in samples from the affected individual.

1B92 Glanders

A disease caused by an infection with the gram-negative bacteria Burkholderia mallei. This disease presents with symptoms depending on the route of infection. Transmission is by contact with tissues or body fluids from infected animals (typically horses), or inhalation of infected aerosol. Confirmation is by identification of Burkholderia mallei in blood, sputum, urine, or skin samples.

Inclusions: Infection due to Pseudomonas mallei

1B93 Plague

A disease caused by an infection with the gram-negative bacteria Yersinia pestis. This disease presents with symptoms depending on the site of infection, and may be fatal. Transmission is through the bite of an infected flea, by direct contact, or by droplet transmission.

1B93.0 Bubonic plague

A disease caused by an infection with the gram-negative bacteria Yersinia pestis. This disease commonly presents with an infection of the lymph nodes leading to swelling and pain. This disease may also present with gangrene of the extremities, chills, malaise, high fever, muscle cramps, or seizures. Transmission is through the bite of an infected flea, by direct contact, or by droplet transmission.

1B93.1 Cellulocutaneous plague

Cellulocutaneous plague is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) involving the skin around the flea bite which transmitted the pathogen.

1B93.2 Pneumonic plague

Pneumonic plague is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) involving the lung. The lungs are seeded by hematogenous spread or from inhalation of the pathogen.

1B93.3 Plague meningitis

Plague meningitis is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) that involves the central nervous system.

1B93.Y Other specified plague

1B93.Z Plague, unspecified

1B94 Tularaemia

A disease caused by an infection with Francisella tularensis. This disease is characterised by fever, chills, headache, and weakness, as well as other symptoms depending on the route of infection. Transmission is through the bite of an infected tick or deer fly, by ingestion of contaminated water or food, airborne transmission, or by direct contact with infected animals. Confirmation is by identification of Francisella tularensis, or the presence of antibodies to Francisella tularensis, in a blood or sputum sample.

Inclusions: deer-fly fever

rabbit fever

infection due to Francisella tularensis

1B94.0 Ulceroglandular tularaemia

1B94.Y Other specified tularaemia

1B94.Z Tularaemia, unspecified

1B95 Brucellosis

A disease caused by an infection with the gram-negative bacteria Brucella. This disease is characterised by fever, muscular pain, or sweating. Transmission is by ingestion of unpasteurized milk and soft cheeses made from infected animals. Confirmation is by identification of Brucella or antibodies to Brucella.

Inclusions: Malta fever

Mediterranean fever

undulant fever

Coded Elsewhere: Spondylitis in brucellosis (FA13)

1B96 Erysipeloid

A disease caused by an infection with the gram-positive bacteria Erysipelothrix rhusiopathiae. This disease is characterised by localised cellulitis. Transmission is by direct cutaneous contact with Erysipelothrix rhusiopathiae, often in individuals handling seafood and raw meat.

Coded Elsewhere: Sepsis due to Erysipelothrix without mention of septic shock (1G40)

1B97 Anthrax

A disease caused by an infection with the gram-positive bacteria Bacillus anthracis. This disease presents with clinical signs depending on the route of infection. Transmission is by inhalation, ingestion, or cutaneous contact with Bacillus anthracis spores. Confirmation is by identification of Bacillus anthracis in a sample, or detection of antibodies or toxins.

1B98 Cat-scratch disease

A disease commonly caused by an infection with the gram-negative bacteria Bartonella henselae. This disease is characterised by regional lymphadenopathy, or fever. Transmission is commonly from the scratch or bite of a cat infested with fleas infected with Bartonella henselae.

Inclusions: Cat-scratch fever

Rochalimaea henselae infection

1B99 Pasteurellosis

A disease caused by an infection with the gram-negative bacteria Pasteurella. This disease is characterised by local cellulitis and may lead to other clinical signs depending on the route of infection. Transmission is commonly by direct contact through the bite, scratch, or lick from an infected animal, inhalation of infected respiratory secretions, or ingestion of contaminated meat. Confirmation is by identification of Pasteurella from the affected individual.

1B9A Extraintestinal yersiniosis

A disease caused by an infection with the gram-negative bacteria Yersinia enterocolitica, excluding infections in the intestinal tract. This disease presents with symptoms depending on the site of infection, and may lead to a systemic infection. Transmission is by the faecal-oral route from the ingestion of contaminated food or water, or direct contact with infected animals or humans. Confirmation is by identification of Yersinia enterocolitica from affected tissues.

Exclusions: Enteritis due to Yersinia enterocolitica (1A05)

Plague (1B93)

1B9Z Unspecified zoonotic bacterial disease

Other bacterial diseases (BlockL1‑1C1)

Coded Elsewhere: Bacterial duodenitis (DA51.6Y)

Axillary trichomycosis (1C44)

1C10 Actinomycosis

A disease commonly caused by an infection with the gram-positive bacteria Actinomyces. This disease is characterised by painful abscesses in the mouth, lungs, and gastrointestinal tract. Transmission is by endogenous infection. Confirmation is by identification of Actinomyces in infected tissue or fluid samples.

Exclusions: Actinomycetoma (1C43)

Coded Elsewhere: Myelitis associated with actinomyces (1D02.0)

1C10.0 Pulmonary actinomycosis

This is a pulmonary infectious bacterial disease caused by Actinomyces species such as Actinomyces israelii or A. gerencseriae. It can also be caused by Propionibacterium propionicus, and the condition is likely to be polymicrobial aerobic anaerobic infection.

1C10.1 Abdominal actinomycosis

This is a cervicofacial infectious bacterial disease caused by Actinomyces species such as Actinomyces israelii or A. gerencseriae. It can also be caused by Propionibacterium propionicus, and the condition is likely to be polymicrobial aerobic anaerobic infection.

1C10.2 Cervicofacial actinomycosis

Cervicofacial actinomycosis is the commonest clinical form of actinomycosis, a sporadically occurring endogenous polymicrobial inflammatory process in which fermentative actinomycetes of the genera Actinomyces (especially A. israelii and A. gerencseriae), Propionibacterium and Bifidobacterium act as the principal pathogens. The typical presentation is a slowly progressive development from painless tissue infiltration and induration of soft tissues of the face and neck to multiple abscesses and draining sinus tracts discharging pus. Actinomycosis is a major factor and indicator of poor prognosis in infected osteoradionecrosis of the jaws following head and neck cancer therapy.

1C10.3 Primary cutaneous actinomycosis

1C10.Y Other specified forms of actinomycosis

1C10.Z Actinomycosis, unspecified

1C11 Bartonellosis

Any infection caused by the gram-negative bacteria Bartonella.

Coded Elsewhere: Cat-scratch disease (1B98)

1C11.0 Carrion disease

Infection by Bartonella bacilliformis which can present as a systemic illness, Oroya fever, or as a benign skin eruption, verruga peruana.

1C11.00 Oroya fever

A disease commonly caused by an infection with the gram-negative bacteria Bartonella bacilliformis. This disease is characterised by severe haemolytic anaemia and transient immunosuppression. This disease may present with fever, malaise, or jaundice. Transmission is through the bite of infected sandflies from the genus Lutzomyia. Confirmation is by identification of Bartonella bacilliformis in a blood sample.

1C11.01 Verruga peruana

A disease caused by an infection with the gram-negative bacteria Bartonella bacilliformis. This disease is characterised by multiple nodular and red-to-purple vascular skin lesions, subsequent to Oroya fever. Transmission is through the bite of infected sandflies from the genus Lutzomyia.

1C11.1 Trench fever

A disease caused by an infection with the gram-negative bacteria Bartonella quintana. This disease is characterised by fever, headache, rash, bone pain, or may be asymptomatic. Transmission is through the bite of infected body lice. Confirmation is by identification of Bartonella quintana in a blood sample. Bartonella quintana was formerly known as Rickettsia quintana.

Inclusions: Quintan fever

1C11.Y Other forms of bartonellosis

1C12 Whooping cough

A disease of the upper respiratory tract, caused by an infection with the gram-negative bacteria Bordetella. This disease typically presents with paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella.

1C12.0 Whooping cough due to Bordetella pertussis

A disease of the upper respiratory tract, caused by an infection of the gram-negative bacteria Bordetella pertussis. This disease typically presents with paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella pertussis from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella pertussis.

1C12.1 Whooping cough due to Bordetella parapertussis

A disease of the upper respiratory tract, caused by an infection of the gram-negative bacteria Bordetella parapertussis. This disease typically presents with a mild clinical presentation of paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella parapertussis from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella parapertussis.

1C12.Y Other specified whooping cough

1C12.Z Whooping cough, unspecified

1C13 Tetanus

A disease of the skeletal muscle fibres, caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by muscle spasms. Transmission is by direct contact of an open wound.

Exclusions: Obstetrical tetanus (1C14)

Tetanus neonatorum (1C15)

1C14 Obstetrical tetanus

A disease caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by a prolonged contraction of skeletal muscle fibres during pregnancy or within six weeks of termination of pregnancy. Transmission is by direct contact.

1C15 Tetanus neonatorum

A disease affecting neonates, caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by systemic muscle spasms that arise within the first few days after delivery. Transmission is commonly by direct contact or lack of maternal immunity.

1C16 Gas gangrene

Gas gangrene or clostridial myonecrosis is a potentially fatal, rapidly progressive necrotizing infection of muscle and soft tissue resulting from bacterial invasion of healthy muscle from adjacent traumatized muscle or soft tissue. The infection originates in a wound contaminated with bacteria of the genus Clostridium. C. perfringens accounts for the majority of cases (over eighty percent), while C. noyvi, C. septicum, and C. histolyticum cause most of the other cases.

1C17 Diphtheria

A disease commonly of the respiratory system, caused by an infection of the gram-positive bacteria Corynebacterium diphtheriae. This disease is characterised by sore throat, fever, and a pseudomembrane on the tonsils, pharynx, or nasal cavity. Transmission is by inhalation of infected respiratory secretions, or direct cutaneous contact. Confirmation is by identification of Corynebacterium diphtheriae from a throat swab or infected tissue, and by clinical signs.

1C17.0 Pharyngeal or tonsillar diphtheria

Inclusions: Diphtheritic membranous angina

1C17.00 Postdiphtheritic paralysis of uvula

1C17.0Y Other specified pharyngeal or tonsillar diphtheria

1C17.0Z Pharyngeal or tonsillar diphtheria, unspecified

1C17.1 Nasal diphtheria

1C17.2 Laryngeal diphtheria

localised infection of mucous membranes of the larynx caused by toxigenic strains of Corynebacterium diphtheriae; it is characterised by the presence of a pseudomembrane at the site of infection; diphtheria toxin, produced by C. diphtheriae, can cause myocarditis, polyneuritis, and other systemic toxic effects.

Inclusions: Diphtheritic laryngotracheitis

1C17.3 Cutaneous diphtheria

Exclusions: Erythrasma (1C44)

1C17.Y Other specified diphtheria

1C17.Z Diphtheria, unspecified

1C18 Brazilian purpuric fever

A disease affecting children, caused by an infection with the gram-negative bacteria Haemophilus aegyptius. This disease is characterised by fever, nausea, vomiting, purpuric lesions, and sepsis, that is preceded by conjunctivitis. Transmission may be by mechanical transmission from infected eye gnats, contact with discharge from infected individuals, or fomites used near the eyes. Confirmation is by identification of Haemophilus influenzae from blood.

Inclusions: Systemic Haemophilus aegyptius infection

1C19 Legionellosis

Legionellosis varies in severity from a mild febrile illness to a serious and sometimes fatal form of pneumonia and is caused by exposure to Legionella species found in water, and potting mixes.

Legionellosis is a generic term describing the pneumonic and non-pneumonic forms of infection with Legionella.

1C19.0 Nonpneumonic Legionnaires' disease

The non-pneumonic form (Pontiac disease) is an acute, self-limiting influenza-like illness usually lasting 2–5 days. The incubation period is from a few and up to 48 hours. The main symptoms are fever, chills, headache, malaise and muscle pain (myalgia). No deaths are associated with this type of infection.

1C19.1 Legionnaires disease

Legionnaires’ disease, the pneumonic form, has an incubation period of 2 to 10 days (but up to 16 days has been recorded in some outbreaks). Initially, symptoms are fever, loss of appetite, headache, malaise and lethargy. Some patients may also have muscle pain, diarrhoea and confusion. There is also usually an initial mild cough, but as many as 50% of patients can present phlegm. Blood-streaked phlegm or hemoptysis occurs in about one-third of the patients. The severity of disease ranges from a mild cough to a rapidly fatal pneumonia. Death occurs through progressive pneumonia with respiratory failure and/or shock and multi-organ failure.

1C1A Listeriosis

A disease caused by an infection with the gram-positive bacteria Listeria. This disease commonly presents with fever and muscle aches, followed by gastrointestinal symptoms.

Inclusions: listerial foodborne infection

Coded Elsewhere: Neonatal listeriosis (KA61.1)

1C1A.0 Cutaneous listeriosis

This is a bacterial infection caused by a Gram-positive, motile bacterium, Listeria monocytogenes. Listeriosis occurs primarily in newborn infants, elderly patients, and patients who are immunocompromised.

1C1A.1 Listerial meningitis or meningoencephalitis

A disease of the meninges or brain, caused by an infection with the gram-positive bacteria Listeria. This disease is characterised by fever, headache, or neurological deficits. Transmission is through haematogenous spread to the meninges from ingestion of contaminated food. Confirmation is by identification of Listeria from cerebrospinal fluid.

1C1A.Y Other specified listeriosis

1C1A.Z Listeriosis, unspecified

1C1B Nocardiosis

A disease caused by an infection with the gram-positive bacteria Nocardia. This disease presents with symptoms depending on the site of infection (commonly lung, brain, or skin). Transmission is by inhalation of Nocardia from soil or water, or by direct cutaneous contact. Confirmation is by identification of Nocardia in samples from affected sites.

1C1B.0 Pulmonary nocardiosis

A disease of the respiratory system, caused by an infection with the gram-positive bacteria Nocardia. This disease is characterised by chest pain, haemoptysis, fever, weight loss, and cough. Transmission is by inhalation of Nocardia from soil or water. Confirmation is by identification of Nocardia in sputum samples, or lung biopsy.

1C1B.1 Cutaneous nocardiosis

Cutaneous nocardiosis may be due to direct infection of the skin where it presents either as a solitary cold abscess or as a lymphangitic process in which infection spreads up lymphatic channels to form a linear array of suppurative nodules. Skin involvement is also present in a third of cases of systemic nocardiosis.

Exclusions: Actinomycetoma due to Nocardia species (1C43)

1C1B.Y Other specified forms of nocardiosis

1C1B.Z Nocardiosis, unspecified

1C1C Meningococcal disease

This illness is severe and includes infections of the lining of the brain and spinal cord (meningitis) and generalised bloodstream infections (bacteraemia or septicaemia).

Meningococcus bacteria are spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Meningococcal disease can be treated with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defence against meningococcal disease.

Inclusions: Meningococcal infection

Coded Elsewhere: Meningococcal encephalitis (1D00.0)

1C1C.0 Meningococcal meningitis

A condition of the meninges, caused by an infection with the gram-negative bacteria Neisseria meningitidis. This condition is characterised by high fever, stiff neck, severe headache, vomiting, purpura, photophobia, and sometimes chills, altered mental status, or seizures. Transmission is through haematogenous spread to the meninges after droplet transmission or direct contact. Confirmation is by identification of Neisseria meningitidis through a lumbar puncture, agglutination tests, or polymerase chain reaction.

Inclusions: Meningitis due to Neisseria meningitidis

1C1C.1 Waterhouse-Friderichsen syndrome

A syndrome of the adrenal glands, commonly caused by an infection with meningococcus Neisseria meningitidis. This syndrome is characterised by bleeding into the adrenal glands due to the severe bacterial infection. This syndrome may present with fever, chills, vomiting, myalgia, or rash, with progression to disseminated intravascular coagulation. Transmission is by direct contact or droplet transmission.

Inclusions: Meningococcal haemorrhagic adrenalitis

1C1C.2 Meningococcaemia

A condition caused by an infection with the gram-negative bacteria Neisseria meningitidis that leads to a severe systemic inflammatory response. This condition is characterised by fever, rash, and myalgia. Transmission is by direct contact or droplet transmission. Confirmation is by identification of Neisseria meningitidis in blood samples.

1C1C.20 Acute meningococcaemia

A condition caused by an infection with the gram-negative bacteria Neisseria meningitidis that leads to a severe systemic inflammatory response. This condition is characterised by fever, chills, myalgia, nausea, or petechial rash, with progression to shock and disseminated intravascular coagulation. Transmission is by direct contact or droplet transmission. Confirmation is by identification of Neisseria meningitidis in blood samples.

1C1C.2Y Other specified meningococcaemia

1C1C.2Z Meningococcaemia, unspecified

1C1C.Y Other specified meningococcal disease

1C1C.Z Meningococcal disease, unspecified

1C1D Yaws

An infectious disease caused by Treponema pallidum subsp pertenue which mainly affects children in rural communities in the humid tropics. It affects the skin and bones, is spread by skin to skin contact, and is not sexually transmitted, but cannot be distinguished serologically from syphilis.

1C1D.0 Primary yaws

Primary yaws results from primary inoculation of Treponema pallidum subsp. pertenue into the skin, manifesting 2-12 weeks later as a localised papule (initial, primary or ‘mother' yaw) before developing into a large non-tender ulcerating nodule, often resembling a raspberry (hence the name ‘framboesia’). The primary lesion is most commonly located on the legs and ankles may also be found on the buttocks, arms, hands, and face. It usually heals after 3–6 months and is still present at the onset of the secondary stage in only a minority (9-15%).

Inclusions: Chancre of yaws

Primary framboesia

1C1D.1 Secondary yaws

Secondary yaws results from lymphatic and haematogenous spread of Treponema pallidum subsp. pertenue spirochaetes from the initial inoculation site and appears from a few weeks to 2 years after the primary infection. The commonest initial symptoms are non-specific and include arthralgia and malaise. Secondary skin lesions consist of multiple papules and nodules similar to the initial lesion but smaller. They may be localised, regional or generalised; they may ulcerate and on moist areas may mimic syphilitic condylomata lata. Hyperkeratotic plaques on the palms and soles may develop painful fissures and secondary infection, resulting in a characteristic ‘crab-like’ gait.

1C1D.2 Tertiary yaws

Tertiary yaws develops in <10% of untreated infected individuals (<10%) after and interval of 5 years or more. The late stage skin lesions are characterised by gummatous nodules with necrotic tissue destruction, followed by debilitating scarring and contracture. Destructive osteitis can result in ulceration of the palate and nasopharynx (‘gangosa’), or bowing of the tibia (sabre shins). Hypertrophic periostitis at periarticular sites can lead to exostosis of the paranasal maxillae (‘goundou’).

1C1D.3 Latent yaws

Latent yaws is defined as yaws with no clinical signs and only serological evidence of infection (reactive treponemal and non-treponemal tests). Infectious relapses may occur in latent cases for up to 5 and, rarely, 10 years. The total duration of infectivity for an untreated yaws patient, including relapses, is thought to be about 12-18 months.

Inclusions: Yaws without clinical manifestations, with positive serology

1C1E Pinta

A disease of the skin, caused by an infection with the gram-negative bacteria Treponema pallidum carateum. This disease is characterised by hyperkeratosis and hyperpigmentation. Transmission may be by direct contact.

1C1E.0 Primary lesions of pinta

The primary stage of pinta is characterised by a sparse eruption of cutaneous papules and erythematous scaly plaques. This stage may last for months to years.

Inclusions: Primary chancre of pinta

1C1E.1 Intermediate lesions of pinta

The intermediate stage of pinta develops months to years after the primary stage and is characterised by more extensive lesions (known as pintids) which gradually change from pink to blue, black or grey and become atrophic.

Inclusions: Pintids

1C1E.2 Late lesions of pinta

Late lesions of pinta are confined to the skin and are characterised by dyschromia and atrophy. They typically take between two and four years to develop following initial infection. The skin appears mottled and atrophic with numerous irregular and variegated hypermelanotic, hypomelanotic and amelanotic patches typically involving the wrists, palms, ankles, and elbows, as well as the skin around and within old lesions.

Inclusions: Hypomelanosis due to late pinta

1C1E.3 Mixed lesions of pinta

1C1F Endemic non-venereal syphilis

Endemic non-venereal syphilis is caused by Treponema pallidum subspecies endemicum and is transmitted by skin-to-skin or mouth-to-mouth contact rather than sexual contact. Children are at greatest risk of infection. Clinical features are similar to venereal syphilis with a primary ulcer (usually in the mouth or on the nipples of breast-feeding women nursing infected children) and, in the secondary stage, a generalised papular rash, oral mucous patches, condylomata lata and generalised lymphadenopathy. Late stage infection is characterised by destructive gummata of the nasopharynx (gangosa), bones and skin.

Inclusions: Bejel

Endemic syphilis

Njovera

1C1G Lyme borreliosis

A tick-borne infection by the spirochaete Borrelia burgdorferi, Lyme borreliosis typically presents with a characteristic rash, erythema chronicum migrans, at an average of seven days after a bite from an infected tick. The rash may be accompanied by flu-like symptoms. Disseminated infection may cause meningitis, cranial neuropathies and carditis amongst other manifestations. Late disease, months to years after initial infection, may present with a pauciarticular arthritis or with encephalomyelitis.

