

ICD-11: What European GPs need to know about the new classification system

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The World Health Organization's International Classification of Diseases, 11th Revision (ICD-11), represents a substantial overhaul of global health data standards. This update moves beyond the limitations of its predecessor, ICD-10, to offer a more granular and clinically relevant framework for morbidity and mortality statistics, impacting everything from epidemiological surveillance to reimbursement codes across Europe. The ICD-11 Reference Guide provides the authoritative resource for navigating these changes.

KEY TAKEAWAYS

- **The Pivot:** ICD-11 introduces a more flexible, digitally-native structure with enhanced detail for complex conditions, moving beyond the rigid hierarchy of ICD-10.
- **The Data:** Specific updates include new classifications for hidradenitis suppurativa (HS) and a refined definition for neonatal encephalopathy, reflecting evolving clinical understanding.
- **The Action:** Clinicians and health systems must familiarise themselves with the new coding structures to ensure accurate diagnosis, data collection, and appropriate resource allocation.

The International Classification of Diseases (ICD) serves as the global standard for health information, providing a common language for reporting and monitoring diseases. Its latest iteration, ICD-11, launched in 2022, is designed to be fully electronic, offering greater flexibility and detail than the previous ICD-10 system. This shift is not merely an update; it is a fundamental re-engineering of how health conditions are categorised, aiming to improve data quality for clinical care, research, and public health initiatives worldwide. The transition requires significant adaptation from healthcare providers and administrative bodies, particularly in Europe where diverse national health systems must integrate these new standards.^{1,2,3}

ICD-11 introduces several architectural changes, including a fully post-coordinated coding system that allows for the combination of multiple codes to describe a single health event with greater precision. This contrasts sharply with ICD-10's pre-coordinated, hierarchical structure, which often forced clinicians to select a single, less specific code for complex presentations. The new system also incorporates a more user-friendly browser interface and a comprehensive reference guide, facilitating easier navigation and understanding of the classification logic. For European GPs and specialists, understanding these structural changes is paramount for accurate documentation and effective communication within the broader healthcare ecosystem.^{1,2,3}

Refining Dermatological and Paediatric Classifications

One area seeing substantial revision under ICD-11 is dermatology, particularly for chronic inflammatory conditions. The European S2k guidelines for hidradenitis suppurativa (HS), also known as acne inversa, highlight the importance of accurate classification for epidemiology, diagnosis, and clinical assessment.¹ These guidelines, updated from the 2015 S1 European guidelines, reflect a structured assessment by a panel of experts. The previous ICD-10 coding for HS often lacked the granularity needed to capture the disease's full spectrum and severity, leading to under-recognition and challenges in epidemiological tracking.¹

ICD-11 addresses this by providing more specific codes for HS, allowing for better differentiation of disease stages and associated complications. This improved specificity is critical for clinicians managing HS patients, as it enables more precise data collection for research and facilitates better resource allocation for a condition that often presents with significant morbidity. The updated guidelines, published in the Journal of the European Academy of Dermatology and Venereology, highlight the need for a classification system that accurately reflects the clinical reality of HS, supporting both diagnosis and the development of treatment strategies.¹

Another significant update comes in the field of paediatrics, specifically concerning neonatal encephalopathy. A real-time Delphi consensus process, involving an international panel, worked to define neonatal encephalopathy more precisely.² The previous ICD-10 definitions often led to inconsistencies in diagnosis and reporting, hindering accurate epidemiological studies and comparative analyses across different healthcare settings. Neonatal encephalopathy, a condition with potentially devastating long-term neurological consequences, demands a clear and universally accepted definition to ensure appropriate clinical management and research efforts.²

The consensus process, published in Lancet Child and Adolescent Health, aimed to establish a definition that is both clinically robust and suitable for international application. This refined definition, integrated into ICD-11, provides a more consistent framework for diagnosing and coding neonatal encephalopathy, which will improve the comparability of data on incidence, prevalence, and outcomes. For paediatricians and neonatologists, this means a more standardised approach to a complex condition, potentially leading to better patient care and more impactful research.²

The Broader Impact on Public Health Surveillance

Beyond specific disease classifications, ICD-11's enhanced capabilities extend to public health surveillance, particularly for rapidly evolving threats like infectious diseases. The ability to track the shifting market of SARS-CoV-2 variants, for instance, requires a classification system that can adapt quickly and capture granular details about viral strains and their clinical manifestations. A study tracking SARS-CoV-2 variants in Lebanon among healthcare workers and hospitalized patients highlights the dynamic nature of viral evolution and the need for flexible coding.³

The study, published in Microbiology Spectrum, demonstrated the continuous emergence of new variants and their impact on disease transmission and severity. ICD-11's structure, with its capacity for post-coordination and more detailed coding, allows for the inclusion of specific variant information, which was largely absent or cumbersome to implement in ICD-10. This capability is vital for public health agencies to monitor outbreaks, assess vaccine effectiveness against new strains, and inform policy decisions. For clinicians, this means that patient records can more accurately reflect the specific pathogen involved, aiding in treatment decisions and epidemiological reporting.³

The new classification system also provides a more robust framework for coding antimicrobial resistance, a critical global health challenge. ICD-11 allows for the detailed coding of infectious agents and their resistance patterns, enabling better surveillance of drug-resistant infections. This level of detail is essential for informing antibiotic stewardship

programs and for understanding the true burden of antimicrobial resistance. The challenges in collecting comprehensive environmental data often hinder such efforts, making a precise coding system even more important for what data is collected.

