<table>
<thead>
<tr>
<th>Submitted by</th>
<th>Proposal</th>
<th>Status of proposal</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusion for (Benign) myalgic encephalomyelitis under Fatigue</strong></td>
<td>Implemented March 26, 2017</td>
<td>ICD-10 &quot;Malaise and fatigue&quot; entity is revised to &quot;Fatigue&quot; for ICD-11.</td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusion for Chronic fatigue syndrome under Fatigue</strong></td>
<td>Implemented March 26, 2017</td>
<td></td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusion for Postviral fatigue syndrome under Fatigue</strong></td>
<td>Remains to be processed</td>
<td></td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusion for Fatigue under Postviral fatigue syndrome; BME; CFS</strong></td>
<td>Implemented February/March 2019</td>
<td></td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Proposal for Deletion of the Entity: Bodily distress disorder</strong></td>
<td>Rejected February 26, 2019</td>
<td>This is an inadequate response from WHO Admins. It fails to address the points raised in my submission.</td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusions for Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome under Bodily distress disorder</strong></td>
<td>Rejected February 2019</td>
<td>No Rationale has been provided by WHO Admins for this decision.</td>
</tr>
<tr>
<td>Suzy Chapman</td>
<td><strong>Add exclusion for Bodily distress disorder under Postviral fatigue syndrome; Benign myalgic encephalomyelitis; Chronic fatigue syndrome</strong></td>
<td>Rejected March 04, 2019</td>
<td>This rationale text merely reiterates the Rationale posted on November 19, 2018, when WHOAdmins rejected the proposal submitted by Dr Tarun Dua in November 2017. [See pink panels, on p3]</td>
</tr>
</tbody>
</table>

**Proposal summary**

The proposed ICD Entity Title "Bodily distress disorder" should be rejected. Since 2007, this term has been used interchangeably for the differently conceptualized diagnostic construct, "Bodily distress syndrome" (Fink et al. 2010), which has very different criteria and captures a different patient population to ICD-11’s BDD. If the S3DWG working group is unprepared to reconsider the nomenclature and recommend an alternative name for its proposed disorder, then the current proposal to replace the ICD-10 somatoform disorders with a single "Bodily distress disorder" diagnostic category should be abandoned.

**Rationale**

http://wp.me/pKrrB-4dc

**Rationale for decision:**

"This proposal has been extensively discussed by WHO and its advisory committees. There is no new scientific evidence to support this proposal and it will not be further processed." Team 2 WHO 2019-Feb-26 - 23:04 UTC