Coding Note: Use additional code if desired, to identify any associated condition.

Use additional code, if desired, to identify any sequelae. The extension code 'Cause of late effect' is used in addition to both codes to show the relationship between the causative condition and the resulting sequelae.

1C1G.0 Early cutaneous Lyme borreliosis

Borrelia burgdorferi infection involving the skin, typically as erythema migrans, the commonest presentation of Lyme disease.

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.1 Disseminated Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.10 Lyme neuroborreliosis

1C1G.11 Lyme carditis

1C1G.12 Ophthalmic Lyme borreliosis

Coded Elsewhere: Borrelia burgdorferi dacryoadenitis (9A10.0)

1C1G.13 Lyme arthritis

1C1G.14 Late cutaneous Lyme borreliosis

1C1G.1Y Other specified disseminated Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.1Z Disseminated Lyme borreliosis, unspecified

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.Y Other specified Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

Use additional code, if desired, to identify any sequelae. The extension code 'Cause of late effect' is used in addition to both codes to show the relationship between the causative condition and the resulting sequelae.

1C1H Necrotising ulcerative gingivitis

Necrotising ulcerative gingivitis (NUG) is a condition affecting the gums that is caused by a bacterial infection. It is a form of periodontal (gum) disease. But unlike other forms, it typically develops quickly and causes moderate to severe pain. "Necrotising" means that the condition destroys tissue. "Ulcerative" refers to sores that can appear on the gums.

Inclusions: Fusospirochaetal gangrene

1C1H.0 Other Vincent infections

1C1H.Y Other specified necrotising ulcerative gingivitis

1C1H.Z Necrotising ulcerative gingivitis, unspecified

1C1J Relapsing fever

1C1J.0 Tick-borne relapsing fever

A disease caused by an infection with the bacteria Borrelia. This disease is characterised by repeated episodes of fever, with the febrile episode lasting for approximately 3 days, followed by the afebrile state of approximately 7 days. Transmission is through the bite of an infected soft tick (from the genus Ornithodoros). Confirmation is by identification of spirochete bacteria from a blood smear, bone marrow, or cerebrospinal fluid.

Inclusions: Relapsing fever due to any Borrelia species other than Borrelia recurrentis

1C1J.1 Louse-borne relapsing fever

A spirochaetal infection caused by the human to human transmission of Borrelia recurrentis by the human body louse. Epidemics are associated with poor living conditions as may result from famine or war. Episodic fever may progress to severe jaundice, haemorrhage, confusion and death. Confirmation is by identification of Borrelia in blood films.

Inclusions: Relapsing fever due to Borrelia recurrentis

Other diseases due to chlamydiae (BlockL2‑1C2)

1C20 Chlamydial conjunctivitis

Chlamydial conjunctivitis is a sexually transmitted infection of conjunctiva caused by bacteria Chlamydia trachomatis. Bacteria can be passed from an infected mother to baby during vaginal childbirth. The symptoms include that one or both eyes will be red with a sticky discharge and swollen eyelids.

Inclusions: Paratrachoma

1C21 Chlamydial peritonitis

This is a sexually transmitted infection that causes an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.

1C22 Infections due to Chlamydia psittaci

Any condition caused by an infection with the gram-negative bacteria Chlamydia psittaci. These conditions are characterised by variable clinical presentations such as fever, cough, headaches, chills, fatigue, nausea, vomiting, diarrhoea, or pneumonia. Transmission is commonly by inhalation of aersol contaminated with body fluids from infected birds, or direct contact with infected birds. Confirmation is by identification of Chlamydia psittaci.

Inclusions: Psittacosis

Ornithosis

Parrot fever

Coded Elsewhere: Pneumonia in chlamydia psittaci infection (CA40.0Y)

1C23 Trachoma

A disease caused by an infection with the gram-negative bacteria Chlamydia trachomatis. This disease is characterised by a roughening of the inner surfaces of the eyes, and inflammation that may lead to superficial vascularization of the cornea (pannus) and scarring of the conjunctiva. Long term effects include blindness or other visual impairments. Transmission is by direct or indirect contact with the eyes or nose of an infected individual.

1C23.0 Initial stage of trachoma

This refers to the initial stage of an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

Inclusions: Trachoma dubium

1C23.1 Active stage of trachoma

This refers to the active stage of an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

1C23.Y Other specified trachoma

1C23.Z Trachoma, unspecified

1C2Y Other specified diseases due to chlamydiae

1C2Z Other diseases due to chlamydiae, unspecified

Rickettsioses (BlockL2‑1C3)

Any disease caused by an infection with the gram-negative bacteria Rickettsia. These diseases commonly present with fever, malaise, and rash. Transmission is commonly through the bite of an infected flea, louse, mite, or tick.

Coded Elsewhere: Trench fever (1C11.1)

1C30 Typhus fever

A disease caused by an infection with the gram-negative bacteria Rickettsia. This disease is characterised by fever, delirium, back pain, or arthralgia. Transmission is commonly through the bite of an infected flea, louse, mite, or tick.

Exclusions: Rickettsiosis due to Ehrlichia sennetsu (BlockL2‑1C3)

1C30.0 Epidemic louse-borne typhus fever due to Rickettsia prowazekii

This is a form of typhus so named because the disease often causes epidemics following wars and natural disasters. The causative organism is Rickettsia prowazekii, transmitted by the human body louse (Pediculus humanus corporis). This diagnosis is due to is a species of gram negative, Alpha Proteobacteria, obligate intracellular parasitic, aerobic bacteria that is the aetiologic agent of epidemic typhus, transmitted in the faeces of lice.

1C30.1 Recrudescent typhus

This is a form of typhus so named because the disease often causes epidemics following wars and natural disasters. The causative organism is Rickettsia prowazekii, transmitted by the human body louse (Pediculus humanus corporis).

Inclusions: Brill-Zinsser disease

1C30.2 Typhus fever due to Rickettsia typhi

1C30.3 Typhus fever due to Orientia tsutsugamushi

Inclusions: Tsutsugamushi fever

1C30.Y Other specified typhus fever

1C30.Z Typhus fever, unspecified

1C31 Spotted fever

A disease caused by an infection with the gram-negative bacteria Rickettsia. This disease is characterised by fever, eschar, or rash. Transmission is commonly through the bite of an infected tick.

1C31.0 Spotted fever due to Rickettsia rickettsii

Inclusions: Rocky Mountain spotted fever

Sao Paulo fever

1C31.1 Spotted fever due to Rickettsia conorii

Inclusions: Boutonneuse fever

Mediterranean tick fever

African tick typhus

Kenya tick typhus

1C31.2 Spotted fever due to Rickettsia sibirica

Inclusions: North Asian tick fever

Siberian tick typhus

1C31.3 Spotted fever due to Rickettsia australis

Inclusions: Queensland tick typhus

1C31.Y Other specified spotted fever

1C31.Z Spotted fever, unspecified

1C32 Rickettsialpox

An acute febrile disease caused by Rickettsia akari, which is transmitted from its rodent host by the house-mouse mite Liponyssoides sanguineus. An initial skin lesion at the site of a mite bite, often associated with lymphadenopathy, is followed by fever; a disseminated skin rash appears, which generally does not involve the palms and the soles, and lasts only a few days. Death is uncommon.

Inclusions: Kew Gardens spotted fever

1C33 Q fever

A disease caused by an infection with the gram-negative bacteria Coxiella burnetti. This disease is characterised by fever, or may be asymptomatic. Transmission is by inhalation of the bacteria, contact with contaminated milk, urine, faeces, vaginal mucus, or semen of infected animals, or through the bite of an infected tick.

Inclusions: Nine Mile fever

Infection due to Coxiella burnetii

Quadrilateral fever

1C3Y Other specified rickettsioses

1C3Z Rickettsioses, unspecified

1C40 Campylobacteriosis

Campylobacteriosis is caused by Campylobacter bacteria (curved or spiral, motile, non–spore-forming, Gram-negative rods). The disease is usually caused by C. jejuni, a spiral and comma shaped bacterium normally found in cattle, swine, and birds, where it is nonpathogenic, but the illness can also be caused by C. coli (also found in cattle, swine, and birds), C. upsaliensis (found in cats and dogs) and C. lari (present in seabirds in particular).

1C41 Bacterial infection of unspecified site

Exclusions: meningococcal infection NOS (1C1C)

chlamydial infection NOS (BlockL2‑1C2)

rickettsial infection NOS (BlockL2‑1C3)

spirochaetal infection NOS (BlockL1‑1C1)

Coded Elsewhere: Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

1C42 Melioidosis

A disease caused by the saprophytic environmental gram-negative bacterium Burkholderia pseudomallei which is found in soil or water in humid tropical regions of the world, especially South-East Asia and northern Australia. It has protean manifestations ranging from fulminant septicaemia with fatal outcome to chronic low grade infection.

1C43 Actinomycetoma

Actinomycetoma is a chronic progressive subcutaneous infection caused by implantation of aerobic branching actinomycetes through a skin wound. These organisms are filamentous bacteria which live as saprophytes in soil or on plants; the commonest infecting agents are Nocardia brasiliensis, Actinomadura madurae and Streptomyces somaliensis. The earliest stage of infection is a firm painless nodule but with time the whole area becomes hard and swollen with multiple papules, pustules and draining sinuses on the skin surface. Extension to underlying bones and joints can result in gross deformity.

Inclusions: Mycetoma due to filamentous bacteria

Exclusions: Eumycetoma (1F29)

1C44 Non-pyogenic bacterial infections of the skin

Skin infection by bacteria which do not characteristically induce pus formation.

1C4Y Other specified bacterial diseases

1C4Z Unspecified bacterial disease

Human immunodeficiency virus disease (BlockL1‑1C6)

A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage including severe or stage 4 clinical disease, (also known as AIDS) confirmed by laboratory criteria according to country definitions and requirements.

Coded Elsewhere: Congenital human immunodeficiency virus infection (KA62.6)

1C60 Human immunodeficiency virus disease associated with tuberculosis

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C60.0 HIV disease clinical stage 1 associated with tuberculosis

Infection with HIV and tuberculosis - no causal relationship implied

Coded Elsewhere: Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)

Acute human immunodeficiency virus infection syndrome (1C62.0)

1C60.1 HIV disease clinical stage 2 associated with tuberculosis

Infection with HIV and tuberculosis - no causal relationship implied

Coded Elsewhere: Hairy leukoplakia (DA01.01)

HIV-associated immune reconstitution inflammatory syndrome (4B23)

Skin disorders associated with Human immunodeficiency virus infection (1C62.1)

Herpes resulting from human immunodeficiency virus disease (1C62.1)

Human immunodeficiency virus disease associated with mycosis classified elsewhere (1C62.1)

1C60.2 HIV disease clinical stage 3 associated with tuberculosis

Infection with HIV and tuberculosis - no causal relationship implied

Coded Elsewhere: Human immunodeficiency virus disease associated with haematological or immunological abnormalities (1C62.2)

Human immunodeficiency virus disease associated with lymphoid interstitial pneumonitis (1C62.2)

Human immunodeficiency virus disease enteritis (1C62.2)

Gastritis due to human immunodeficiency virus disease (1C62.2)

Myelitis due to Human immunodeficiency virus (1C62.2)

Meningitis due to human immunodeficiency virus (1C62.2)

HIV disease resulting in candidosis classified elsewhere (1C62.2)

HIV disease resulting in cytomegaloviral disease (1C62.2)

1C60.3 HIV disease clinical stage 4 associated with tuberculosis

Infection with HIV and tuberculosis - no causal relationship implied

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3)

Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3)

Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3)

Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3)

Human immunodeficiency virus disease associated with encephalopathy (1C62.3)

Human immunodeficiency virus disease associated with wasting syndrome (1C62.3)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C60.30 Kaposi sarcoma associated with human immunodeficiency virus disease associated with tuberculosis

1C60.3Y Other specified HIV disease clinical stage 4 associated with tuberculosis

1C60.3Z HIV disease clinical stage 4 associated with tuberculosis, unspecified

1C60.Z Human immunodeficiency virus disease associated with tuberculosis, clinical stage unspecified

1C61 Human immunodeficiency virus disease associated with malaria

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C61.0 HIV disease clinical stage 1 associated with malaria

Infection with HIV and malaria - no causal relationship

Coded Elsewhere: Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)

Acute human immunodeficiency virus infection syndrome (1C62.0)

1C61.1 HIV disease clinical stage 2 associated with malaria

Infection with HIV and malaria - no causal relationship

Coded Elsewhere: Hairy leukoplakia (DA01.01)

HIV-associated immune reconstitution inflammatory syndrome (4B23)

Skin disorders associated with Human immunodeficiency virus infection (1C62.1)

Herpes resulting from human immunodeficiency virus disease (1C62.1)

Human immunodeficiency virus disease associated with mycosis classified elsewhere (1C62.1)

1C61.2 HIV disease clinical stage 3 associated with malaria

Infection with HIV and malaria - no causal relationship

Coded Elsewhere: Human immunodeficiency virus disease associated with haematological or immunological abnormalities (1C62.2)

Human immunodeficiency virus disease associated with lymphoid interstitial pneumonitis (1C62.2)

Human immunodeficiency virus disease enteritis (1C62.2)

Gastritis due to human immunodeficiency virus disease (1C62.2)

Myelitis due to Human immunodeficiency virus (1C62.2)

Meningitis due to human immunodeficiency virus (1C62.2)

HIV disease resulting in candidosis classified elsewhere (1C62.2)

HIV disease resulting in cytomegaloviral disease (1C62.2)

1C61.3 HIV disease clinical stage 4 associated with malaria

Infection with HIV and malaria - no causal relationship

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3)

Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3)

Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3)

Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3)

Human immunodeficiency virus disease associated with encephalopathy (1C62.3)

Human immunodeficiency virus disease associated with wasting syndrome (1C62.3)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C61.30 Kaposi sarcoma associated with human immunodeficiency virus disease associated with malaria

1C61.3Y Other specified HIV disease clinical stage 4 associated with malaria

1C61.3Z HIV disease clinical stage 4 associated with malaria, unspecified

1C61.Z Human immunodeficiency virus disease associated with malaria, clinical stage unspecified

1C62 Human immunodeficiency virus disease without mention of tuberculosis or malaria

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C62.0 HIV disease clinical stage 1 without mention of tuberculosis or malaria

1C62.1 HIV disease clinical stage 2 without mention of tuberculosis or malaria

Coded Elsewhere: Hairy leukoplakia (DA01.01)

HIV-associated immune reconstitution inflammatory syndrome (4B23)

1C62.2 HIV disease clinical stage 3 without mention of tuberculosis or malaria

1C62.3 HIV disease clinical stage 4 without mention of tuberculosis or malaria

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C62.Z Human immunodeficiency virus disease without mention of associated disease or condition, clinical stage unspecified

Viral infections of the central nervous system (BlockL1‑1C8)

Any disease of the central nervous system, caused by an infection with a viral source.

Coded Elsewhere: Progressive multifocal leukoencephalopathy (8A45.02)

Enteroviral exanthematous fever (1F05.2)

Herpes simplex meningitis (1F00.20)

Subacute sclerosing panencephalitis (8A45.01)

West Nile virus infection (1D46)

Colorado tick fever (1D41)

Zoster meningitis (1E91.3)

1C80 Viral encephalitis not elsewhere classified

Coded Elsewhere: Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Venezuelan equine encephalitis (1C8C)

Argentinian haemorrhagic fever (1D61.0)

Bolivian haemorrhagic fever (1D61.1)

Lassa fever (1D61.2)

La Crosse encephalitis (1C8D)

Oropouche virus disease (1D43)

Marburg disease (1D60.1)

Ebola disease (1D60.0)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

Far Eastern tick-borne encephalitis (1C89)

Central European tick-borne encephalitis (1C8A)

Encephalitis due to herpes simplex virus (1F00.21)

Encephalitis due to mumps virus (1D80.3)

Varicella encephalitis (1E90.2)

Measles complicated by encephalitis (1F03.1)

Sequelae of viral encephalitis (1G84)

California encephalitis (1C8B)

Encephalitis due to Arenavirus (1D6Y)

Encephalitis due to Rubella virus (1F02.0)

1C81 Acute poliomyelitis

A disease of the nervous system, caused by human poliovirus. This disease commonly presents with a fever, sore throat, headache, vomiting, or stiffness of the neck and back. This disease may present with an acute onset of flaccid paralysis. Transmission is commonly by the faecal-oral route or direct contact. Confirmation is by identification of poliovirus in a faecal sample or by a lumbar puncture.

1C82 Rabies

A disease caused by infection with the rabies virus. This disease is characterised by fever, and headache, followed by neurological symptoms dominated by a furious or paralytic form.

Coded Elsewhere: Encephalitis due to classical rabies virus (1C80)

1C83 Western equine encephalitis

1C84 Eastern equine encephalitis

1C85 Japanese encephalitis

A disease of the brain, caused by an infection with flavivirus. This disease is characterised by fever, headache, meningism, hyperexcitability, or decreased consciousness. This disease may also present with neurological signs such as cranial nerve palsies, tremor and ataxia, parkinsonism, or upper limb paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by identification of flavivirus in a serum sample or cerebrospinal fluid.

1C86 St Louis encephalitis

1C87 Rocio viral encephalitis

A disease of the brain, caused by an infection with Rocio virus. In the first phase, this disease is characterised by a fever, headache, vomiting, or conjunctivitis; in the second phase, this disease is characterised by neurological symptoms and muscle weakness. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Rocio virus in a serum or cerebrospinal fluid sample.

1C88 Murray Valley encephalitis

A disease of the brain, caused by an infection with Murray Valley encephalitis virus. This disease is characterised by fever, headache, nausea, vomiting, tiredness, or may be asymptomatic. Severe cases may present with confusion, fatigue, lack of coordination, or encephalitis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of anti-Murray Valley encephalitis antibodies in a serum sample.

Inclusions: Australian encephalitis

1C89 Far Eastern tick-borne encephalitis

1C8A Central European tick-borne encephalitis

1C8B California encephalitis

Inclusions: California meningoencephalitis

1C8C Venezuelan equine encephalitis

1C8D La Crosse encephalitis

1C8E Viral meningitis not elsewhere classified

Any disease of the meninges, caused by an infection with a viral source.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Meningitis due to mumps virus (1D80.2)

Measles complicated by meningitis (1F03.2)

Herpes simplex meningitis (1F00.20)

Varicella meningitis (1E90.1)

Meningitis due to human immunodeficiency virus (1C62.2)

Meningitis due to rubella virus (1F02.0)

Zoster meningitis (1E91.3)

Viral meningitis due to Cytomegalovirus (1D82.Y)

1C8E.1 Enteroviral meningitis

A disease of the meninges, caused by an infection with enterovirus. This disease is characterised by high fever, headache, vomiting, nausea, stiff neck, photophobia, drowsiness, skin rash, confusion, seizures, or loss of consciousness. This disease may be asymptomatic in older adults. Transmission is through haematogenous spread to the meninges. Confirmation is by identification of enterovirus through a lumbar puncture, by agglutination tests, or by polymerase chain reaction.

1C8E.2 Meningitis due to adenovirus

A disease of the meninges, caused by an infection with adenovirus. This disease is characterised by high fever, headache, vomiting, nausea, stiff neck, photophobia, drowsiness, skin rash, confusion, seizures, or loss of consciousness. This disease may be asymptomatic in older adults. Transmission is through haematogenous spread to the meninges. Confirmation is by identification of adenovirus through a lumbar puncture, by agglutination tests, or by polymerase chain reaction.

1C8E.Y Other specified viral meningitis not elsewhere classified

Coding Note: Code aslo the casusing condition

1C8E.Z Viral meningitis not elsewhere classified, unspecified

Coding Note: Code aslo the casusing condition

1C8F Lymphocytic choriomeningitis

A disease of the meninges, caused by an infection with lymphocytic choriomeningitis virus. This disease is characterised by fever, stiffness of the neck, malaise, lack of appetite, myalgia, headache, nausea, vomiting, or is asymptomatic. This disease may also present with cough, sore throat, arthralgia, testicular pain, or parotid pain. Transmission is by direct contact with body fluids from an infected rodent, through the bite of an infected rodent, or by droplet transmission. Confirmation is by identification of lymphocytic choriomeningitis virus in a blood or tissue sample.

Exclusions: Encephalitis due to Lymphocytic choriomeningitis virus (BlockL1‑1D6)

meningoencephalitis due to Lymphocytic choriomeningitis virus (BlockL1‑1D6)

1C8Y Other specified viral infections of the central nervous system

1C8Z Viral infections of the central nervous system, unspecified

Non-viral and unspecified infections of the central nervous system (BlockL1‑1D0)

Any condition of the nervous system, caused by an infection with a bacterial, fungal, parasitic or unspecified source.

Coded Elsewhere: Meningitis due to other and unspecified causes (1D01.Y)

1D00 Infectious encephalitis not elsewhere classified

A disease of the brain, caused by an infection.

Coding Note: Code aslo the casusing condition

1D00.0 Bacterial encephalitis

Coded Elsewhere: Tuberculous meningoencephalitis (1B11.1)

Tuberculous encephalitis (1B11.Y)

1D00.1 Fungal encephalitis

1D00.2 Parasitic or protozoal encephalitis

A disease of the brain, caused by an infection with a parasitic or protozoal source.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Encephalitis in African trypanosomiasis (1F51.Z)

Encephalitis due to malaria (1F40.0)

Encephalitis in Gambiense trypanosomiasis (1F51.0Y)

Encephalitis in Rhodesiense trypanosomiasis (1F51.1Y)

Encephalitis in Chagas disease (1F53.Y)

1D00.Y Other specified infectious encephalitis not elsewhere classified

Coding Note: Code aslo the casusing condition

1D00.Z Infectious encephalitis not elsewhere classified, unspecified

Coding Note: Code aslo the casusing condition

1D01 Infectious meningitis not elsewhere classified

A disease of the meninges, caused by an infection.

Coding Note: Code aslo the casusing condition

1D01.0 Bacterial meningitis

Any disease of the meninges, caused by an infection with a bacterial source.

Coding Note: Code aslo the casusing condition

Inclusions: arachnoiditis bacterial

leptomeningitis bacterial

pachymeningitis bacterial

Exclusions: bacterial: meningoencephalitis (1D00.0)

bacterial meningomyelitis (1D02.0)

Coded Elsewhere: Pachymeningitis (8E41)

1D01.00 Meningitis due to Haemophilus influenzae

1D01.0Y Other specified bacterial meningitis

Coding Note: Code aslo the casusing condition

1D01.0Z Bacterial meningitis, unspecified

Coding Note: Code aslo the casusing condition

1D01.1 Fungal meningitis

A disease of the meninges, caused by an infection with a fungal agent.

Coded Elsewhere: Coccidioides meningitis (1F25.12)

Candida meningitis (1F23.30)

Aspergillus meningitis (1F20.01)

1D01.10 Meningitis due to Cryptococcus neoformans

Inflammation of the pia and arachnoid and spinal fluid associated with the fungus cryptococcus neoformans. The respiratory tract is the usual portal of entry and meningitis may occur after dissemination to the meninges from the lungs. C neoformans meningitis tends to occur in patients with defective cellular immunity. The meningits usually evolves sub acutely, but may be acute. Clinical features include headache, fever, nausea and vomiting, meningismus, visual disturbances, abnormal mental status, seizures, and raised intracranial pressure. Headache, fever, and stiff neck may be absent. The diagnosis is made by microscopic examination of the spinal fluid, culture of CSF and blood, and the latex agglutination test to detect the capsular polysaccharide antigen in CSF and blood. The organism may be seen on Gram stain or India ink stain of the CSF. The spinal fluid usually shows varuable lymphocytic pleocytosis, a low glucose content, and a high protein level.

1D01.1Y Other specified fungal meningitis

1D01.1Z Fungal meningitis, unspecified

1D01.2 Parasitic or protozoal meningitis

Coded Elsewhere: Meningitis due to Cysticercosis (1F70.00)

Eosinophilic meningitis due to Angiostrongylus cantonensis (1F60.0)

Meningitis in Chagas disease (1F53.4)

Meningitis in African trypanosomiasis (1F51.Z)

1D01.3 Benign recurrent meningitis

1D01.Y Other specified infectious meningitis not elsewhere classified

Coding Note: Code aslo the casusing condition

1D01.Z Infectious meningitis not elsewhere classified, unspecified

Coding Note: Code aslo the casusing condition

1D02 Infectious myelitis not elsewhere classified

A disease of the spinal cord, caused by an infection.

Coding Note: Code aslo the casusing condition

1D02.0 Bacterial myelitis

Coding Note: Code aslo the casusing condition

1D02.1 Viral myelitis

Coding Note: Code aslo the casusing condition

Exclusions: Myelitis due to human immunodeficiency disease (BlockL1‑1C6)

1D02.2 Fungal myelitis

Coding Note: Code aslo the casusing condition

1D02.3 Parasitic myelitis

Coding Note: Code aslo the casusing condition

1D02.Y Other specified infectious myelitis not elsewhere classified

Coding Note: Code aslo the casusing condition

1D02.Z Infectious myelitis not elsewhere classified, unspecified

Coding Note: Code aslo the casusing condition

1D03 Infectious abscess of the central nervous system

A focal suppurative process of the brain parenchyma, the intracranial or spinal epidural or subdural space, and less commonly the spinal cord parenchyma. The suppurative process is most commonly associated with bacterial infection, and occasionally with fungal, protozoal, or parasitic infection. Brain abscesses develop most commonly by spread from a contiguous infected site (ear, paranasal sinuses, mastoid air cells, teeth), craniofacial osteomyelitis, and following open head trauma or previous neurosurgical procedure. Haematogenous spread from purulent pulmonary infections, bacterial endocarditis, or other sites of infection, can also cause brain abscess . Patients with intracranial abscess present with variable combinations of headache, altered mental status, focal deficits, and seizures. Fever may be present. Patients with intraspinal abscess present with variable degrees of paraparesis or quadriparesis, sensory impairment below the level of the lesion, altered sphincter function, and back pain. The diagnosis is made by CT or MRI imaging, and may be confirmed by histological examination and culture of the abscess material following neurosurgical drainage. Lumbar puncture is usually contraindicated.

Coding Note: Code aslo the casusing condition

1D03.0 Intraspinal intramedullary abscess

1D03.1 Intraspinal subdural abscess

1D03.2 Intraspinal extradural abscess

1D03.3 Intracranial abscess

A condition of the cranial cavity, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material within the cranial cavity. This condition may present with fever, headache, and focal neurological deficits.

Coded Elsewhere: Amoebic brain abscess (1A36.1Y)

Tuberculous abscess of brain (1B11.Y)

1D03.30 Deep cerebral hemispheric abscess

1D03.31 Abscess of the corpus callosum

1D03.32 Pituitary abscess

1D03.33 Multiple or widespread intracranial abscess

Multiple focal suppurative infections within the cranial cavity, including the epidural and subdural spaces, or in the brain, brainstem or cerebellum. The abscesses are typically surrounded by a vascularised capsule. Cerebritis describes nonencapsulated brain abscesses. The infective agent may be bacterial, fungal, or parasitic. The signs and symptoms are variable but typically present as an expanding mass lesion, over a variable period of time, with headache, fever, and a focal neurologic deficit. Seizures may occur. Diagnosis is made by neuroimaging. Microbiologic diagnosis is made by gram stain and culture of abscess material.

1D03.3Y Other specified intracranial abscess

1D03.3Z Intracranial abscess, unspecified

1D03.4 Intraspinal epidural abscess

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a focal accumulation of purulent material within the epidural space. This condition presents with symptoms depending on the location of the abscess. Transmission is through haematogenous spread of the infectious agent commonly from a cutaneous or mucosal source.

1D03.5 Spinal cord abscess

A condition of the spinal cord, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material within the spinal cord. This condition may present with fever, back pain, and neurological deficits. Transmission is through haematogenous spread of the infectious agent.

1D03.Y Other specified infectious abscess of the central nervous system

Coding Note: Code aslo the casusing condition

1D03.Z Infectious abscess of the central nervous system, unspecified

Coding Note: Code aslo the casusing condition

1D04 Infectious granulomas of the central nervous system

Coded Elsewhere: Tuberculous granuloma of brain (1B11.3)

Tuberculous granuloma of the meninges (1B11.4)

1D04.0 Parasitic intracerebral granuloma

1D04.1 Intracranial granuloma

A condition of the cranial cavity, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the cranial cavity. This condition may present with neurological deficits.

1D04.10 Fungal intracranial granuloma

1D04.1Y Other specified intracranial granuloma

1D04.1Z Intracranial granuloma, unspecified

1D04.2 Intraspinal intramedullary granuloma

1D04.3 Intraspinal subdural granuloma

1D04.4 Intraspinal extradural granuloma

1D04.5 Intraspinal epidural granuloma

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the epidural space. This condition may present with neurological deficits.

1D04.Y Other specified infectious granulomas of the central nervous system

1D04.Z Infectious granulomas of the central nervous system, unspecified

1D05 Infectious cysts of the central nervous system

1D05.0 Epidural infectious cyst

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material within the epidural space. This condition may present with neurological deficits.

1D05.1 Subdural infectious cyst

A condition of the subdural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material between the dura mater and the arachnoid mater. This condition may present with neurological deficits.

1D05.Y Other specified infectious cysts of the central nervous system

1D05.Z Infectious cysts of the central nervous system, unspecified

1D0Y Other specified non-viral and unspecified infections of the central nervous system

1D0Z Non-viral and unspecified infections of the central nervous system, unspecified

Dengue (BlockL1‑1D2)

Dengue is a viral disease transmitted by the bite of a mosquito infected by dengue viruses. It is one disease entity with different clinical presentations and often with unpredictable clinical evolution and outcome. Most patients recover following a self-limiting non-severe clinical course like nausea, vomiting, rash, aches and pains, but a small proportion progress to severe disease, mostly characterised by plasma leakage with or without haemorrhage, although severe haemorrhages or severe organ impairment can occur, with or without dengue shock.

Coded Elsewhere: Myelitis due to Dengue virus (1D02.1)

Encephalitis due to Dengue fever (1C80)

1D20 Dengue without warning signs

Inclusions: Dengue haemorrhagic fever Grade 1

Dengue fever without warning signs

Dengue haemorrhagic fever without warning signs

1D21 Dengue with warning signs

Clinical warning signs are: abdominal pain or tenderness, mucosal bleeding, lethargy and /or restlessness, rapid decrease in platelet count, increase in haematocrit. Other signs can include: persistent vomiting, visible fluid accumulation, liver enlargement more than 2 cm.

1D22 Severe dengue

Clinical signs include: 1. Severe plasma leakage leading to shock (Dengue shock syndrome - DSS) and/or fluid accumulation with respiratory distress. 2. severe bleeding as evaluated by clinician, 3.) severe organ involvement: Liver AST or ALT >=1000, CNS: impaired consciousness, involvement of other organs, as myocarditis or nephritis

1D2Z Dengue fever, unspecified

Certain arthropod-borne viral fevers (BlockL1‑1D4)

Coded Elsewhere: Dengue (1D20-1D2Z)

Far Eastern tick-borne encephalitis (1C89)

Central European tick-borne encephalitis (1C8A)

Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

California encephalitis (1C8B)

Venezuelan equine encephalitis (1C8C)

La Crosse encephalitis (1C8D)

1D40 Chikungunya virus disease

1D41 Colorado tick fever

1D42 O'nyong-nyong fever

1D43 Oropouche virus disease

A disease caused by an infection with Oropouche virus. This disease is characterised by fever, headache, neck and back pain, joint pain, or photophobia. This disease may also present with bronchitis, nausea, diarrhoea, abdominal pain or burning sensations all over the body. Transmission is through the bite of an infected mosquito or midge. Confirmation is by detection of the Oropouche virus specific antibodies in a serum sample.

Inclusions: Oropouche fever

1D44 Rift Valley fever

A disease caused by an infection with Rift Valley fever virus. This disease is commonly asymptomatic. This disease may also present with fever, liver abnormalities, weakness, back pain, or dizziness. Transmission is through the bite of an infected mosquito. Confirmation is commonly by detection of Rift Valley fever virus specific IgM or IgG antibodies in a blood sample.

1D45 Sandfly fever

Inclusions: pappataci fever

phlebotomus fever

1D46 West Nile virus infection

A condition caused by an infection with West Nile Virus. This condition is common asymptomatic. This condition may present with fever, headache, stiffness of the neck, stupor, disorientation, coma, tremors, convulsions, muscle weakness, or paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgG or IgM anti-West Nile virus antibodies in a serum sample.

Inclusions: West Nile fever

1D47 Yellow fever

A condition caused by an infection with yellow fever virus. This condition is characterised by fever, chills, headache, myalgia, conjunctival congestion, or relative bradycardia. Severe conditions may also present with increasing fever, jaundice, renal failure, or bleeding. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgM anti-yellow fever virus antibodies in a serum sample.

1D48 Zika virus disease

Zika virus infection is caused by the bite of an infected Aedes mosquito. The most common symptoms of Zika virus infection are mild fever and exanthema (skin rash), usually accompanied by conjunctivitis, muscle or joint pain, and general malaise that begins 2-7 days after the bite of the infected mosquito.

Coded Elsewhere: Congenital Zika virus infection (KA62.0)

1D49 Crimean-Congo haemorrhagic fever

A disease caused by an infection with Crimean-Congo haemorrhagic fever virus. The incubation period ranges from 2 to 9 days. Symptoms/signs typically include high fever, headache, malaise, arthralgia, myalgia, nausea, abdominal pain, and rarely diarrhoea. Early signs typically include fever, hypotension, conjunctivitis, and cutaneous flushing or a skin rash. Later, patients may develop signs of progressive haemorrhagic diathesis, such as petechiae, mucous membrane and conjunctival haemorrhage, haematuria, hematemesis, and melena. Lethality may reach 30%. Transmission occurs via bites of infected ticks, by direct contact with infected animal blood, or iatrogenic transmission. Laboratory diagnosis of the infection during the acute phase of illness consists of detection of viral nucleic acid or by isolation of the virus or by demonstration of viral antigen by enzyme-linked immunoassay from serum or plasma samples. In samples collected later during the illness, diagnosis is confirmed by demonstration of specific IgG and IgM antibodies.

1D4A Omsk haemorrhagic fever

A disease caused by an infection with the Omsk haemorrhagic fever virus. This disease is characterised by fever, chills, headache, gastrointestinal symptoms and bleeding, or muscle pain with vomiting. In severe cases, this disease may also present with encephalitis. Transmission is through the bite of an infected tick, by direct contact with an infected animal, by the faecal-oral route from an infected animal, or by ingestion of milk from infected goats or sheep. Confirmation is by detection of anti-Omsk haemorrhagic fever virus antibodies in a serum sample.

1D4B Kyasanur Forest disease

A disease caused by an infection with Kyasanur Forest disease virus. This disease commonly presents with fever, chills, headache, muscle pain and vomiting, or gastrointestinal symptoms and bleeding. This disease may also present with neurological manifestations such as a severe headache, mental disturbances, tremors, or vision deficits. Transmission is through the bite of an infected tick or by direct contact with an infected animal. Confirmation is by identification of Kyasanur Forest disease virus in a serum sample.

1D4C Alkhurma haemorrhagic fever

1D4D Ross River disease

A disease caused by an infection with Ross River disease virus. This disease is characterised by arthralgia, with or without arthritis. This disease may also present with fever, fatigue, headache, swollen glands, arthralgia, or maculopapular rash commonly affecting the limbs and trunks. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgM or IgG anti-Ross River disease virus antibodies in a serum sample.

Inclusions: Epidemic polyarthritis and exanthema

Ross River fever

1D4E Severe fever with thrombocytopenia syndrome

1D4Y Other specified arthropod-borne viral fevers

1D4Z Arthropod-borne viral fever, virus unspecified

Certain zoonotic viral diseases (BlockL1‑1D6)

Coded Elsewhere: COVID-19, virus identified (RA01.0)

1D60 Filovirus disease

A severe disease with high lethality caused by filovirus infection. Filovirus disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Hiccups may occur. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure, spontaneous abortion in pregnant women when infected. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis sometimes followed by cataract formation), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.0 Ebola disease

A severe disease with high case fatality caused by infection with Ebola virus or a closely related virus. Ebola disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Hiccups may occur. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure, spontaneous abortion in infected pregnant women. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis sometimes followed by cataract formation), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.00 Bundibugyo virus disease

Ebola disease caused by Bundibugyo virus.

1D60.01 Ebola virus disease

Ebola disease caused by Ebola virus.

1D60.02 Sudan virus disease

Ebola disease caused by Sudan virus.

1D60.03 Atypical Ebola disease

Coding Note: This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. meningoencephalitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Ebola disease.

1D60.0Y Other specified Ebola disease

1D60.0Z Ebola disease, virus unspecified

1D60.1 Marburg disease

A severe disease with high case fatality caused by infection with Marburg virus or a closely related virus. Marburg disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.10 Marburg virus disease

Marburg disease caused by Marburg virus or Ravn virus.

1D60.11 Atypical Marburg disease

Coding Note: This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. orchitis, uveitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Marburg disease.

1D60.1Y Other specified Marburg disease

1D60.1Z Marburg disease, virus unspecified

1D60.Y Other specified filovirus disease

1D60.Z Filovirus disease, virus unspecified

1D61 Arenavirus disease

Coded Elsewhere: Lymphocytic choriomeningitis (1C8F)

Encephalitis due to Arenavirus (1D6Y)

1D61.0 Argentinian haemorrhagic fever

A disease endemic to the Argentine Pampas that is caused by an infection with Junín virus and that is characterised by haemorrhagic and neurological manifestations and high lethality (10-30%). The disease begins with a 6-14 day-lasting prodromic phase. Argentinian haemorrhagic fever presents with fever, myalgia, erythema, conjunctival injection, non-menstrual uterine bleeding, epistaxis, haematemesis, melena, haematuria, or shock. Around 20-30% of patients advance to a neurological and haemorrhagic phase. Survivors have a long convalescence period. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Junín virus from blood or mucosal secretions samples.

1D61.1 Bolivian haemorrhagic fever

A disease endemic to Bolivia that is caused by an infection with Machupo virus. Early disease symptoms/signs include fever, mild hypertension, headache, bleeding gums, and fatigue. Advanced signs include mucous membrane haemorrhage, epistaxis, melena, and neurological damage such as tremors, seizures, loss of muscle control, and coma. Onset of disease symptoms occur usually within seven days of infection. The lethality ranges from 18% to 22%. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Machupo virus from blood or mucosal secretions samples.

1D61.2 Lassa fever

A disease endemic in large parts of sub-Saharan Western Africa caused by infection with Lassa virus. Infection is mild or asymptomatic in most cases, but can cause severe illness or death. After a prodromal period of 7-10 days (sometimes longer), initial symptoms/signs include fever, malaise, headache, sore throat, vomiting, abdominal pain, and diarrhoea. Subsequently, patients develop high fever, extreme lethargy, oedema of head/neck, encephalopathy, pleural effusion, and ascites. Bleeding into the skin, mucosae and underlying tissues occurs in the severest cases. Deafness occurs in many patients, and the disease is often particularly severe in pregnancy. The overall lethality can reach 15% even among hospitalized patients receiving supportive care. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Lassa virus in blood samples by molecular or serologic methods.

1D61.3 Venezuelan haemorrhagic fever

A disease mainly found in rural areas of central Venezuelan that is caused by an infection with Guanarito virus. Symptoms/signs among patients include fever, malaise, headache, arthralgia, sore throat, vomiting, abdominal pain, diarrhoea, convulsions, and a variety of haemorrhagic manifestations. The majority of patients also develop leukopenia and thrombocytopenia. The overall lethality may reach 30% even in hospitalized patients receiving supportive care. Transmission occurs by by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Guanarito virus from blood or mucosal secretions samples.

1D61.Y Other specified arenavirus disease

1D61.Z Arenavirus disease, unspecified

1D62 Hantavirus disease

An acute zoonotic viral disease characterised by abrupt onset of fever, influenza-like clinical signs (e.g., chills, headache, myalgia, dry cough), gastrointestinal signs (e.g., diffuse abdominal pain, vomiting, diarrhoea), transient troubled vision (acute myopia), lumbalgia due to renal swelling, haemorrhagic manifestations to various degrees sometimes followed by rapidly increasing dyspnoea due to not-cardiogenic acute lung oedema, and/or renal involvement. The latter is characterised by initial, often massive proteinuria and microhaematuria sometimes accompanied by transient renal function impediment. All hantavirus infections are heralded by varying degrees of transient thrombocytopenia, which may serve as an indicator of clinical severity.

1D62.0 Haemorrhagic fever with renal syndrome

Acute zoonotic viral disease with abrupt onset of fever, lower back pain, varying degrees of haemorrhagic manifestations, and renal involvement caused by certain hantaviruses.

Inclusions: Nephropathia epidemica

1D62.1 Hantavirus pulmonary syndrome

A disease of the respiratory system, caused by infection with certain hantaviruses. This disease is characterised by fever, fatigue, myalgia, headache, chills, nausea, vomiting, diarrhoea, or abdominal pain. This disease may also present with coughing and dyspnoea. Transmission is by the faecal-oral route or airborne transmission.

1D62.2 Atypical hantavirus disease

1D62.Y Other specified hantavirus disease

1D62.Z Hantavirus disease, unspecified

1D63 Henipavirus encephalitis

Acute bat-borne disease characterised by fever and headaches. The disease may progress to drowsiness, disorientation, mental confusion, and finally encephalitis (brain swelling) in less than a week. This progression may occur with or without an acute respiratory distress component. The incubation period ranges from 4 to 14 days. Lethality is high.

1D64 Middle East respiratory syndrome

A disease caused by an infection with Middle East Respiratory Syndrome coronavirus (MERS-CoA). This disease is characterised by severe acute respiratory illness with fever, cough, and shortness of breath. Confirmation is by identification of Middle East Respiratory Syndrome coronavirus from genetic material.