**Team3 WHO 2019-Mar-04 - 22:52 UTC**

Whilst the decision to reject Dr Dua’s proposal was welcomed, this is an inadequate response from WHO Admins. It does not provide a rationale for rejecting the specific proposal for adding an exclusion for Bodily distress disorder under Postviral fatigue syndrome, Benign myalgic encephalomyelitis; Chronic fatigue syndrome.
| Suzy Chapman | Delete chronic fatigue, unspecified from the Synonyms list for Postviral fatigue syndrome  
Rationale: chronic fatigue, unspecified is a term imported from the U.S. ICD-10-CM. The entity is specific to the U.S. clinical modification and does not appear in the WHO’s unmodified ICD-10. In ICD-10-CM, Chronic fatigue, unspecified is coded under Chapter 18: Symptoms, signs etc. under RS3 Malaise and fatigue > R53.82 Chronic fatigue, unspecified with an Excludes1 for postviral fatigue syndrome (G93.3). | Implemented January 29, 2018 | Although the proposal for Deletion of chronic fatigue, unspecified was marked as implemented 12 months ago, this term continues to display under Synonyms in the Foundation Component and under Index Terms in the MMS, despite a number of requests for this to be rectified. I have again requested that this is attended to. |
| Suzy Chapman and Mary Dimmock | [Proposal summary]  
For ICD-11, the ICD-10 G93.3 entities should be retained under their legacy chapter: Diseases of the nervous system under parent: Other disorders of the nervous system.  
Remove Postviral fatigue syndrome as the Concept Title.  
Deprecate the term “Benign.” Create new Concept Title: Myalgic encephalomyelitis. For backward compatibility, add “Myalgic encephalomyelitis (benign)” under Synonyms list for new Concept Title: Myalgic encephalomyelitis.  
Rationale:  
Relocate Postviral fatigue syndrome under Synonyms to new Concept Title: Myalgic encephalomyelitis.  
Create new Concept Title: Chronic fatigue syndrome.  
Assign unique sequential codes to new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome.  
Add reciprocal exclusions for Bodily distress disorder for new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome.  
Add reciprocal Exclusions for Fatigue for new Concept Titles: Myalgic encephalomyelitis; and Chronic fatigue syndrome.  
It does not provide any specific rationales for rejecting the various recommendations within this Chapman and Dimmock proposal. Although a blanket Rejection has been applied, exclusions for Myalgic encephalomyelitis; and Chronic fatigue syndrome under Fatigue had already been approved by WHO and implemented on March 26, 2017.  
An exclusion for Fatigue under Concept Title: Postviral fatigue syndrome had also been recently approved and implemented, though neither of those decisions has been acknowledged in the Rationale that accompanies the Rejection of this proposal. This joint submission with Mary Dimmock had garnered over 320 comments from stakeholders, including the support of over 30 international patient orgs and this is a cavalier response from WHO. I have submitted a request for the WHO’s rationale for rejecting the recommendation that the term “Benign” should be deprecated.  
| Lily Chu, MD on behalf of IACFS/ME  
www.iacfsme.org | [Proposal extract]  
We recommend the following:  
1) The continued classification of these three terms in the neurological chapter, as was done in ICD-10, until such time that research provides the evidence for a more appropriate classification.  
2) The retention of the term “postviral fatigue syndrome” (PVFS) as a concept title along with the elevation of the terms “chronic fatigue syndrome” (CFS) and “myalgic encephalomyelitis” (ME) to concept titles at the same level, with each of the three terms given a unique code.  
3) Modify the ICD-10 term “benign myalgic encephalomyelitis” to “myalgic encephalomyelitis” as the disease is not benign.  
4) Add back the reciprocal exclusions between these terms and the word “fatigue” (as was done in ICD-10) and also between these terms and bodily distress disorder.  
It does not provide any specific rationales for rejecting the various recommendations within this IACFS/ME proposal.
We suggest that ME/CFS be classified in the Signs and Symptoms Block of the ICD-11 as a child of Symptoms, signs or clinical findings of the musculoskeletal system. The classification in this position according to symptom patterns and severity would be consistent with existing evidence: the syndrome consists of a multitude of symptoms, has an ill-defined pathophysiological etiology, and is a diagnosis of exclusion requiring medical evaluation [1].

When there is sufficient evidence and understanding of the pathophysiological mechanisms, diagnostic biomarkers, and specific treatments, the syndrome can be appropriately classified within the proper block.

... ME/CFS is thus not a disease of the nervous system. It should be categorized in the Signs and Symptoms chapter given the lack of clear evidence pointing to the etiology and pathophysiology of this syndrome until evidence to organ placement is clarified in years to come."

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ICD-11 Proposal Mechanism, status of processed proposals at 10.03.19  S Chapman, Dx Revision Watch v1

**Sources:**

**ICD-11 Mortality and Morbidity Statistics (ICD-11 MMS) Orange Maintenance Platform:**

Foundation view: [https://icd.who.int/dev11/l-m/en#](https://icd.who.int/dev11/l-m/en#)


Registration required for access to Proposal Mechanism:

Registration: [https://icd.who.int/dev11/Account/Register](https://icd.who.int/dev11/Account/Register)

Proposals by ICD category: [https://icd.who.int/dev11/proposals/l-m/en#](https://icd.who.int/dev11/proposals/l-m/en#)


**ICD-11 for Mortality and Morbidity Statistics (December 2018) Version for preparing implementation:**

[https://icd.who.int/browse11/l-m/en](https://icd.who.int/browse11/l-m/en)