1D65 Severe acute respiratory syndrome

A disease of the respiratory system, caused by an infection with coronavirus. This disease is characterised by fever, headache, cough, myalgia, tachycardia, or diarrhoea. This disease may also lead to pneumonia. Transmission is by direct contact, inhalation of infected respiratory secretions, or airborne transmission. Confirmation is by identification of coronavirus in a blood, stool, respiratory secretions, or body tissue sample.

Exclusions: COVID-19, virus identified (RA01.0)

COVID-19, virus not identified (RA01.1)

1D6Y Other specified zoonotic viral diseases

1D6Z Zoonotic viral disease, virus unspecified

Certain other viral diseases (BlockL1‑1D8)

Coded Elsewhere: Congenital Varicella Zoster virus infection (KA62.2)

Other viral diseases complicating pregnancy, childbirth or the puerperium (JB63.5)

Viral duodenitis (DA51.6Y)

Keratoconjunctivitis due to adenovirus (1D84.0)

Tahyna fever (1D4Y)

1D80 Mumps

A disease caused by an infection with mumps virus. This disease commonly presents with fever, headache, fatigue, or eventually parotitis. Transmission is by contact with respiratory secretions, directly or indirectly.

1D80.0 Mumps without complication

1D80.1 Orchitis due to mumps virus

Within a few days of infection the mumps virus can attack the testicular glands leading to abrupt onset of fever ranging from 39-41 to 41ºC, severe testicular pain, scrotal swelling and erythema. Mumps induced orchitis typically presents 1-2 weeks after parotitis. The virus’ infiltration into the testicular glands can cause parenchymal inflammation, separation of seminiferous tubules and perivascular interstitial lymphocyte infiltration. Testicular atrophy can result from a rise in intratesticular pressure. Complications include oligospermia, azoospermia, and asthenospermia, which can contribute to subfertility. Infertility is more common in patients with bilateral mumps orchitis and is estimated to occur in approximately 13% of all patients. Sterility is rarely induced by mumps orchitis.

Inclusions: Mumps orchitis

1D80.2 Meningitis due to mumps virus

A disease of the meninges, caused by an infection with mumps virus. This disease is characterised by photophobia, vomiting, fever, arthralgia, headache, stiff neck, convulsions, or seizures. This disease may also present with pale, blotchy skin or a distinctive rash. Transmission is by haematogenous spread to the meninges after inhalation of infected respiratory secretions or droplet transmission. Confirmation is by identification of mumps virus in a buccal swab or blood sample.

Inclusions: mumps meningitis

1D80.3 Encephalitis due to mumps virus

: An inflammatory process of the brain, frequently with evidence of meningeal involvement, due to infection by mumps virus. The clinical manifestations are usually acute, with fever and variable combinations of convulsions, impaired mental state, and focal deficits. The spinal fluid may show a cellular reaction and elevated protein. Diagnosis is by neuroimaging, spinal fluid analysis and culture, PCR, and serologic tests.

Inclusions: Mumps encephalitis

1D80.4 Pancreatitis due to mumps virus

Inclusions: mumps pancreatitis

1D80.Y Other specified mumps

1D81 Infectious mononucleosis

A disease typically caused by an infection with Epstein-Barr virus or cytomegalovirus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

Inclusions: Glandular fever

Gammaherpesviral mononucleosis

1D81.0 Mononucleosis due to Epstein-Barr virus

A disease typically caused by an infection with Epstein-Barr virus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

1D81.1 Mononucleosis due to cytomegalovirus

A disease typically caused by an infection with cytomegalovirus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

1D81.Y Other specified infectious mononucleosis

1D81.Z Infectious mononucleosis, unspecified

1D82 Cytomegaloviral disease

Any condition caused by an infection with cytomegalovirus. These conditions are commonly asymptomatic. Transmission is by direct contact with infected body fluids.

Coded Elsewhere: Mononucleosis due to cytomegalovirus (1D81.1)

Congenital cytomegalovirus infection (KA62.3)

Intestinal infections due to Cytomegalovirus (1A24)

Cytomegaloviral retinitis (9B72.00)

1D82.0 Cytomegaloviral hepatitis

A disease of the hepatic system, caused by an infection with human cytomegalovirus. This disease is characterised by fever, acute pharyngitis, fatigue, lymphadenopathy, or jaundice. Transmission is by direct contact with infected body fluids. Confirmation of an active infection is by identification of human cytomegalovirus in blood, saliva, urine, or other body tissue samples.

1D82.1 Cytomegaloviral pancreatitis

1D82.Y Other specified cytomegaloviral disease

1D82.Z Cytomegaloviral disease, unspecified

1D83 Epidemic myalgia

A disease caused by an infection with the group B Coxsackie virus. This disease is characterised by pleuritic pain, fever, or muscle swelling. Transmission is by the faecal-oral route.

Inclusions: Bornholm disease

1D84 Viral conjunctivitis

Inflammation, often mild, of the conjunctiva caused by a variety of viral agents. Conjunctival involvement may be part of a systemic infection.

Coding Note: Code aslo the casusing condition

Exclusions: ocular disease herpesviral [herpes simplex] (1F00.1)

Ophthalmic zoster (1E91.1)

Coded Elsewhere: Zoster conjunctivitis (1E91.1)

Keratoconjunctivitis due to adenovirus (1D84.0)

1D84.0 Conjunctivitis due to adenovirus

A condition of the conjunctiva, caused by an infection with adenovirus. This condition is characterised by itchy eyes, tearing, redness, discharge, or photophobia (with corneal involvement). Transmission is by direct contact, indirect contact, or droplet transmission.

Inclusions: Acute adenoviral follicular conjunctivitis

Swimming-pool conjunctivitis

1D84.1 Acute epidemic haemorrhagic conjunctivitis

A disease of the conjunctiva, caused by an infection with enterovirus. This disease is characterised by painful and red eyes, swollen lids, conjunctival follicles, chemosis, or subconjunctival haemorrhage. Transmission is by direct contact, or contact with contaminated water.

1D84.Y Other specified viral conjunctivitis

Coding Note: Code aslo the casusing condition

1D84.Z Viral conjunctivitis, unspecified

Coding Note: Code aslo the casusing condition

1D85 Viral carditis

A disease of the heart, caused by an infection with a viral source. This disease is characterised by fatigue, dyspnoea, palpitations, malaise, or atypical chest discomfort. This disease may also present with sinus tachycardia, cardiomyopathy, idiopathic ventricular arrhythmias, or cardiovascular collapse. Transmission is by endogenous spread or iatrogenic transmission. Confirmation is identification of the viral source in advanced imaging or cardiac biopsy.

Exclusions: Influenzal myocarditis, other influenza virus identified (1E30)

1D85.0 Dilated cardiomyopathy secondary to viral myocarditis

1D85.1 Acute viral carditis

1D85.2 Chronic viral carditis

1D85.3 Aseptic myocarditis of newborn

1D85.4 Coxsackie carditis

1D85.Y Other specified viral carditis

1D85.Z Viral carditis, unspecified

1D86 Viral haemorrhagic fever, not elsewhere classified

Exclusions: Certain arthropod-borne viral fevers (BlockL1‑1D4)

Certain zoonotic viral diseases (BlockL1‑1D6)

Viral infection of unspecified site (BlockL2‑1D9)

Exclusions: Cytomegaloviral disease (1D82)

Herpes simplex infections (1F00)

1D90 Adenovirus infection of unspecified site

Adenovirus infections most commonly cause illness of the respiratory system; however, depending on the infecting serotype, they may also cause various other illnesses and presentations.

1D91 Enterovirus infection of unspecified site

1D92 Coronavirus infection, unspecified site

Exclusions: Severe acute respiratory syndrome (1D65)

COVID-19, virus not identified (RA01.1)

COVID-19, virus identified (RA01.0)

1D93 Parvovirus infection of unspecified site

1D9Y Other viral infections of unspecified site

1D9Z Unspecified viral infection of unspecified site

1E1Y Other specified viral diseases

1E1Z Unspecified viral disease

Influenza (BlockL1‑1E3)

Any disease of the respiratory system, caused by an infection with influenza virus. These diseases are characterised by fever, cough, headache, myalgia, arthralgia, or malaise. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of influenza virus from a nasopharyngeal, nose, or throat swab.

1E30 Influenza due to identified seasonal influenza virus

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E31 Influenza due to identified zoonotic or pandemic influenza virus

Influenza, caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission.

For use of this category, reference must be made to the guidelines of the Global Influenza Programme (GIP, www.who.int/influenza/) of WHO.

Coding Note: Influenza caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission limited to the inclusions

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E32 Influenza, virus not identified

Any disease of the respiratory system, caused by an unidentified strain of influenza virus. These diseases are characterised by fever, cough, headache, myalgia, arthralgia, or malaise. Transmission is by inhalation of infected respiratory secretions.

Inclusions: Influenza specific virus not stated to have been identified

Viral influenza specific virus not stated to have been identified

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

Viral hepatitis (BlockL1‑1E5)

A group of liver diseases caused by infection with one or more of the five hepatitis viruses, hepatitis A virus, hepatitis B virus, hepatitis C virus, hepatitis D virus and hepatitis E viruses. The infection may be recent and present for less than 6 months (acute hepatitis) or present for more than 6 months (chronic hepatitis), in which case progression to cirrhosis and liver cancer can occur. Transmission is by the faecal-oral route including water contamination, sexual transmission, blood and body fluid contamination (parenteral spread) and from mother to baby at the time of birth (vertical transmission). Depending on the virus, diagnosis is confirmed by detection of specific viral antigens, anti-viral antibodies or viral nucleic acids in serum.

Exclusions: Herpes simplex hepatitis (1F00)

Autoimmune hepatitis (DB96.0)

Non-alcoholic steatohepatitis (DB92.1)

Coded Elsewhere: Viral hepatitis complicating pregnancy, childbirth or the puerperium (JB63.4)

Congenital viral hepatitis (KA62.9)

1E50 Acute viral hepatitis

A group of liver diseases characterised by liver inflammation and fibrosis, caused by more than 6 months of infection with one or more of hepatitis B virus, hepatitis C virus and hepatitis D virus, with or without HIV. Even at stage of cirrhosis there are often no symptoms. Otherwise, clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Transmission of hepatitis B and C viruses is by blood and body fluid contamination, sexual transmission, and from mother to baby at the time of birth (vertical transmission). In addition to detection of specific antigens (HBsAg) and antibodies (anti-HCV), diagnostic assessment requires assay of viral nucleic acids (HBV DNA, HCV RNA etc).

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

Chronic viral hepatitis (1E51)

Coded Elsewhere: Cytomegaloviral hepatitis (1D82.0)

Epstein-Barr viral hepatitis (DB90.Y)

1E50.0 Acute hepatitis A

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis A virus (HAV). Transmission is by the faecal-oral route. Diagnosis is confirmed by presence of IgM-anti-HAV in serum. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severer cases.

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

1E50.1 Acute hepatitis B

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis B virus (HBV). Transmission is by sexual, blood and body fluid contamination (parenteral spread), and from mother to baby at the time of birth (vertical transmission). Diagnosis is confirmed by presence of recent acquisition of HBsAg, ideally with IgM-anti-HBc in serum. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severe cases.

1E50.2 Acute hepatitis C

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis C virus (HCV). Transmission is by blood and body fluid contamination (parenteral spread) in most cases, and rarely by sexual spread or from mother to baby at the time of birth (vertical transmission). Diagnosis is confirmed by presence of recent acquisition of anti-HCV with presence of HCV RNA in serum. Clinical features occur in a minority of cases and are characterised by anorexia, nausea and fever, rarely with jaundice. A high proportion of cases (>70%) develop chronic HCV infection, with liver disease of varying severity.

Coded Elsewhere: Necrolytic acral erythema (EA20)

1E50.3 Acute hepatitis D

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis D virus (HBV). Transmission only occurs in someone with chronic HBV infection (super-infection) or at the same time as acute hepatitis B (co-infection), and is by blood and body fluid contamination (parenteral spread), and sexual spread. Diagnosis is confirmed by serum IgM-anti-HDV. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severe cases. Acute liver failure occurs in some cases, and a high proportion of cases develops chronic HDV infection.

Coded Elsewhere: Acute hepatitis B with Hepatitis D virus co-infection (1E50.1)

1E50.4 Acute hepatitis E

A disease of the liver, caused by an acute infection with hepatitis E virus. This disease is characterised by nausea. Transmission is commonly by the faecal-oral route. Confirmation is by detection of anti-hepatitis E virus IgM antibodies in an individual's serum.

1E50.Y Other specified acute viral hepatitis

1E50.Z Acute viral hepatitis, unspecified

1E51 Chronic viral hepatitis

A disease of the liver, caused by a chronic infection with a hepatotropic virus such as hepatitis B,C,D virus, with or without HIV (for six months or longer). This disease is characterised by fatigue, joint and muscle pain, jaundice, or urine of dark yellow colour. Transmission is by sexual contact, or direct contact with contaminated blood or body fluids. Confirmation is by detection of anti-hepatitis antibodies in the individual’s serum.

Exclusions: Alcoholic liver disease (DB94)

Autoimmune hepatitis (DB96.0)

Non-alcoholic fatty liver disease (DB92)

1E51.0 Chronic hepatitis B

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis B virus. Even at stage of cirrhosis there are often no symptoms. Otherwise, clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Transmission is by blood and body fluid contamination, sexual transmission, and from mother to baby at the time of birth (vertical transmission). Confirmation of the diagnosis is by detection of HBsAg, but assessment of severity, prognosis and indication for treatment requires quantification of HBV DNA in serum.

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis D virus (1E51.2)

1E51.00 Chronic hepatitis B with human immunodeficiency virus co-infection

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis B virus and with the human immunodeficiency virus (HIV). Clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension), and outcomes, including hepatocellular carcinoma are worse than for hepatitis B without HIV infection.

1E51.0Y Other specified chronic hepatitis B

1E51.0Z Chronic hepatitis B, unspecified

1E51.1 Chronic hepatitis C

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis C virus. Even at stage of cirrhosis there may be no symptoms. Otherwise, clinical features include fatigue and impaired quality of life, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Chronic hepatitis C increases the risks of type 2 diabetes mellitus and cardiovascular disease, which contribute to increased all-cause mortality. Transmission is by blood and body fluid contamination, rarely by sexual transmission and from mother to baby at the time of birth (vertical transmission). Confirmation of the diagnosis is by detection of HCV RNA in the presence of a positive anti-HCV in serum.

Exclusions: Non-alcoholic fatty liver disease (DB92)

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis C virus (1E51.0Y)

Chronic hepatitis B, co-infected with hepatitis C virus and hepatitis D virus (1E51.0Y)

1E51.2 Chronic hepatitis D

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis C virus and hepatitis D virus (1E51.0Y)

1E51.3 Chronic hepatitis E

1E51.Y Other specified chronic viral hepatitis

1E51.Z Chronic viral hepatitis, unspecified

1E5Z Viral hepatitis, unspecified

Viral infections characterised by skin or mucous membrane lesions (BlockL1‑1E7)

Infections due to poxvirus (BlockL2‑1E7)

1E70 Smallpox

A disease caused by an infection with variola virus. This disease is characterised by a maculopapular rash that progresses to vesicles (commonly on the face, arms, and legs), and fever. Transmission is by direct contact. Confirmation is by identification of the variola virus in a skin sample of the rash.

In 1980 the 33rd World Health Assembly declared that smallpox had been eradicated. The classification is maintained for surveillance purposes.

Inclusions: Variola

1E71 Monkeypox

A disease caused by an infection with monkeypox virus. In the first phase, this disease is characterised by lymphadenopathy, fever, headache, or malaise; in the second phase, this disease is characterised by a rash that starts as maculopapules and progresses to vesicles, then pustules, followed by crusts (may occur on the face, palms of the hands, soles of the feet, body, and mucous membranes). Transmission is by direct contact with infected animals (including body fluids or lesions), direct contact with body fluid from infected individuals, or through fomites. Confirmation is by identification of monkeypox virus.

1E72 Cowpox

Cowpox is due to infection by an orthopoxvirus. Human disease is caused by cutaneous inoculation from an infected host. Cowpox is endemic in Europe amongst small rodents, particularly wood mice and wood voles. After a seven day incubation it causes a systemic febrile flu-like illness. Lesions are solitary or few, mainly affecting the face and

hands. An initial erythematous papula or blister later forms a crusted eschar which heals slowly leaving a deep pock-like scar.

1E73 Vaccinia

A poxvirus which was formerly used to protect against smallpox. Its use as a vaccine can be complicated by a generalised rash secondary to viraemia, accidental infection of other sites or other individuals, progressive infection at the site of vaccination or, rarely, encephalomyelitis and myopericarditis.

1E74 Buffalopox

Buffalopox is caused by an orthopox virus related to vaccinia virus. It is acquired in humans by direct inoculation from infected water buffalo. It is generally a mild illness similar to cowpox with just a few lesions on the hands and arms. It leaves minor pock-like scars.

1E75 Orf

Orf is a virus infection of the skin contracted from sheep and goats. Orf is caused by a parapox virus which infects mainly young lambs and goats. Human lesions are caused by direct inoculation of infected material. Orf is not uncommon among sheep farmers, shearers, freezing workers, vets and farmers' wives or their children who bottle-feed lambs. They occur most commonly on the fingers, hands or forearms but can appear on the face.

1E76 Molluscum contagiosum

A disease of the skin and mucous membranes, caused by an infection with molluscum contagiosum virus. This disease is characterised by papular skin eruptions, commonly 2-3 millimetres in diameter. Transmission is by direct contact.

Exclusions: Viral warts (1E80)

1E7Y Other specified infections due to poxvirus

1E7Z Infections due to poxvirus, unspecified

Human papillomavirus infection of skin or mucous membrane (BlockL2‑1E8)

Infection of the skin and mucous membranes by the human papillomavirus (HPV), the agent responsible for viral warts in humans. Clinical manifestations depend on the virus subtype and the anatomical site involved.

Coded Elsewhere: Anogenital warts (1A95)

1E80 Common warts

Common warts are due to an infection of the epidermis by certain human papilloma viruses, most commonly HPV subtypes 1,2,4,27 and 57. They manifest typically as papillomatous, keratinous growths on the hands and feet but may affect any part of the skin (and also adjacent mucous epithelia). They are very common during childhood and adolescence.

Exclusions: Warts of lips or oral cavity (1E82)

1E80.0 Digital or periungual warts

Viral warts affecting the fingers, thumbs or non-plantar (or non-weight-bearing) skin of the toes. They are often difficult to eradicate, particularly if the nail folds are involved, but most will eventually resolve spontaneously.

Exclusions: Plantar warts (1E80.1)

1E80.1 Plantar warts

Viral warts affecting the plantar surfaces of the feet including the weight-bearing skin of the toes. They are often painful and are difficult to eradicate. In most cases, however, they do eventually resolve spontaneously.

1E80.Y Other specified common warts

1E81 Plane warts

Plane warts (flat warts) are clinically distinct from common warts and manifest as multiple small flat-topped, often lightly pigmented papules on the face or extremities. They are caused by human papillomavirus (HPV) subtypes 3 and 10.

1E82 Warts of lips or oral cavity

Infection of the lips and/or oral cavity, particularly the keratinized surfaces of the gingiva and palate, with "skin" type human papillomavirus (types 2 and 4). Focal epithelial hyperplasia (Heck disease) is a specific form of oral human papillomavirus infection caused by types 13 or 32 and of high prevalence in certain communities in the Americas.

1E82.0 Focal epithelial hyperplasia of oral mucous membranes

Otherwise known as Heck disease, this is due to infection of the oral mucosa by human papillomavirus types 13 or 32. It most commonly presents as multiple smooth mucosal papules, giving rise to a cobblestone appearance. It is particularly common in children from native communities of the Americas with incidence rates of up to 30% reported.

1E83 Wart virus proliferation in immune-deficient states

Enhanced proliferation of human papillomavirus as a result of a failure of immune surveillance. This may be due to a genetic defect, disease or iatrogenic immunosuppression.

1E8Z Viral warts, not elsewhere classified

Varicella zoster virus infections (BlockL2‑1E9)

1E90 Varicella

A disease caused by an infection with varicella zoster virus. This disease is characterised by a vesicular rash and fever. Transmission is by inhalation of infected respiratory secretions, or direct contact with fluid from vesicles.

Coded Elsewhere: Fetal varicella syndrome (KA62.2)

Congenital varicella (KA62.2)

1E90.0 Varicella without complication

A disease caused by an infection with varicella zoster virus. This disease is characterised by a vesicular rash and fever. Transmission is by inhalation of infected respiratory secretions, or direct contact with fluid from vesicles.

1E90.1 Varicella meningitis

A disease of the meninges, caused by an infection with varicella zoster virus. This infection is characterised by fever, stiff neck, headache, vomiting, photophobia, and sometimes an altered mental status or body aches. Transmission is through hematogenous spread to the meninges after inhalation of infected respiratory secretions, or direct contact with fluid from vesicles. Confirmation is by identification of varicella zoster viral DNA or anti-varicella zoster IgG in cerebrospinal fluid.

1E90.2 Varicella encephalitis

Inclusions: Postchickenpox encephalitis

Varicella encephalomyelitis

1E90.Y Varicella with other specified complication

1E90.Z Varicella, unspecified

1E91 Zoster

A disease caused by the reactivation of a latent infection with varicella zoster virus. This disease commonly presents with a rash (typically within one or two adjacent dermatomes), cutaneous hyperaesthesia, or fever.

1E91.0 Zoster without complications

A painful blistering skin eruption following a dermatomal distribution resulting from reactivation of Varicella zoster virus in dorsal nerve root ganglia.

1E91.1 Ophthalmic zoster

A disease of the eyes, caused by the reactivation of a latent infection with varicella zoster virus in the trigeminal nerve. This disease is characterised by a periorbital rash (typically within one dermatome), and conjunctivitis.

1E91.2 Disseminated zoster

Disseminated herpes zoster indicates the presence of widespread cutaneous involvement extending beyond the primarily affected and directly adjacent dermatomes. It may be associated with impaired immunity resulting from disease or from therapy.

1E91.3 Zoster with central nervous system involvement

1E91.4 Acute neuropathy of cranial nerve due to zoster

1E91.40 Acute trigeminal zoster neuropathy

1E91.41 Acute herpetic geniculate ganglionitis

1E91.4Y Other specified acute neuropathy of cranial nerve due to zoster

1E91.5 Postherpetic polyneuropathy

1E91.Y Zoster with other specified complications

1E91.Z Zoster, unspecified

1F00 Herpes simplex infections

Any condition caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). Confirmation is by identification of herpes simplex virus type 1 or 2.

Exclusions: Herpangina (1F05.1)

Coded Elsewhere: Perinatal Herpes simplex infection (KA62.A)

Anogenital herpes simplex infection (1A94)

Sexually transmissible infections due to Herpes simplex virus (1A9Y)

1F00.0 Herpes simplex infection of skin or mucous membrane

A disease of the skin and mucous membranes, caused by an infection with herpes simplex virus type 1 or 2. This disease is characterised by vesicles, or may be asymptomatic. Transmission is by direct contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

Coded Elsewhere: Anogenital herpes simplex infection (1A94)

1F00.00 Herpes simplex infection of skin

Herpes simplex infection affecting skin and commonly arising from person-to-person inoculation of virus from contact sports such as Rugby football or wrestling.

1F00.01 Herpes simplex labialis

Inclusions: Cold sore

1F00.02 Herpes simplex gingivostomatitis

1F00.03 Disseminated cutaneous herpes simplex infection complicating other skin diseases

1F00.0Y Other specified herpes simplex infection of skin or mucous membrane

1F00.1 Herpes simplex infection of the eye

A condition of the eye, caused by an infection with herpes simplex virus type 1 or 2. The condition is characterised by blepharoconjunctivitis or keratitis. Transmission is by direct contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

Coded Elsewhere: Herpes simplex conjunctivitis (1D84.Y)

1F00.10 Herpes simplex keratitis

1F00.11 Herpes simplex infection of eyelid

1F00.1Y Other specified herpes simplex infection of the eye

1F00.1Z Herpes simplex infection of the eye, unspecified

1F00.2 Herpes simplex infection of central nervous system

A condition of the central nervous system, caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). This condition is characterised by fever, headache, or other clinical symptoms depending on the site of infection. Confirmation is by identification of herpes simplex virus type 1 or 2.

Coded Elsewhere: Herpes simplex myelitis (1D02.1)

1F00.20 Herpes simplex meningitis

1F00.21 Encephalitis due to herpes simplex virus

Herpetic encephalitis is a cerebral infection caused by herpes simplex virus type 1 (HSV1). It presents as acute necrosing temporal encephalitis. Onset is rapid (less than 48 hours) with a fever of 40C, headaches, and behavioural, language and memory problems. These initial manifestations are followed by numbness and coma, which may be accompanied by convulsions and paralysis. This disease, which affects only a small minority of HSV1-infected individuals, results from a primary immune deficiency.

Inclusions: Simian B disease

1F00.3 Disseminated herpes simplex infection

1F00.Y Other specified herpes simplex infections

1F00.Z Herpes simplex infections, unspecified

1F01 Roseola infantum

A disease caused by an infection with roseolovirus (human herpesvirus type 6 or 7). This disease is characterised by acute fever, followed by macular or maculopapular exanthem in some individuals. Transmission is by inhalation of infected respiratory secretions or direct contact.

1F02 Rubella

A disease caused by an infection with the rubella virus. This disease commonly presents with lymphadenopathy, or an exanthem that starts on the face and spreads to the limbs and trunk. Transmission is commonly by inhalation of infected respiratory secretions, or direct contact.

Coded Elsewhere: Congenital rubella syndrome (KA62.8)

1F02.0 Rubella with neurological complications

1F02.1 Rubella arthritis

A disease of the joints, caused by an infection with the rubella virus. This disease is characterised by inflammation of the joints leading to arthralgia or difficulties moving the joints. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by identification of rubella virus (in nasal or throat swab samples, blood, urine, or cerebrospinal fluid), or detection of rubella virus specific IgM antibodies.

1F02.2 Rubella without complication

Rubella was a common childhood viral infection until the advent of mass immunization programmes. It is characterised by a short-lived maculopapular exanthem, lymphadenopathy and mild fever: the majority of infections are not associated with significant morbidity. Transmission is by inhalation of infected respiratory secretions or by direct contact. Confirmation is by identification of rubella virus in nasal swab, throat swab or blood samples, or by detection of rubella virus specific IgM antibodies. Its public health importance lies in its potential to cause devastating harm to the fetus of an infected mother (congenital rubella syndrome).

1F02.Y Rubella with other specified complication

1F03 Measles

A disease of the respiratory system, caused by an infection with Morbillivirus. This disease is characterised by a blotchy rash, fever, cough, conjunctivitis, or malaise. This disease may also present with tiny white spots with bluish-white centres inside the mouth. Transmission is by inhalation of infected respiratory secretions, airborne transmission or direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

Inclusions: morbilli

Coded Elsewhere: Subacute sclerosing panencephalitis (8A45.01)

1F03.0 Measles without complication

A disease caused by an infection with Morbillivirus. This disease is characterised by fever, cough, coryza, conjunctivitis, enanthema, or maculopapular rash, without any additional secondary pathological conditions. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by detection of Morbillivirus RNA, or detection measles-specific IgM antibodies.

1F03.1 Measles complicated by encephalitis

A disease caused by an infection with Morbillivirus that is complicated by an infection of the brain. This disease is characterised by symptoms of measles as well as inflammation of the brain. This disease may also present with fever, headache, poor appetite, vomiting, confusion, lethargy, or photophobia. Transmission is by haematogenous spread to the brain after inhalation of infected respiratory secretions, by airborne transmission, or by direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

1F03.2 Measles complicated by meningitis

A disease caused by an infection with Morbillivirus that is complicated by an infection of the meninges. This disease is characterised by symptoms of measles as well as inflammation of the meninges. This disease may also present with a fever, vomiting, lethargy, confusion, muscle pain, photophobia, or convulsions. Transmission is by haematogenous spread to the meninges after inhalation of infected respiratory secretions, airborne transmission, or direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

Inclusions: Postmeasles meningitis

1F03.Y Measles with other complications

1F04 Erythema infectiosum

A condition caused by infection with parvovirus B19 (member of the Erythroparvovirus genus). In children, this condition is characterised by fever and cold-like symptoms initially, followed by a skin rash typically in the facial region In adolescents and adults, this condition may present with painful and swollen joints. Transmission is by droplet transmission, or vertical transmission.

Inclusions: Slapped cheek syndrome

1F05 Picornavirus infections presenting in the skin or mucous membranes

1F05.0 Enteroviral vesicular stomatitis

Enteroviral vesicular stomatitis, commonly called hand, foot and mouth disease, is a highly contagious enterovirus infection (usually Coxsackievirus A16 or Enterovirus 71). It typically causes a mild febrile illness with sore throat and loss of appetite followed by an eruption of vesicles on the lips, hands and feet. The majority of cases occur in children under the age of five.

Inclusions: Hand, foot and mouth disease

1F05.1 Enteroviral vesicular pharyngitis

1F05.2 Enteroviral exanthematous fever

An acute febrile, characteristically morbilliform exanthem due to infection by one of many different enteroviruses, especially Coxsackievirus and Echovirus.

Exclusions: Enteroviral vesicular pharyngitis (1F05.1)

Enteroviral vesicular stomatitis (1F05.0)

1F05.3 Foot and mouth disease

A rare infection in humans due to the Aphthovirus Foot-and-mouth-disease virus (FMDV), which is responsible for a highly contagious epidemic infection of cloven-hoofed animals, particularly cattle. It manifests in humans with prodromal fever and malaise followed by vesiculation and ulceration of oral mucous membranes and lips. Vesicles may sometimes involve the digits and palmoplantar skin.

Exclusions: Hand, foot and mouth disease (1F05.0)

1F05.Y Other specified picornavirus infections presenting in the skin or mucous membranes

1F0Y Other specified viral infections characterised by skin or mucous membrane lesions

1F0Z Viral infections characterised by skin or mucous membrane lesions, unspecified

Mycoses (BlockL1‑1F2)

Exclusions: Mycosis fungoides (2B01)

Hypersensitivity pneumonitis due to organic dust (CA70)

Coded Elsewhere: Intestinal fungal infections

Fungal infection of fetus or newborn (KA63)

1F20 Aspergillosis

Aspergillosis (ABPA) is a disease caused by fungi of the genus Aspergillus and occurs in people with lung diseases or weakened immune system. ABPA is most common in people with asthma or cystic fibrosis. The organism is ubiquitous, being found in soil and water or in other decaying vegetation. It enters the body through the lungs. The Symptoms of ABPA include wheezing and coughing of blood.

Inclusions: aspergilloma

Coded Elsewhere: Aspergillus-induced allergic or hypersensitivity conditions (CA82.4)

Neonatal aspergillosis (KA63.1)

Myelitis associated with Aspergillus (1D02.2)

1F20.0 Invasive aspergillosis

A disease caused by an infection with the fungi Aspergillus. This disease is characterised by colonization and invasion of tissue by Aspergillus in one part of the body and may spread to other parts of the body. Transmission is commonly by inhalation of Aspergillus spores.

1F20.00 Invasive aspergillosis of the digestive tract

1F20.01 Invasive cerebral aspergillosis

1F20.02 Disseminated aspergillosis

Invasive aspergillosis affecting three or more organs.

1F20.0Y Invasive aspergillosis of other specified site

1F20.1 Non-invasive aspergillosis

1F20.10 Aspergillus otomycosis

Chronic superficial fungal infection of the external auditory canal and auricle due to saprophytic fungi of the genus Aspergillus.

1F20.11 Chronic aspergillosis of the paranasal sinuses

Inclusions: Chronic granulomatous Aspergillus rhinosinusitis

1F20.12 Chronic pulmonary aspergillosis

Nodular or cavitary lesion or lesions in the lung, of at least three months duration in a non-immunocompromised patient (or one whose immunocompromising condition has remitted or is trivial), caused by Aspergillus spp. as demonstrated on tissue section by staining, by positive culture of a percutaneous biopsy or positive Aspergillus IgG antibodies.

Inclusions: Pulmonary Aspergillus nodule

Simple pulmonary aspergilloma

Chronic cavitary pulmonary aspergillosis

CFPA - [chronic fibrosing pulmonary aspergillosis]

CNPA - [chronic necrotising pulmonary aspergillosis]

1F20.13 Tonsillar aspergillosis

1F20.14 Aspergillus bronchitis

1F20.15 Obstructing aspergillus tracheobronchitis

1F20.1Y Other specified non-invasive aspergillosis

1F20.Z Aspergillosis, unspecified

1F21 Basidiobolomycosis

Basidiobolomycosis is characterised by a slowly spreading, painless, non-pitting subcutaneous swelling without other obvious clinical signs. It may be single, or there may be multiple satellite lesions. The disc-shaped masses have a uniform hard consistency. It usually involves the limbs or limb-girdle areas and the infection is most often seen in children.

Inclusions: Subcutaneous mucoromycosis due to Basidiobolus ranarum

1F22 Blastomycosis

A disease caused by an infection with the fungi Blastomyces dermatitidis. This disease is characterised by fever, chills, cough, myalgia, arthralgia, or chest pain. This disease may also present in the skin and bones. Transmission is by inhalation of fungal spores. Confirmation is by identification of Blastomyces dermatitidis in a urine, cerebrospinal fluid, or blood sample.

Exclusions: Brazilian blastomycosis (1F2E)

keloidal blastomycosis (1F2B)

1F23 Candidosis

Candidosis is an infection caused by yeasts of the genus Candida. Superficial infections of the mucous membranes and skin are common, but deep invasive disease including fungal septicaemia, endocarditis and meningitis may also occur.

Inclusions: moniliasis

candidiasis

Coded Elsewhere: Neonatal candidosis (KA63.2)

Invasive neonatal candidosis (KA63.2)

1F23.0 Candidosis of lips or oral mucous membranes

A disease of the lips and oral mucous membranes, caused by an infection with the fungi Candida. This disease commonly presents with white patches or plaques on the oral mucous membranes, angular cheilitis, or dysphagia. Transmission is by opportunistic transmission. Confirmation is by identification of Candida in an oral or skin sample.

Exclusions: Neonatal candidosis (KA63.2)

1F23.1 Candidosis of skin or mucous membranes

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

1F23.10 Vulvovaginal candidosis

A disease caused by an infection with the fungi Candida. In females, this disease is characterised by genital itching, burning, or vaginal discharge; in males, this disease is characterised by an itchy rash on the penis. Transmission is by endogenous spread, or sexual contact. Confirmation is commonly by identification of Candida in a vaginal or penis swab.

1F23.11 Candida balanoposthitis

A disease caused by an infection with the fungi Candida (commonly Candida albicans). This disease is characterised by inflammation of the glans or prepuce. This disease may also present with eroded white papules, or white discharge. Transmission is by sexual contact. Confirmation is by identification of Candida in a sub-preputial swab or urine sample.

Inclusions: Candidosis of penis

Penile thrush

1F23.12 Flexural or intertriginous candidosis

Candidosis of flexural and intertriginous skin, where the warm, moist conditions favour the growth of Candida yeasts.

1F23.13 Candidosis of nail or paronychium

Infection of the nail and/or paronychium (nail fold) with Candida yeasts

1F23.14 Chronic mucocutaneous candidosis

Chronic Mucocutaneous Candidiasis is a primary immune deficiency characterised by persistent and/or recurrent infections of skin, nails and mucous membranes, caused by organisms of the genus Candida, mainly C. Albicans.

1F23.15 Disseminated cutaneous candidosis

1F23.16 Candida otomycosis

Infection of the external auditory canal with Candida yeasts, especially Candida parapsilosis. The infection may present with whitish greasy debris in, or discharge from the external auditory canal, or with erythema, oedema and pain. Candida otomycosis is less common than otomycosis due to Aspergillus. Chronic infection may be associated with perforation of the eardrum.

1F23.1Y Candidosis of skin or mucous membrane of other specified site

1F23.1Z Candidosis of skin or mucous membranes, unspecified

1F23.2 Candidosis of gastrointestinal tract

1F23.3 Systemic or invasive candidosis

Invasion of internal organs by Candida yeasts. Risk factors include acute leukemia, haematopoietic stem cell or solid organ transplantation, and acute critical illness. Candida species other than Candida albicans are commonly implicated.

Coded Elsewhere: Invasive neonatal candidosis (KA63.2)

1F23.30 Candida meningitis

Coding Note: Code aslo the casusing condition

1F23.31 Pulmonary candidosis

A disease of the pulmonary system, caused by an infection with the fungi Candida. This disease is characterised by fever, chills, cough, nausea, vomiting, tachypnoea, tachycardia, or dyspnoea. Transmission is by opportunistic transmission. Confirmation is by identification of Candida from a sputum sample.

1F23.3Y Other specified systemic or invasive candidosis

1F23.3Z Systemic or invasive candidosis, unspecified

1F23.Y Other specified candidosis

1F23.Z Candidosis, unspecified

1F24 Chromoblastomycosis

Chromoblastomycosis is a chronic fungal infection of the skin and subcutaneous tissues caused by a variety of pigmented fungi including Phialophora verrucosa, Fonsecaea pedrosoi, Fonsecaea compacta and Cladophialophora carrionii, which can be found in soil and wood. The infection usually follows trauma, such as a puncture from a splinter of wood and tends to affect exposed sites such as the feet and ankles. Chromoblastomycosis manifests initially as a warty papule which slowly enlarges to form a hypertrophic, warty plaque. Eventually, after months or many years, large hyperkeratotic masses may form, sometimes with secondary ulceration.

1F25 Coccidioidomycosis

A disease caused by an infection with the fungi Coccidioides. This disease presents with symptoms depending on the site of infection, or may be asymptomatic. Transmission is commonly by inhalation of fungal spores. Confirmation is by identification or culture of Coccidioides from affected tissue or samples, or detection of antibodies against coccidioides in serum or cerebrospinal fluid.

1F25.0 Pulmonary coccidioidomycosis

A disease of the pulmonary system, caused by an infection with the fungi Coccidioides. This disease is characterised by cough, myalgia, fatigue, chest pain, pneumonia, or pleural effusion. Transmission is commonly by inhalation of fungal spores. Confirmation is by direct examination or culture of Coccidioides in a sputum, bronchoalveolar lavage fluid, or tissue sample.

1F25.00 Acute pulmonary coccidioidomycosis

Forty per cent of coccidioidal infections result in symptomatic pulmonary disease that may be indistinguishable from a bacterial community-acquired pneumonia. Radiographically these are usually focal alveolar infiltrates. Infection may be associated with the development of a rash, particularly erythema nodosum and erythema multiforme. Occasionally, there may be symmetric arthralgias or arthritis. Peripheral blood eosinophilia is not uncommon. Acute primary pulmonary coccidioidomycosis, particularly when associated with erythema nodosum and/or erythema multiforme, is frequently called "Valley fever." When associated with arthralgias or arthritis, it has been termed "desert rheumatism."

1F25.01 Chronic pulmonary coccidioidomycosis

A chronic form of pulmonary coccidioimycosis. Pulmonary sequelae occur in approximately 5% of all cases of acute pulmonary coccidioidomycosis

1F25.1 Extrathoracic coccidioidomycosis

Coccidioidomycosis involving sites other than the lungs and thoracic cavity. Recognised sites include lymph nodes, bones, joints, central nervous system and skin. Transmission is through haematogenous spread to other body sites after inhalation of fungal spores or by direct inoculation.

Coded Elsewhere: Myelitis associated with Coccidioides infection (1D02.2)

1F25.10 Disseminated coccidioidomycosis

Diffuse pulmonary coccidioidomycosis occurs either when there is inhalation of a massive number of arthroconia, such as may occur during archeological excavations, or among individuals with severely depressed cellular immunity (e.g., late HIV-1 infection [AIDS]; cancer chemotherapy; allogeneic transplant recipients, treatment with corticosteroids; and during the second, third trimesters and postpartum pregnancy). The radiographic appearance often is a mixture of small nodules and interstitial findings, sometimes called "reticulonodular" or, because of it may resemble overwhelming pulmonary tuberculosis, "miliary."

1F25.11 Primary cutaneous coccidioidomycosis

Coccidioidomycosis may rarely result from direct inoculation, usually through a puncture of the skin by a thorn or other vegetative structure. The infection generally remains confined to this area with local lymphangitic spread and is not considered indicative of disseminated disease. Coccidioidal serology tests may be positive.

1F25.12 Coccidioides meningitis

An uncommon but often lethal form of coccidioidomycosis due to dissemination of Coccidioides fungi from the primary site of infection, principally the lungs, to the central nervous system.

Inclusions: Coccidioidomycosis meningitis

1F25.1Y Other specified extrathoracic coccidioidomycosis

1F25.Z Coccidioidomycosis, unspecified

1F26 Conidiobolomycosis

Conidobolomycosis is a subcutaneous infection involving nasal mucosa and paranasal sinuses, leading to formation of firm, subcutaneous nodules or polyps. The infection may be acquired via inhalation of spores or a minor trauma such as an insect bite. The infected host is frequently an otherwise healthy individual working outdoors in tropical areas. Conidiobolomycosis can, however, cause major facial disfigurement. In individuals with impaired immune responses more invasive and potentially fatal infections may occur: such infections are not usually associated with skin lesions.

Inclusions: Rhinoentomophthoromycosis

1F27 Cryptococcosis

A disease caused by an infection with the fungi Cryptococcus neoformans or Cryptococcus gattii. This disease commonly presents with shortness of breath, cough, fever, fatigue, or headache. Transmission is by inhalation of fungal spores. Confirmation is by identification of Cryptococcus neoformans or Cryptococcus gattii in a blood, sputum, or cerebrospinal fluid sample.

1F27.0 Pulmonary cryptococcosis

The pattern of cryptococcal pulmonary disease ranges from asymptomatic airway colonization to pneumonia to acute respiratory distress syndrome. If present, symptoms include cough, dyspnoea or chest pain. Common chest X-ray appearances include nodules or infiltrates. In the immunocompetent host, focal lesions are more commonly seen with infection due to C. gattii.

1F27.1 Cerebral cryptococcosis

A disease of the central nervous system, caused by an infection with the fungi Cryptococcus neoformans or Cryptococcus gattii. This disease is characterised by fever, headache, lethargy, or neurological deficits. Transmission is by inhalation of fungal spores. Confirmation is by identification of Cryptococcus neoformans or Cryptococcus gattii in a blood, sputum, or cerebrospinal fluid sample.

Coded Elsewhere: Meningitis due to Cryptococcus neoformans (1D01.10)

1F27.2 Disseminated cryptococcosis

Disseminated crytococcosis is most common in immunocompromised hosts, with involvement with any organ and predilection for the central nervous system. It may manifest as systemic illness with fever, night sweats and malaise. Blood cultures may be positive (cryptococcaemia).

1F27.Y Other specified cryptococcosis

1F27.Z Cryptococcosis, unspecified

1F28 Dermatophytosis

Dermatophytosis (tinea, ringworm) is a superficial infection of the skin, hair or nails by dermatophyte fungi of the genera Trichophyton, Epidermophyton or Microsporum. These fungi normally invade only the outer keratinous layer of the epidermis (stratum corneum), the hair shaft and the nail. They count amongst the commonest infections in man. Some species (e.g. Trichophyton rubrum) are essentially anthropophilic and infect only man whereas others are zoophilic (e.g. Trichophyton verrucosum) but may cause human infection from contact with infected animals.

Inclusions: Infections due to species of Epidermophyton, Microsporum and Trichophyton

Exclusions: Tinea nigra (1F2D.4)

Tinea versicolor (1F2D.0)

Coded Elsewhere: Dermatophytosis due to Epidermophyton floccosum (1F28.Y)

Dermatophytosis due to Microsporum audouinii (1F28.Y)

Dermatophytosis due to Microsporum canis (1F28.Y)

Dermatophytosis due to Microsporum equinum (1F28.Y)

Dermatophytosis due to Microsporum ferrugineum (1F28.Y)

Dermatophytosis due to Microsporum gallinae (1F28.Y)

Dermatophytosis due to Microsporum gypseum (1F28.Y)

Dermatophytosis due to Microsporum nanum (1F28.Y)

Dermatophytosis due to Microsporum persicolor (1F28.Y)

Dermatophytosis due to Microsporum praecox (1F28.Y)

Dermatophytosis due to Trichophyton concentricum (1F28.Y)

Dermatophytosis due to Trichophyton equinum (1F28.Y)

Dermatophytosis due to Trichophyton gourvilii (1F28.Y)

Dermatophytosis due to Trichophyton interdigitale (1F28.Y)

Dermatophytosis due to Trichophyton megninii (1F28.Y)

Dermatophytosis due to Trichophyton mentagrophytes (1F28.Y)

Dermatophytosis due to Trichophyton rubrum (1F28.Y)

Dermatophytosis due to Trichophyton schoenleinii (1F28.Y)

Dermatophytosis due to Trichophyton simii (1F28.Y)

Dermatophytosis due to Trichophyton soudanense (1F28.Y)

Dermatophytosis due to Trichophyton tonsurans (1F28.Y)

Dermatophytosis due to Trichophyton verrucosum (1F28.Y)

Dermatophytosis due to Trichophyton violaceum (1F28.Y)

Dermatophytosis due to Trichophyton yaoundei (1F28.Y)

1F28.0 Dermatophytosis of scalp

Dermatophytosis (tinea) affecting scalp and scalp hair. Clinical features range from limited patchy alopecia and scaling to widespread inflammation and suppuration with occipital lymphadenopathy. The scalp is a typical site for a kerion (q.v.), often due to a zoophilic dermatophyte acquired from an infected animal.

Inclusions: Tinea capitis

Scalp ringworm

1F28.1 Dermatophytosis of nail

Fungal infection of the nail plate due to dermatophyte fungi (tinea unguium). Infection results in a range of clinical signs including white or yellow discolouration, detachment of the plate from the nail bed (onycholysis), keratinous thickening under the nail plate (subungual hyperkeratosis) and fragility and fragmentation of the abnormal nail plate.

Inclusions: Onychomycosis due to dermatophyte

Tinea unguium

Ringworm of nails

Exclusions: Onychomycosis due to non-dermatophyte mould (1F2D.5)

Candida onychomycosis (1F23.13)

1F28.2 Dermatophytosis of foot

Dermatophytosis of the skin of the foot (tinea pedis). The lateral interdigital toe clefts are the most common initial site of infection. Longstanding infection with Trichophyton rubrum, the most commonly implicated organism in Europe and North America, characteristically causes dry scaling over the sole of the foot. Other species which regularly invade the skin of the foot include Epidermophyton floccosum and Trichophyton interdigitale.

Inclusions: Moccasin foot

Tinea pedis

Athlete's foot

Ringworm of foot

1F28.3 Genitocrural dermatophytosis

Dermatophyte infection of the inguinocrural folds and adjacent external genitalia (tinea cruris). It presents as erythema and inflammation of affected skin with an advancing scaly edge. It is typically itchy and affects adult men much more commonly than women or children. Dermatophyte infection of the toe clefts commonly co-exists.

Inclusions: Tinea cruris

Ringworm of groin

Dermatophytosis of groin

1F28.4 Kerion

Kerion results from a severe host inflammatory response to dermatophyte infection of the hair follicles of the scalp or beard. It typically presents as a single painful, severely inflammatory, suppurating boggy mass and is most commonly a reaction to a zoophilic dermatophyte infection especially Trichophyton verrucosum (cattle ringworm) or Trichophyton mentagrophytes.

1F28.5 Disseminated dermatophytosis

Extensive and invasive dermatophyte infection due either to a specific genetic anergy to dermatophytes or to profound immunosuppression. Dermal nodules, abscesses or draining sinuses may occur; rarely bone, central nervous system and lymph nodes may be involved.

1F28.Y Other specified dermatophytosis

1F28.Z Dermatophytosis, unspecified

1F29 Eumycetoma

A localised chronic infection caused by various species of fungi and characterised by the formation of aggregates of the causative organisms (grains) within abscesses. This results in severe damage to skin, subcutaneous tissues and bones of the feet, hands and other parts of the body, with draining sinuses which discharge grains to the surface. Recognised agents include Madurella mycetomatis, Madurella grisea, Leptosphaeria senegalensis, Curvularia lunata, Scedosporium apiospermum, Neotestudina rosatii,

Acremonium spp. and Fusarium spp.

Inclusions: Mycetoma due to fungal infection

Exclusions: Actinomycetoma (1C43)

1F2A Histoplasmosis

Histoplasmosis is a disease caused by the fungus Histoplasma that exists worldwide with two significant variants: Histoplasma capsulatum and Histoplasma duboisii.

Coded Elsewhere: Meningitis due to Histoplasma capsulatum (1D01.1Y)

Histoplasmosis-related fibrosing mediastinitis (CB22.0)

1F2A.0 Pulmonary histoplasmosis capsulati

A disease of the pulmonary system, caused by an infection with the fungi Histoplasma capsulatum. This disease is characterised by fever, chest pains, or a dry, nonproductive cough. Transmission is by inhalation of fungal spores, commonly from contaminated soil, or bat or bird faeces. Confirmation is by identification of Histoplasma capsulatum from affected tissue or body fluids, detection of antibodies against Histoplasma capsulatum, or detection of Histoplasma capsulatum antigen.

1F2A.1 Histoplasmosis due to Histoplasma duboisii

This form of histoplasmosis is endemic to Sub-Saharan Africa and is generally less virulent than histoplasmosis due to H. capsulatum, the classical form which occurs predominantly in tropical and subtropical regions of the Americas but is also seen in Africa and Asia. Otherwise known as African histoplasmosis, histoplasmosis due to Histoplasma duboisii usually involves the skin and subcutaneous tissue, lymph nodes and bones and rarely the lungs and other internal organs.

1F2A.Y Other specified histoplasmosis

1F2A.Z Histoplasmosis, unspecified

1F2B Lobomycosis

A disease of the skin, caused by an infection with the fungi Lacazia laboi. This disease commonly presents with dermal nodules (either lenticular or in plaques), keloids, subcutaneous mycoses, or malignant tumours. Transmission is commonly by direct contact with contaminated water, soil, vegetation, or may be by direct contact with an infected dolphin. Confirmation is by identification of Lacazia laboi in a lesion exudate or tissue sample.

Inclusions: Lobo disease

1F2C Mucormycosis

A disease caused by an infection with the fungi from the order Mucorales. This disease presents with symptoms depending on the site of the infection. Transmission is by direct contact with infected soil or decaying matter. Confirmation is by identification of fungi from the order Mucorales from a tissue sample.

1F2D Non-dermatophyte superficial dermatomycoses

Any condition of the skin and mucous membranes, caused by an infection with fungi other than Candida and dermatophytes.

Exclusions: Candidosis (1F23)

Dermatophytosis (1F28)

1F2D.0 Pityriasis versicolor

A disease of the skin, caused by an infection with the fungi Malassezia. This disease is characterised by white, pink, fawn, brown, or often coalescing lesions that may be covered with thin furfuraceous scales. This disease commonly presents on the trunk, shoulders and arms, or neck and face. Transmission is by opportunistic transmission. Confirmation is by identification of Malassezia in a skin sample.

1F2D.1 Malassezia folliculitis

Malassezia folliculitis is caused by the invasion of the hair follicle by Malassezia yeasts. Although Malassezia yeasts are a part of the normal human microflora, under certain conditions they can cause superficial dermatological conditions. The invasion results in the development of erythematous papules, and sometimes pustules, which may be either asymptomatic or itchy. Usually Malassezia yeasts are present along with staphylococci and propionibacteria in the follicles.

Inclusions: Seborrhoeic folliculitis

Exclusions: Seborrhoea (ED91.2)

1F2D.2 White piedra

A disease of the hair shaft, caused by an infection with the fungi Trichosporon beigelii. This disease is characterised by irregular, soft, white, or light brown nodules which adhere to the hair follicle. Transmission is by direct contact with contaminated soil or water, or by airborne transmission. Confirmation is by identification of Trichosporon beigelii in a hair follicle sample.

Inclusions: Trichosporosis nodosa

1F2D.3 Black piedra

Inclusions: Trichomycosis nodularis

1F2D.4 Tinea nigra

A disease of the skin, caused by an infection with the fungi Tinea nigra. This disease is characterised by brown to black macules; small, flat circumscribed changes in the colour of skin. This disease commonly presents on the palmar surfaces, soles, or other skin surfaces. Transmission is by direct contact with contaminated soil, wood, or vegetation. Confirmation is identification of Tinea nigra in a skin sample.

Inclusions: Keratomycosis nigricans palmaris

1F2D.5 Onychomycosis due to non-dermatophyte mould

Fungal nail infection due to organisms other than Candida and dermatophytes. These include Scopulariopsis brevicaulis, Neoscytalidium dimidiatum, Fusarium spp., and Aspergillus spp., which may not respond to therapies directed at the more common causes of onychomycosis.

Exclusions: Candidosis of nail or paronychium (1F23.13)

1F2D.Y Other specified non-dermatophyte superficial dermatomycoses

1F2E Paracoccidioidomycosis

A disease caused by an infection with the fungi Paracoccidioides brasiliensis. This disease commonly presents with fever, toxaemia, weight loss, adenopathy, hepatosplenomegaly, anaemia, or eosinophilia. This disease may present with symptoms similar to tuberculosis, leukaemia, or lymphoma. Transmission is by inhalation of fungal spores. Confirmation is by identification of Paracoccidioides brasiliensis in a blood, sputum, or skin sample.

1F2E.0 Pulmonary paracoccidioidomycosis

A disease of the pulmonary system, caused by an infection with the fungi Paracoccidioides brasiliensis. This disease is characterised by fever, cough, dyspnoea, or malaise. Transmission is by inhalation of fungal spores. Confirmation is by identification of Paracoccidioides brasiliensis in a blood or sputum sample.

1F2E.1 Disseminated paracoccidioidomycosis

Disseminated paracoccidioidomycosis results from haematogenous and lymphatic dissemination of yeasts from the lungs and aerodigestive tract. Cutaneous involvement, seen in 25% of cases, presents as crusted papules, ulcers, nodules, and verrucous plaques. Lymphadenopathy occurs commonly in the cervical region, but all lymph node chains can be involved. Adrenal glands are commonly affected with a significant risk of adrenal insufficiency and Addisonian crisis. Long bones such as ribs, humeri, and clavicles can be involved. Mesenteric lymph node involvement can lead to bowel obstruction. Meningoencephalitis occurs in up to one quarter of cases.

1F2E.Y Other specified paracoccidioidomycosis

1F2E.Z Paracoccidioidomycosis, unspecified

1F2F Phaeohyphomycosis

1F2G Pneumocystosis

Coded Elsewhere: HIV disease resulting in Pneumocystis jirovecii pneumonia (1C62.2)

1F2G.0 Pulmonary pneumocystosis

An opportunistic pulmonary infection by the fungus Pneumocystis jirovecii. It is strongly associated with HIV and AIDS.

Coded Elsewhere: Pneumonia due to pneumocystis (CA40.20)

1F2G.Z Pneumocystosis, unspecified

1F2H Scedosporiosis

An opportunistic infection caused by fungal species of the genus Scedosporium. The most common clinical presentation is disseminated infection, which is associated with underlying disease, especially haematological malignancy, or with organ transplantation, especially of the lung. Infections of lung, bones or joints are also well recognised.

1F2J Sporotrichosis

A disease caused by an infection with the fungi Sporothrix schenckii. This disease presents with symptoms depending on the site of infection. Transmission is by direct contact with infected thorny plants, sphagnum moss, soil, bales of hays, or infected plant material. Confirmation is by identification of Sporothrix schenckii from a tissue or skin sample.

1F2J.0 Lymphocutaneous sporotrichosis

1F2J.1 Fixed cutaneous sporotrichosis

Cutaneous sporotrichosis which remains localised to the area of inoculation.

1F2J.2 Pulmonary sporotrichosis

Pulmonary forms of infection, although uncommon, can occur when Sporothrix schenckii conidia are inhaled. [1]

Symptoms of pulmonary sporotrichosis mimic those of tuberculosis including constitutional complaints of fever, night sweats, weight loss, and fatigue as well as respiratory complaints including dyspnoea, cough, purulent sputum, and haemoptysis.[2]

1F2J.3 Disseminated sporotrichosis

1F2J.Y Other specified sporotrichosis

1F2J.Z Sporotrichosis, unspecified

1F2K Talaromycosis

Talaromycosis is an infection due to Talaromyces marneffei, an ubiquitous saprophyte of soil and decomposing organic matter. This dimorphic fungus, formerly known as Penicillium marneffei, is endemic to Southeast Asia and the southern part of China. Once considered rare, its occurrence has increased due to AIDS. It is now the third most common opportunistic infection in HIV-positive individuals. The most common symptoms are fever, skin lesions, anaemia, generalised lymphadenopathy, and hepatomegaly.

1F2L Emmonsiosis

An opportunistic infection caused by a variety of Emmonsia and Emmonsia-like fungal species. It was historically seen as a rare lung pathogen but is now increasingly reported as a disseminated infection in persons immunosuppressed, particularly as the result of HIV infection.

1F2L.0 Disseminated adiaspiromycosis

An increasingly reported fulminant fungal infection caused by Emmonsia and Emmonsia-like fungal species. It is seen in the context of profound immunosuppression, especially from HIV infection. This is in contrast with pulmonary adiaspiromycosis, which is also caused by Emmonsia species but typically affects immunocompetent individuals. Its clinical presentation is similar to those of histoplasmosis and blastomycosis. Skin and lung involvement is characteristic but the CNS and blood may also be affected.

Exclusions: Pulmonary adiaspiromycosis (1F2L.1)

1F2L.1 Pulmonary adiaspiromycosis

Pulmonary adiaspiromycosis is an infection of the lungs due to inhalation of spores of the saprophytic soil fungus Chrysosporium parvum(formerly Emmonsia parva). The fungus affects many species of rodents but may occasionally infect humans. It is characterised by the presence of huge spherules (adiaspores) in the lungs.

Inclusions: Adiaspiromycosis

1F2L.Y Other specified emmonsiosis

1F2L.Z Emmonsiosis, unspecified

1F2Y Other specified mycoses

1F2Z Mycoses, unspecified

Parasitic diseases (BlockL1‑1F4)

Coded Elsewhere: Parasitic diseases in the fetus or newborn (KA64)

Malaria (BlockL2‑1F4)

A disease caused by an infection with a protozoan parasite from the Plasmodium genus. This disease commonly presents with fever, chills, headache, nausea and vomiting, or malaise. Transmission is through the bite of an infected mosquito. Confirmation is commonly by identification of the Plasmodium genus in a blood sample.

Coding Note: In cases of mixed malaria code all relevant types separately.

Coded Elsewhere: HIV disease clinical stage 4 associated with malaria (1C61.3)

HIV disease clinical stage 3 associated with malaria (1C61.2)

HIV disease clinical stage 2 associated with malaria (1C61.1)

HIV disease clinical stage 1 associated with malaria (1C61.0)

Human immunodeficiency virus disease associated with malaria (1C61)

Malaria complicating pregnancy, childbirth, or the puerperium (JB63.60)

Other congenital malaria (KA64.Y)

1F40 Malaria due to Plasmodium falciparum

A disease caused by an infection with the protozoan parasite Plasmodium falciparum. This disease is characterised by fever, chills, headache, myalgia, arthralgia, weakness, vomiting, or diarrhoea. This disease may also present with splenomegaly, anaemia, thrombocytopenia, hypoglycaemia, pulmonary or renal dysfunction, or neurologic changes. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium falciparum in a blood sample.

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

Coded Elsewhere: Congenital falciparum malaria (KA64.1)

1F40.0 Plasmodium falciparum malaria with cerebral complications

A disease of the cerebrum, caused by an infection with the protozoan parasite Plasmodium falciparum. This disease commonly presents with retinal whitening, splenomegaly, anaemia, thrombocytopenia, hypoglycaemia, pulmonary dysfunction, renal dysfunction, or neurologic changes. This disease may also present with fever, chills, headache, myalgia, arthralgia, weakness, vomiting, or diarrhoea. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium falciparum in a blood sample.

1F40.Y Other severe and complicated Plasmodium falciparum malaria

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

1F40.Z Malaria due to Plasmodium falciparum, unspecified

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

1F41 Malaria due to Plasmodium vivax

A disease caused by an infection with the protozoan parasite Plasmodium vivax. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium vivax in a blood sample.

Exclusions: when mixed with Plasmodium falciparum (1F40)

1F41.0 Plasmodium vivax malaria with rupture of spleen

1F41.Y Malaria due to Plasmodium vivax with other complications

1F41.Z Plasmodium vivax malaria without complication

1F42 Malaria due to Plasmodium malariae

A disease caused by an infection with the protozoan parasite Plasmodium malariae. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium malariae in a blood sample.

Exclusions: when mixed with Plasmodium vivax (1F41)

when mixed with Plasmodium falciparum (1F40)

1F42.0 Plasmodium malariae malaria with nephropathy

Quartan malarial nephropathy is a rare complication of malariae (quartan) malaria, especially occurring in children; it is a glomerulonephritis, usually fatal.

1F42.Y Malaria due to Plasmodium malariae with other complications

1F42.Z Plasmodium malariae malaria without complication

1F43 Malaria due to Plasmodium ovale

A disease caused by an infection with the protozoan parasite Plasmodium ovale. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium ovale in a blood sample.

Exclusions: when mixed with Plasmodium malariae (1F42)

when mixed with Plasmodium falciparum (1F40)

when mixed with Plasmodium vivax (1F41)

1F44 Other parasitologically confirmed malaria

1F45 Malaria without parasitological confirmation

Clinically diagnosed malaria without parasitological confirmation

Inclusions: Clinically diagnosed malaria without parasitological confirmation

1F4Z Malaria, unspecified

Coding Note: In cases of mixed malaria code all relevant types separately.

Nonintestinal protozoal diseases (BlockL2‑1F5)

Infections with unicellular organisms of the subkingdom Protozoa.

Exclusions: Protozoal intestinal infections (BlockL2‑1A3)

Coded Elsewhere: Amoebiasis (1A36)

Malaria without parasitological confirmation (1F45)

Protozoal diseases complicating pregnancy, childbirth or the puerperium (JB63.6)

1F50 Acanthamoebiasis

1F51 African trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei. This disease presents with symptoms depending on the form of the protozoan parasite (Trypanosoma brucei rhodesiense or Trypanosoma brucei gambiense). Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei in a blood or tissue sample.

1F51.0 Gambiense trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei gambiense. This disease is characterised by fever, headache, muscle and joint aches, or malaise. This disease may also present with lymphadenopathy, weight loss, or neurological deficits. Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei gambiense in a biopsy of the lymph node.

Inclusions: West African sleeping sickness

Infection due to Trypanosoma brucei gambiense

1F51.00 Meningitis in Gambiense trypanosomiasis

1F51.0Y Other specified gambiense trypanosomiasis

1F51.0Z Gambiense trypanosomiasis, unspecified

1F51.1 Rhodesiense trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei rhodesiense. This disease is characterised by a chancre at the site of the bite. This disease may also present with fever, headache, muscle and joint aches, or lymphadenopathy. Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei rhodesiense in a blood sample, lymph node fluid, or biopsy of the chancre.

Inclusions: East African sleeping sickness

Infection due to Trypanosoma brucei rhodesiense

1F51.10 Meningitis in Rhodesiense trypanosomiasis

1F51.1Y Other specified rhodesiense trypanosomiasis

1F51.1Z Rhodesiense trypanosomiasis, unspecified

1F51.Y Other specified african trypanosomiasis

1F51.Z African trypanosomiasis, unspecified

1F52 Babesiosis

A disease caused by the protozoan parasite Babesia. This disease is characterised by reproduction and lysis of erythrocytes leading to symptoms that depend on the level of parasitaemia and immune status of the infected individual. This disease may present with fever, chills, malaise, myalgia, haemolytic anaemia, shock, or may be asymptomatic. Transmission is through the bite of an infected tick (Ixodes), or vertical transmission. Confirmation is by identification of Babesia in a blood smear, or detection of antibodies against Babesia.

Inclusions: Piroplasmosis

1F53 Chagas disease

A disease caused by an infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by fever, headache, lymphadenopathy, pallor, muscle pain, dyspnoea, swelling, or abdominal or chest pain. This disease may also be asymptomatic. Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

Inclusions: American trypanosomiasis

infection due to Trypanosoma cruzi

1F53.1 Acute Chagas disease without heart involvement

A disease caused by an acute infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by fever, headache, lymphadenopathy, pallor, muscle pain, dyspnoea, swelling, or abdominal or chest pain. This disease presents with no cardiac involvement. Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.2 Chronic Chagas disease with heart involvement

A disease caused by a chronic infection with the protozoan parasite Trypanosoma cruzi. This disease commonly presents with severe malaise or cardiac involvement (such as cardiomyopathy, cardiac failure, thromboembolism, bradyarrhythmias, tachyarrhythmias, apical aneurysms, or cardiac arrest). Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.3 Chagas disease with digestive system involvement

A disease caused by an infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by severe malaise or digestive system involvement (such as megaoesophagus or megacolon). Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.4 Meningitis in Chagas disease

1F53.Y Other specified Chagas disease

1F53.Z Chagas disease, unspecified

1F54 Leishmaniasis

Leishmaniasis is due to infection by vector-borne protozoa from the genus Leishmania. These protozoa exist as obligate intracellular parasites in human and mammalian hosts and are transmitted form host to host by certain species of sandfly. Depending on the Leishmania species involved, the resultant disease picture may range from a localised cutaneous ulcer through extensive mucocutaneous destruction to severe systemic disease.

1F54.0 Visceral leishmaniasis

A disease caused by an infection with the protozoan parasite Leishmania. This disease is characterised by biphasic fever, hepatosplenomegaly, pancytopenia, wasting, darkening of the skin, or may be asymptomatic. Transmission is through the bite of an infected female phlebotomine sandfly. Confirmation is by identification of Leishmania from a tissue or blood sample, or detection of antibodies against Leishmania.

Inclusions: Kala-azar

1F54.1 Cutaneous leishmaniasis

Cutaneous leishmaniasis results from bites by sandflies infected by protozoan parasites of the genus Leishmania. Phlebotomus is the principal vector in the Old World (Mediterranean, North Africa, Ethiopia and Asia), where L. major, L. tropica, L. aethiopica and L. donovani infantum predominate. Other sandflies are responsible for transmitting the New World species, L. mexicana and L. brasiliensis. The commonest presentation is with one or more crusted nodules or ulcers on exposed sites which gradually heal with scarring. Mexican and Ethiopian forms have a tendency to cause diffuse infiltration of the skin; South American forms frequently progress to mucocutaneous leishmaniasis.

Coded Elsewhere: Post-kala-azar dermal leishmaniasis (1F54.0)

1F54.2 Mucocutaneous leishmaniasis

Mucocutaneous leishmaniasis is a secondary infection of nasal and oral mucosae, predominantly by Leishmania braziliensis. It usually first manifests within two years of initial cutaneous infection but often after the latter has healed. It results from lymphatic or haematogenous spread of infection and can cause severe local tissue destruction.

Inclusions: Leishmania braziliensis infection

1F54.Z Leishmaniasis, unspecified

1F55 Naegleriasis

Any condition caused by an infection with the protozoan parasite Naegleria.

Coded Elsewhere: Primary amoebic meningoencephalitis (1D00.2)

1F56 Rhinosporidiosis

Rhinosporidiosis is a chronic, usually painless localised infection of the mucous membranes. Formerly believed to be a fungus, the causative agent, Rhinosporidium seeberi, has also never been cultured. With 18S r DNA sequencing, this organism has been shown to be a protistan parasite. Rhinosporidiosis occurs worldwide, and the greatest numbers of cases are found in southern India and Sri Lanka.

1F57 Toxoplasmosis

A disease caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by fever, lymphadenitis, sore throat, or rash. Transmission is by direct ingestion of contaminated food, indirectly by food or water contaminated with infected cat faeces, or vertical transmission. Confirmation is by detection of antibodies against Toxoplasma gondii, or identification of Toxoplasma gondii in tissue, cerebrospinal fluid, blood, or other body fluids.

Coded Elsewhere: Congenital toxoplasmosis (KA64.0)

1F57.0 Hepatitis due to Toxoplasma gondii

A disease of the liver, caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by jaundice. Transmission is by haematogenous spread to the liver after direct ingestion of contaminated food, or indirect transmission by consumption of food or water contaminated with infected cat faeces. Confirmation is by detection of antibodies against Toxoplasma gondii in a blood sample or identification of Toxoplasma gondii in hepatic tissue.

1F57.1 Meningoencephalitis due to Toxoplasma gondii

A disease of the meninges and brain, caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by seizures, neck pain, neurological deficits, or alterations in behaviour, cognition, or consciousness. Transmission is by haematogenous spread to the meninges and brain after direct ingestion of contaminated food, or indirect transmission by consumption of food or water contaminated with infected cat faeces. Confirmation is by detection of antibodies against Toxoplasma gondii in cerebrospinal fluid or identification of Toxoplasma gondii in cerebrospinal fluid, and advanced imaging of the nervous system.

Inclusions: Toxoplasma meningoencephalitis

1F57.2 Pulmonary toxoplasmosis due to Toxoplasma gondii

In immunodeficient patients, toxoplasmosis most often occurs in persons with defects in T cell–mediated immunity such as those receiving corticosteroids, anti–tumour necrosis factor (TNF) therapies, or cytotoxic drugs and those with hematologic malignancies, organ transplants, or acquired immunodeficiency syndrome (AIDS).

Pulmonary toxoplasmosis in the immunodeficient patient may appear in the form of interstitial pneumonitis, necrotizing pneumonitis, consolidation, pleural effusion, or empyema, or all of these.[1]

AIDS patients with Toxoplasma pneumonia present with cough, dyspnoea, and fever. As toxoplasmosis is generally seen only in advanced HIV infection with CD4 counts below 100, the majority of AIDS patients who develop toxoplasma pneumonia already have had previous HIV-associated opportunistic infections. In solid organ transplant patients, this is most commonly due to transplantation of a toxoplasma-seropositive lung or heart into a seronegative recipient, resulting in primary pulmonary disease. In bone marrow transplant patients, pulmonary toxoplasmosis occurs in 0.28% to 0.45% of patients. Unlike solid organ transplant patients, most of these patients have reactivation, not primary disease.[2]

Source:

[1]Montoya JG, et al. Toxoplasma gondii. In: edited by Mandell GL, Bennett JE, Dolin R, Mandell, Douglas, and Bennett’s principles and practice of infectious diseases7th ed. Philadelphia: Churchill Livingstone, 2010.3495-3526

[2]McCarthy J, et al. PARASITIC LUNG INFECTIONS. In: Robert J. Mason BJ et al. editors. Murray & Nadel's textbook of respiratory medicine. 5th ed. Philadelphia: Saunders Elsevier: 2010. p.661-698

Inclusions: Pulmonary toxoplasmosis

1F57.3 Eye disease due to Toxoplasma gondii

Chorioretinitis or ocular toxoplasmosis is a relatively common manifestation of T. gondii infection. Ocular toxoplasmosis occurs when cysts deposited in or near the retina become active, producing tachyzoites. Focal necrotizing retinitis is the characteristic lesion, but retinal scars from prior reactivation are typically present.

Inclusions: Toxoplasma oculopathy

1F57.Y Other specified toxoplasmosis

1F57.Z Toxoplasmosis, unspecified

1F58 Microsporidiosis

1F5Z Unspecified protozoal disease

Helminthiases (BlockL2‑1F6)

Coded Elsewhere: Parasitic duodenitis (DA51.6Y)

Diseases due to nematodes (BlockL3‑1F6)

1F60 Angiostrongyliasis

A disease caused by an infection with the parasitic worm Angiostrongylus. This disease commonly presents with fever, headache, stiffness of the neck and back, tingling or painful feelings in the skin, nausea and vomiting, or may be asymptomatic. Transmission is by ingestion of larvae in contaminated food.

1F60.0 Eosinophilic meningitis due to Angiostrongylus cantonensis

A disease of the meninges caused by an infection with Angiostrongylus cantonensis. This disease is characterised by fever, headache, stiffness of the neck, nausea, vomiting, muscular weakness, or paraesthesia. This disease may also present with abscesses, cerebral oedema, haemorrhage, diplopia, ataxia, or blindness. Transmission is by ingestion of infected undercooked snails, slugs, or transport hosts (such as frogs, fresh water shrimp, or land crabs). Confirmation is by identification of Angiostrongylus cantonensis from a cerebrospinal fluid sample, blood sample, or from a food history.

1F60.1 Intestinal angiostrongyliasis

A disease of the intestines caused by an infection with the parasitic worm Angiostrongylus costaricensis. This disease is characterised by abdominal pain, fever, nausea, or vomiting. This disease may also present with intestinal obstruction or perforation. Transmission is by ingestion of infected undercooked slugs, or food contaminated by infected slugs or their slime. Confirmation is by identification of Angiostrongylus costaricensis from a cerebrospinal fluid sample, blood sample or from a food history.

1F60.Y Other specified angiostrongyliasis

1F60.Z Angiostrongyliasis, unspecified

1F61 Anisakiasis

A disease caused by an infection with the parasitic worm Anisakis. This disease presents with severe abdominal pain, nausea, vomiting, or a hypersensitivity reaction. Transmission is by ingestion of undercooked contaminated fish or squid. Confirmation is by a history of consumption of undercooked fish or squid, or identification of Anisakis in the intestines or in a vomit sample.

Inclusions: Infection due to Anisakis larvae

1F62 Ascariasis

A disease caused by an infection with the parasitic worm Ascaris lumbricoides. This disease presents with symptoms depending on the extent of the infection, ranging from asymptomatic to intestinal blockage. Transmission is by the faecal-oral route from the ingestion of Ascaris eggs in contaminated food or water. Confirmation is by identification of Ascaris eggs in a faecal sample.

1F63 Capillariasis

Coded Elsewhere: Capillariasis due to Capillaria hepatica (DB90.0)

1F63.0 Capillariasis of the intestine

A condition caused by an infection with the parasitic worm Capillaria philippinensis. This condition is characterised by abdominal pain, diarrhoea, nausea, vomiting, or weight loss. Transmission is by ingestion of infected undercooked fish, or autoinfection. Confirmation is by identification of Capillaria phillippinensis in a tissue biopsy of the small intestines or faecal sample.

Exclusions: Capillariasis due to Capillaria hepatica (DB90.0)

1F63.Y Other specified capillariasis

1F63.Z Capillariasis, unspecified

1F64 Dracunculiasis

A disease resulting from drinking water contaminated with water fleas infected with larvae of the nematode Dracunculus medinensis. It may take up to a year from ingestion of larvae for a mature gravid female worm to migrate to the skin and discharge immature larvae on contact with water. Dracunculiasis typically manifests as an intensely pruritic papule on a lower extremity from which part of the worm may emerge. Secondary pyogenic infection is common. This may be preceded by generalised symptoms such as fever, pruritus, urticaria and oedema.

Inclusions: Guinea worm infestation

1F65 Enterobiasis

A disease of the intestine, caused by an infection with the parasitic worm Enterobius. This disease is characterised by inflammation of the anus, pruritus, rectal pain, or may be asymptomatic. Transmission is by the faecal-oral route or airborne transmission of the eggs from the parasitic worm. Confirmation is by identification of Enterobius eggs around the perianal region.

Inclusions: Pinworm infection

Threadworm infection

Oxyuriasis

1F66 Filariasis

infections with nematodes of the superfamily Filarioidea; presence of living worms in the body is mainly asymptomatic but the death of adult worms leads to granulomatous inflammation and permanent fibrosis; organisms of the genus Elaeophora infect wild elk and domestic sheep causing ischaemic necrosis of the brain, blindness, and dermatosis of the face.

Exclusions: Onchocerciasis (1F6A)

1F66.0 Loiasis

A disease caused by an infection with the parasitic worm Loa loa. This disease is characterised by Calabar swellings found anywhere on the body (commonly found near joints). This disease may also present with generalised itching, muscle pain, joint pain, fatigue or may be asymptomatic. Transmission is through the bite of an infected fly (genus Chrysops). Confirmation is by identification of adult Loa loa in the skin or eye, Loa loa microfilariae in a blood sample obtained in the day (1000 - 1400), or detection of antibodies against Loa loa in a blood sample.

Inclusions: Eye worm disease of Africa

Loa loa infestation

Calabar swelling

1F66.1 Mansonelliasis

A disease caused by an infection with the parasitic worm Mansonella. This disease is characterised by pruritus, dermal pigmentary changes, fever, or lymphadenopathy, or may be asymptomatic. Transmission is through the bite of an infected midge (genus Culicoides) or blackfly (genus Simulium). Confirmation is by identification of Mansonella microfilariae in a skin or blood sample.

1F66.2 Filariasis due to Brugia species

Coded Elsewhere: Filariasis due to Brugia timori (1F66.32)

Filariasis due to Brugia malayi (1F66.31)

1F66.3 Lymphatic filariasis

Infestation by filarial nematodes of the genera Wuchereria and Brugii. It is acquired via transcutaneous injection of larvae by mosquitoes previously infested with microfilariae from the blood of a human host. The adult worms live in the lymphatics but release microfilariae into the bloodstream to complete the life cycle of the parasite. Clinical disease occurs in only a minority of those infected. In the acute stage this may present as an acute painful adenolymphangitis with fever. Chronic infestation causes progressive obstruction of lymphatic vessels and can result in disfiguring lymphoedema (elephantiasis), particularly of the genitalia and lower extremities.

Exclusions: Lymphoedema due to lymphatic filariasis (BD93.13)

1F66.30 Filariasis due to Wuchereria bancrofti

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae".

Inclusions: Bancroftian filariasis

1F66.31 Filariasis due to Brugia malayi

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae". This diagnosis is due to a nematode (roundworm), one of the three causative agents of lymphatic filariasis in humans.

1F66.32 Filariasis due to Brugia timori

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae". This diagnosis is due to a human filarial parasitic nematode (roundworm) which causes the disease "Timor filariasis."

1F66.3Z Lymphatic filariasis, unspecified

1F66.4 Subcutaneous dirofilariasis

Subcutaneous dirofilariasis normally results from the transmission of microfilariae of Dirofilaria repens from the latter’s natural animal host to man via a mosquito bite. The adult worm cannot develop fully in man but typically manifests as a subcutaneous nodule, commonly located on or around the eyelids.

1F66.Y Other specified filariasis

1F66.Z Filariasis, unspecified

1F67 Gnathostomiasis

A disease caused by an infection with the parasitic worm Gnathostoma. This disease is characterised by painful, itchy swelling under the skin from movement of the parasite under the skin. This disease may also initially present with fever, lethargy, abdominal pain, vomiting, or diarrhoea, and may infect other parts of the body (lungs, bladder, eyes, ears, nervous system). Transmission is commonly by ingestion of undercooked contaminated freshwater fish, eels, frogs, birds, or reptiles, or ingestion of contaminated water. Confirmation is commonly by detection of antibodies against Gnathostoma, identification of migratory skin lesions, eosinophilia, and history of potential exposure.

Inclusions: Wandering swelling

1F68 Hookworm diseases

A disease caused by an infection with the parasitic worm Ancylostoma. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, bloody diarrhoea, fatigue, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae), ingestion of larvae, or vertical transmission. Confirmation is by identification of Ancylostoma in a faecal sample.

Inclusions: Hook-worm infestation by Ancylostoma

Coded Elsewhere: Eosinophilic enteritis due to Ancylostoma (1F9Z)

1F68.0 Ancylostomiasis

A disease caused by an infection with the parasitic hookworm Ancylostoma duodenale. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, bloody diarrhoea, fatigue, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae), ingestion of larvae, or vertical transmission. Confirmation is by identification of Ancylostoma duodenale in a faecal sample.

1F68.1 Necatoriasis

A disease caused by an infection with the parasitic worm Necator americanus. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, arthralgia, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae). Confirmation is by identification of Necator americanus in a faecal sample.

Inclusions: Infection due to Necator americanus

1F68.2 Cutaneous larva migrans

A disease caused by an infection with the parasitic worm larvae, commonly Ancylostoma braziliense, A. caninum, or Uncinaria stenocephala. This disease is characterised by intense pruritus and erythematous, serpiginous lesions due to migration of parasitic larvae in the upper dermis where the larvae penetrate the skin. Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae).

1F69 Oesophagostomiasis

This refers to an inflammation of small intestine caused by infection due to a nematode called Oesophagostomum bifurcum.

1F6A Onchocerciasis

Any condition caused by an infection with the parasitic worm Onchocerca volvulus. These conditions are characterised by the presence of firm subcutaneous nodules filled with adult worms, pruritus, long-term corneal inflammation (keratitis), or thickening of the corneal stroma. If untreated, these infections will lead to blindness. Transmission is through the bite of an infected Simulium fly.

1F6A.0 Onchocerciasis of the eye

A disease of the eye, caused by an infection with the parasitic worm Onchocerca volvulus. This disease is characterised by transient punctate keratitis, or potentially blinding conditions (such as sclerosing keratitis, iridocyclitis, or optic atrophy). Transmission is through the bite of an infected Simulium fly. Confirmation is by identification of Onchocerca volvulus from the anterior chamber of the eye.

Inclusions: Ocular onchocerciasis

1F6A.1 Onchocerciasis of the skin

A disease of the skin, caused by an infection with the parasitic worm Onchocerca volvulus. This disease is characterised by subcutaneous nodules on the skin (commonly affecting the iliac crests, ribs, knees, or trochanters). Transmission is through the bite of an infected Simulium fly. Confirmation is by identification of Onchocerca volvulus in a skin sample.

Inclusions: Cutaneous onchocerciasis

1F6A.Y Other specified onchocerciasis

1F6B Strongyloidiasis

A disease caused by the parasitic worm Strongyloides. This disease presents with symptoms depending on the site of infection (gastrointestinal tract, pulmonary system, dermis, or systemic), or may be asymptomatic. Transmission is by direct contact through penetration of the skin (generally the feet) with larvae from faecally contaminated soil, or autoinfection of an established infection. Confirmation is by identification of Strongyloides larvae in faecal samples, duodenal fluid samples, sputum, pleural fluid, or tissue samples.

Exclusions: Trichostrongyliasis (1F6F)

1F6C Syngamosis

A disease caused by an infection with the parasitic worm Mammomonogamus. This disease is characterised by chronic nonproductive cough, crawling sensation in the throat, wheezing, or difficulties breathing. Transmission may be by ingestion of adult worms or eggs in contaminated food or water. Confirmation is by identification of adult Mammomonogamus by direct visualization, or identification of Mammomonogamus eggs in sputum or faecal samples.

1F6D Toxocariasis

A condition caused by an infection with the parasitic worm Toxocara. In ocular infections, this condition is characterised by vision loss or inflammation of the eye; in visceral infections, this condition is characterised by fever, coughing, enlarged liver, or pneumonia. This condition may also be asymptomatic. Transmission is by the faecal-oral route through the ingestion of food, water, or soil that contains Toxocara eggs (contaminated by faeces from an infected dog or cat). Confirmation is by detection of antibodies against Toxocara in a blood sample.

Inclusions: Toxocara infestation

1F6E Trichinosis

A disease caused by an infection with the parasitic worm Trichinella. This disease is characterised by fever, nausea, diarrhoea, vomiting, fatigue, or abdominal discomfort. This disease may also present with headache, chills, cough, swelling of the face and eyes, or aching joints and muscle pains. Transmission is by ingestion of contaminated meat. Confirmation is by detection of antibodies against Trichinella in a blood sample.

1F6F Trichostrongyliasis

A disease caused by an infection with the parasitic worm Trichostrongylus. This disease is characterised by abdominal pain, diarrhoea, weight loss, or may be asymptomatic. Transmission is by ingestion of contaminated food or water. Confirmation is by identification of Trichostrongylus eggs in a faecal sample.

1F6G Trichuriasis

A disease of the small intestine, caused by an infection with the parasitic worm Trichuris trichiura. This disease is commonly asymptomatic. This disease may also present with painful diarrhoea (containing a mixture of mucus, water, or blood). Transmission is by the faecal-oral route. Confirmation is by identification of Trichuris trichiura eggs in a faecal sample.

Inclusions: Trichocephaliasis

1F6H Uncinariosis

A disease caused by an infection with the parasitic worm Uncinaria stenocephala. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, arthralgia, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae). Confirmation is by identification of Uncinaria stenocephala in a faecal sample.

1F6Y Other specified diseases due to nematodes

1F6Z Diseases due to nematodes, unspecified

Diseases due to cestodes (BlockL3‑1F7)

1F70 Cysticercosis

A disease caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease presents with symptoms depending on the site of infection (central nervous system, eye, or muscle). Transmission is through haematogenous spread of larvae to affected tissue after ingestion of Taenia solium eggs (or proglottids) in contaminated food or water. Confirmation is commonly by detection of antibodies against Taenia solium in a blood sample, cerebrospinal fluid, or faeces, and by advanced imaging of affected tissue.

Inclusions: cysticerciasis infection due to larval form of Taenia solium

1F70.0 Cysticercosis of central nervous system

A disease of the central nervous system, caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease presents with symptoms depending on the site of infection, the number and size of cysts, and the individual's immune status. This disease may present with epilepsy, chronic headache, hydrocephalus, neurological deficits, or may be asymptomatic. Transmission is by haematogenous spread of larvae to the central nervous system after ingestion of Taenia solium eggs in contaminated food or water. Confirmation is by detection of antibodies against Taenia solium in a blood sample, or cerebrospinal fluid and advanced imaging of the brain.

Coded Elsewhere: Encephalitis due to cysticercosis (1D00.2)

1F70.00 Meningitis due to Cysticercosis

A disease of the meninges, caused by an infection with larval cysts from the parasitic worm Taenia solium. This disease is characterised by headache, fever, seizures, or neurological deficits. Transmission is through hematogenous spread of larvae to the meninges after ingestion of Taenia solium eggs (or proglottids) in contaminated food or water. Confirmation is by advanced imaging and detection of antibodies against Taenia solium from serum or cerebrospinal fluid.

1F70.1 Cysticercosis of eye

A disease of the eye, caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease is characterised by cysts floating in the vitreous humour of the eye leading to impaired vision. Transmission is by haematogenous spread of larvae to the eye after ingestion of Taenia solium eggs in contaminated food or water. Confirmation is commonly by history of travel in parasite endemic regions and advanced imaging of the eye.

1F70.Y Other specified cysticercosis

1F70.Z Cysticercosis, unspecified

1F71 Diphyllobothriasis

A disease caused by an infection with the parasitic worm Diphyllobothrium. This disease is characterised by abdominal discomfort, diarrhoea, vomiting, or weight loss. This disease may be asymptomatic. Transmission is by ingestion of infected undercooked fish. Confirmation is by identification of Diphyllobothriasis eggs in a faecal sample.

Exclusions: larval diphyllobothriasis (1F75)

1F72 Dipylidiasis

A condition caused by an infection with the parasitic worm Dipylidium caninum. This condition commonly present with abdominal pain, diarrhoea, anal pruritus, or may be asymptomatic. Transmission is by ingestion of an infected flea. Confirmation is by identification of Dipylidium caninum eggs in a faecal sample.

1F73 Echinococcosis

Inclusions: Hydatidosis

1F73.0 Echinococcus infection of liver

1F73.1 Echinococcus infection of lung

1F73.2 Echinococcus infection of bone

1F73.3 Echinococcus infection of central nervous system

Coded Elsewhere: Encephalitis due to echinococcosis (1D00.2)

1F73.Y Other specified echinococcosis

1F73.Z Echinococcosis, unspecified

1F74 Hymenolepiasis

A disease caused by an infection with the parasitic worm Hymenolepis. This disease is commonly asymptomatic. This disease may present with nausea, weakness, abdominal pain, diarrhoea, or vomiting. Transmission is by the ingestion of eggs commonly in contaminated food or water, or ingestion of infected arthropods. Confirmation is by identification of Hymenolepis eggs in a faecal sample.

1F75 Sparganosis

A disease caused by an infection with the parasitic worm Spirometra. This disease presents with symptoms depending on the site of the infection. Transmission is by ingestion of contaminated water or ingestion of infected undercooked second intermediate hosts (such as fish, reptiles or amphibians). Confirmation is by identification of Spirometra eggs in a faecal sample.

Inclusions: Larval diphyllobothriasis

Spirometrosis

1F76 Taeniasis

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked beef or pork. Confirmation is by identification of Taenia eggs or proglottids in faecal samples (samples from multiple days).

Exclusions: Cysticercosis (1F70)

1F76.0 Taeniasis due to Taenia solium

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia solium. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked pork. Confirmation is by identification of Taenia solium eggs or proglottidis in faecal samples (samples from multiple days).

Inclusions: Taenia solium taeniasis

1F76.1 Taeniasis due to Taenia saginata

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia saginata. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked beef. Confirmation is by identification of Taenia saginata eggs or proglottids in faecal samples (samples from multiple days).

Inclusions: Infection due to adult tapeworm Taenia saginata

Taenia saginata taeniasis

1F76.Y Other specified taeniasis

1F76.Z Taeniasis, unspecified

1F7Y Other specified diseases due to cestodes

1F7Z Diseases due to cestodes, unspecified

Diseases due to trematodes (BlockL3‑1F8)

1F80 Clonorchiasis

A condition caused by an infection with the parasitic worm Clonorchis sinensis. This condition commonly presents with inflammation and obstruction of the biliary ducts. This condition may also present with abdominal pain, nausea, or diarrhoea. Transmission is commonly by ingestion of undercooked fish infected with parasitic cysts. Confirmation is by identification of Clonorchis sinensis eggs in a faecal sample.

Inclusions: Chinese liver fluke disease

Oriental liver fluke disease

Infection due to Clonorchis sinensis

1F81 Dicrocoeliasis

A disease caused by an infection with the parasitic worm Dicrocoelium dendriticum. This disease is commonly asymptomatic. This disease may present with cholecystitis, liver abscesses, or upper abdominal pain. Transmission is by ingestion of infected ants. Confirmation is by identification of Dicrocoelium dendriticum eggs in a faecal sample or duodenal fluid.

Inclusions: Lancet fluke infection

1F82 Fascioliasis

A disease of the hepatic system, caused by an infection with the parasitic worm Fasciola. In the acute phase, this disease is characterised by upper abdominal pain, fever, urticaria, shortness of breath, nausea, or vomiting due to migration of the parasite from the intestines to the liver. In the chronic phase, this disease is characterised by cholestasis, cholangitis, pancreatitis, or gallstones. This disease may be asymptomatic. Transmission is by ingestion of undercooked contaminated aquatic plants or contaminated water. Confirmation is commonly by identification of Fasciola eggs in a faecal sample (after the individual has followed a liver-free diet prior to testing), or detection of antibodies against Fasciola.

Inclusions: Sheep liver fluke disease

1F83 Fasciolopsiasis

A disease caused by an infection with the parasitic worm Fasciolopsis buski. This disease is characterised by abdominal pain or diarrhoea, or may be asymptomatic. This disease may also present with oedema of the face, abdomen, or legs, vomiting, anorexia, or intestinal obstruction. Transmission is by ingestion of undercooked contaminated aquatic plants. Confirmation is by identification of Fasciolopsis buski eggs in a faecal sample.

1F84 Opisthorchiasis

A disease caused by an infection with the parasitic worm Opisthorchis. This disease is commonly asymptomatic. In mild cases, this disease may present with dyspepsia, abdominal pain, diarrhoea, or constipation; in severe cases, this disease may present with hepatomegaly and malnutrition; in rare cases, this disease may present with cholangitis, cholecystitis, and cholangiocarcinoma. Transmission is by ingestion of infected undercooked freshwater fish. Confirmation is by identification Opisthorchis in a faecal sample.

1F85 Paragonimiasis

A disease caused by an infection with the parasitic worm Paragonimus. This disease is characterised by cough or haemoptysis, or may be asymptomatic. This disease may present with other symptoms depending on the site where the parasite migrates to. Transmission is commonly by ingestion of undercooked contaminated crustaceans (crab or crayfish). Confirmation is commonly by identification of Paragonimus eggs in a sputum or faecal sample.

Inclusions: lung fluke disease

infection due to paragonimus species

Infestation due to Paragonimus species

1F86 Schistosomiasis

An infestation caused by helminths of the genus Schistosoma. The clinical features vary according to the species involved but the principal organs affected are the gastrointestinal tract and bladder.

Inclusions: snail fever

1F86.0 Schistosomiasis due to Schistosoma haematobium

A disease caused by an infection with the parasitic worm Schistosoma haematobium. This disease is characterised by haematuria, scarring, calcification, or squamous cell carcinoma. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma haematobium eggs or snails that carry Schistosoma haematobium.

1F86.1 Schistosomiasis due to Schistosoma mansoni

A disease caused by an infection with the parasitic worm Schistosoma mansoni. This disease commonly presents with Katayama fever, hepatic perisinusoidal egg granulomas, Symmers’ pipe stem periportal fibrosis, or portal hypertension. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma mansoni eggs or snails that carry Schistosoma mansoni. Confirmation is by identification of the Schistosoma mansoni eggs in a faecal sample.

1F86.2 Schistosomiasis due to Schistosoma japonicum

A disease caused by an infection with the parasitic worm Schistosoma japonicum. This disease is characterised by Katayama fever, hepatic perisinusoidal egg granulomas, Symmers’ pipe stem periportal fibrosis, or portal hypertension. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma japonicum eggs or snails that carry Schistosoma japonicum. Confirmation is by identification of the Schistosoma japonicum eggs in a faecal sample.

Inclusions: Asiatic schistosomiasis

1F86.3 Other schistosomiases

1F86.4 Cercarial dermatitis

A disease caused by an infection with the parasitic worm Schistosoma. This disease is characterised by tingling, burning, itching of the skin, small reddish pimples, or small blisters. Transmission is by direct contact with contaminated water. Confirmation is by identification of Schistosoma eggs in a faecal, urine, or blood sample.

1F86.5 Schistosomal pneumonitis

1F86.Z Schistosomiasis due to unspecified or unknown Schistosoma species

1F8Y Other specified diseases due to trematodes

1F8Z Diseases due to trematodes, unspecified

1F90 Other and unspecified infestation by parasitic worms

1F90.0 Mixed intestinal helminthiases

1F90.1 Intestinal parasitic infestation not otherwise specified

This concept should be used for parasitic infestation of the intestine only when no more precise details are available.

1F90.2 Intestinal helminthiasis, unspecified

1F90.Y Other specified other and unspecified infestation by parasitic worms

1F90.Z Other and unspecified infestation by parasitic worms, unspecified

1F91 Diphyllobothriasis and sparganosis

Diphyllobothriasis is defined as infection with the cestode Diphyllobothrium latum or other Diphyllobothrium species, which occurs accidentally in humans who ingest water containing infected cyclops, eating raw or inadequately cooked flesh. Manifestations may include abdominal discomfort, diarrhoea, vomiting and megaloblastic anaemia. Massive infections may result in intestinal obstruction.

1F9Z Helminthiases, unspecified

Infestations by ectoparasites (BlockL2‑1G0)

Diseases caused by parasitic organisms which normally live on the surface of the host.

Coded Elsewhere: Epidemic louse-borne typhus fever due to Rickettsia prowazekii (1C30.0)

Recrudescent typhus (1C30.1)

1G00 Pediculosis

A condition of the skin, hair, or genital region caused by an infection with the parasite Pediculus. This disease is characterised by pruritus. This condition also presents with symptoms depending on the site of infection. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus.

1G00.0 Pediculosis capitis

A condition of the scalp and hair shaft, caused by an infection with the parasite Pediculus humanus capitis. This condition is characterised by pruritus which may lead to sores or thickened discoloured skin. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus humanus capitis eggs or Pediculus humanus capitis.

1G00.1 Pediculosis corporis

A condition of the skin, caused by an infection with the parasite Pediculus humanus corporis. This condition is characterised by pruritus which may lead to sores or thickened discoloured skin. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus humanus corporis eggs or Pediculus humanus corporis.

1G00.Z Pediculosis of unspecified site or type

1G01 Myiasis

A disease of the tissues, caused by an infection with fly larvae from the order Diptera. This disease is characterised by a lump developing in the tissue. Transmission is by ingestion of contaminated larvae, direct contact with an infected mosquito, tick, fly, or indirect contact with infected fly eggs. Confirmation is by identification of Diptera from a tissue sample.

Inclusions: infestation by larvae of flies

1G01.0 Ocular myiasis

A disease of the eye, caused by an infection with fly larvae from the order Diptera. This disease is characterised by a lump developing in the tissue. Transmission is by ingestion of contaminated larvae, direct contact with an infected mosquito, tick, fly, or indirect contact with infected fly eggs. Confirmation is by identification of Diptera.

1G01.1 Nasopharyngeal myiasis

1G01.2 Laryngeal myiasis

1G01.3 Cutaneous myiasis

The infestation of the skin or subcutaneous tissues by the larvae of certain flies (Phormia regina, Cordylobia anthropophaga, Cochliomyia hominivorax, C. macellaria, Wohlfahrtia vigil, W. meigeni, W. opaca, Dermatobia hominis, Sarcophaga krameri). characterised by a painful boil-like lesion containing one or more larvae with severe pruritus and local destruction of tissue.

1G01.Y Other specified myiasis

1G01.Z Myiasis, unspecified

1G02 External hirudiniasis

Infestation of the skin by leeches. Sensitisation to antigenic substances deposited in the skin can result in urticarial weals and bullae.

Exclusions: Internal hirudiniasis (BlockL2‑1F6)

1G03 Pthiriasis

Infestation most commonly of pubic hair and less commonly of body hair or eyelashes by the crab louse, Pthirus pubis. Transmission is by direct, typically sexual contact with an infected individual. Confirmation is by identification of Pthirus pubis or its eggs.

Inclusions: Infestation by crab lice

1G04 Scabies

A highly contagious infestation of the skin by the mite Sarcoptes scabiei var. hominis. It may result in epidemics when introduced into institutions such as schools and nursing homes. The mites burrow into the skin, favouring the extremities, genitalia and, in infants, the axillae. The characteristic widespread intensely pruritic papulovesicular rash results largely from the host response rather than directly to burrowing by mites. Where such a response is absent as in immunosuppressed or debilitated patients, unchecked proliferation of mites results in crusted scabies. Sarcoptic mites from other mammals such as dogs may cause a transient pruritic eruption.

1G04.0 Classical scabies

1G04.1 Crusted scabies

Crusted scabies results from unchecked proliferation of the human scabies mite in individuals who are unable to mount an adequate immune response to infestation. Extensive thick crusts containing vast numbers of mites form over the skin, particularly of the extremities. Because itching is usually absent, the diagnosis is frequently overlooked. Patients with crusted scabies may serve as the source for widespread outbreaks of scabies in institutions such as hospitals and care homes.

1G04.Y Other and unspecified scabies

1G05 Tungiasis

A disease of the skin, caused by an infection with the parasite Tunga penetrans. This disease is characterised by lesions (white patch with a black dot in the middle), skin inflammation, or pruritus surrounding the lesion. This disease may also be asymptomatic. Transmission is through the bite of an infected flea, or by direct contact with an infected animal. Confirmation is by identification of Tunga penetrans or travel history.

1G06 Cimicosis

Infestation by bedbugs, which are blood-sucking temporary ectoparasites. The most common species to attack humans is Cimex lectularius. In individuals who are not sensitized by previous exposure, there may be no symptoms or signs other than purpuric macules at the sites of bites. Weals, papules or bullae may occur in sensitized individuals.

1G07 Infestation by mites

Coded Elsewhere: Scabies (1G04)

Cutaneous reactions to zoonotic mites (NE61)

1G07.0 Infestation by Demodex

Infestation with Demodex mites. Demodex folliculorum is a saprophytic mite of the human pilosebaceous unit with a predilection for facial skin and eyelashes. Demodex brevis is found in the sebaceous glands of the eyelash follicle and in the lobules of eyelid meibomian glands. Although infestation is very common and normally symptomless, the mites have been linked to papulopustular rosacea and chronic blepharitis.

1G07.Y Infestation of the skin by other specified parasitic mites

1G0Y Infestation by other specified ectoparasite

1G0Z Infestation by unknown or unspecified ectoparasite

1G2Y Other specified parasitic diseases

1G2Z Unspecified parasitic diseases

Sepsis (BlockL1‑1G4)

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded first. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Plague (1B93)

Acute or fulminant melioidosis (1C42)

Tularaemia (1B94)

Other infection during labour (JB0D)

Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified (NE80)

Genital tract or pelvic infection following abortion, ectopic or molar pregnancy (JA05.0)

Disseminated gonococcal infection (1A73)

Extraintestinal yersiniosis (1B9A)

Injury or harm arising from a procedure, not elsewhere classified (NE81)

Meningococcal disease (1C1C)

Systemic inflammatory response syndrome of noninfectious origin (MG46)

Coded Elsewhere: Puerperal sepsis (JB40.0)

Sepsis of fetus or newborn (KA60)

1G40 Sepsis without septic shock

Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection.

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded first. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Septicaemia (MA15)

Coded Elsewhere: Obstetric pyaemic or septic embolism (JB42.3)

1G41 Sepsis with septic shock

Septic shock is a subset of sepsis in which circulatory, cellular and metabolic abnormalities are profound enough to substantially increase mortality.

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded first. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Bacteraemia (MA15.0)

1G60 Certain other disorders of infectious origin

Miscellaneous disorders of infectious origin not classifiable elsewhere including those due to algae and oomycetes

1G60.0 Mycetoma of unknown or unspecified type

Mycetoma is a destructive localised chronic infection of skin, subcutaneous tissue and bone, most commonly affecting the foot. It can be caused by either fungi (eumycetoma) or filamentous bacteria (actinomycetoma). Where possible it should be classified more precisely as either actinomycetoma, the commonest type, or eumycetoma

Exclusions: Actinomycetoma (1C43)

Eumycetoma (1F29)

1G60.1 Pythiosis

Pythiosis is a life-threatening infection by the oömycete Pythium insidiosum. Although infection in animals occurs widely across the world, human pythiosis is largely confined to Thailand and, with the exception of ocular disease, is closely associated with underlying haematological disease, especially thalassaemia. There is a high mortality in patients with disseminated or vascular disease. In the latter form, invasion of arterial wall results in vascular occlusion and a frequent need for amputation. Patients with ocular pythiosis commonly require enucleation. A small proportion of infections are limited to the skin and subcutaneous tissues.

1G60.2 Protothecosis

Protothecosis is a rare opportunistic infection in humans caused by achloric algae of the genus Prototheca. The infection is usually localised and may be associated with antecedent local trauma. It is generally located on exposed sites and remains confined to skin and subcutaneous tissues. In immunocompromised patients, however, widespread cutaneous, subcutaneous or deep infection may occur.

1G60.Y Other specified disorders of infectious origin not elsewhere classified

Sequelae of infectious diseases (BlockL1‑1G8)

A sequela is a chronic condition resulting from an acute condition and begins during that acute condition. The acute condition is no longer present. The sequela continues after the acute phase of the condition is resolved. For infectious diseases, the original infection is no longer present.

The sequelae categories indicate infections as the cause of sequelae which are themselves classified elsewhere.

Not to be used for chronic infections. Code the chronic infection to chronic or active infectious disease as appropriate.

Use an additional code, if desired, to identify the specific sequelae.

Coded Elsewhere: Sequelae of inflammatory diseases of central nervous system (1D0Y)

1G80 Sequelae of tuberculosis

Sequela of tuberculosis is a chronic condition resulting from an acute tuberculosis. Mycobacterium tuberculosis is no longer present. The sequela continues after the acute phase is resolved.

1G81 Sequelae of trachoma

This refers to a pathological condition resulting from an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

1G82 Sequelae of leprosy

This refers to a pathological condition resulting from a chronic disease caused by the bacteria Mycobacterium leprae and Mycobacterium lepromatosis.

1G83 Sequelae of poliomyelitis

Sequelae of poliomyelitis refers to the residuals of acute poliomyelitis as well as other disorders that have an etiological link to either the acute polio infection or to chronic deficits resulting from the acute infection. Disorders that may manifest late in the lives of polio survivors include early advanced degenerative arthritis, sleep disorders, respiratory insufficiency, and a variety of mental disorders.

Exclusions: Post polio progressive muscular atrophy (8B62)

1G84 Sequelae of viral encephalitis

1G85 Sequelae of diphtheria

This refers to conditions that develop as a consequence of a bacterial infection of the respiratory tract with Corynebacterium diphtheriae.

1G8Y Sequelae of other specified infectious diseases

1H0Z Infection, unspecified