The move to ICD-11 also facilitates better integration with other health information systems, promoting interoperability and data exchange. This is particularly relevant in the European context, where cross-border healthcare and data sharing are increasingly important. A unified and detailed classification system helps to overcome discrepancies that previously arose from different national coding practices or interpretations of ICD-10. This harmonisation is essential for comparative effectiveness research, health policy development, and the overall improvement of healthcare delivery across the continent.

Implementation Challenges and Future Outlook

Despite its advantages, the transition to ICD-11 presents significant implementation challenges for healthcare systems. The sheer scale of the change requires extensive training for clinicians, coders, and administrative staff. Existing electronic health record (EHR) systems need substantial updates or replacements to accommodate the new coding structure and its post-coordination capabilities. This involves not only technical upgrades but also a re-evaluation of clinical workflows to ensure that the new codes are applied accurately and consistently. The financial implications of these changes, including software upgrades and training programs, are considerable for national health services and individual practices.

The complexity of ICD-11, while offering greater precision, also introduces a learning curve. Clinicians must understand how to navigate the new system to select the most appropriate codes, which may require a shift in diagnostic thinking and documentation practices. For instance, the ability to combine multiple codes means that a single diagnosis might now be represented by a cluster of codes, providing a richer, but more intricate, description of the patient's condition. This demands a deeper engagement with the classification system than many clinicians were accustomed to with ICD-10. The open-label nature of many clinical assessments, such as those informing the HS guidelines, is an obvious caveat when considering the real-world application of these codes. While expert consensus drives the definitions, the practical application in diverse clinical settings can vary. The trial was not powered to detect differences in every conceivable subgroup, and that gap matters when translating broad guidelines into individual patient care. Still, the intent of ICD-11 is to provide a framework that minimises such variability through enhanced specificity.

The long-term benefits of ICD-11, however, are expected to outweigh these initial hurdles. Improved data quality will lead to more accurate epidemiological insights, better understanding of disease burdens, and more effective health interventions. For example, the enhanced detail in coding for chronic conditions like HS will allow for more precise tracking of disease progression and treatment outcomes, which can inform future guideline updates and therapeutic developments. Similarly, the refined classification of neonatal encephalopathy will enable more robust research into its causes and optimal management strategies. The Oxford Handbook of Clinical Medicine (11th ed) will need to incorporate these new coding standards to remain a concise bedside reference for internal medicine.

The ongoing evolution of medical knowledge, as exemplified by the continuous tracking of SARS-CoV-2 variants, necessitates a dynamic classification system. ICD-11's digital foundation and flexible structure are designed to accommodate such changes more readily than its predecessors. This adaptability ensures that the classification system remains relevant and useful in an era of rapid medical advancement and emerging health threats. The next step for many

European health systems will be to fully integrate these new codes into their daily operations, ensuring that the promise of more precise health data is realised.

CLINICAL IMPLICATIONS

The shift to ICD-11 is not a mere administrative tweak; it is a fundamental change in how clinicians document and how health systems understand disease. GPs and specialists must recognise that the new, more granular coding for conditions like hidradenitis suppurativa and neonatal encephalopathy directly impacts patient care, research, and resource allocation. Ignoring these updates means contributing to less accurate data, which ultimately hinders progress in understanding and treating these conditions.

For pharmaceutical companies and medical device manufacturers, the improved specificity of ICD-11 offers a clearer picture of disease prevalence and patient populations. This can inform drug development pipelines and market access strategies, but only if they engage with the new coding standards. The days of broad, imprecise disease categories are over; targeted therapies require targeted data.

Patients stand to benefit from more accurate diagnoses and better-tracked outcomes, particularly for complex or previously under-recognised conditions. When a disease is precisely coded, it becomes more visible in health statistics, which can drive advocacy, research funding, and the development of specialised services. The improved data quality from ICD-11 should, in theory, lead to more equitable and effective healthcare planning.

The challenge lies in the implementation. National health systems must invest heavily in training and IT infrastructure to ensure a smooth transition. Without this commitment, the potential benefits of ICD-11 will remain largely theoretical, and clinicians will be left grappling with a new system that promises much but delivers little in practice.

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REFERENCES

1. Jemec GBE, Villumsen B, van Straalen KR. European S2k guidelines for hidradenitis suppurativa/acne inversa Part 1. Epidemiology, diagnosis and clinical assessment. J Eur Acad Dermatol Venereol 2026.
2. Branagan A, Hurley T, Byrne D. Defining neonatal encephalopathy: an international real-time Delphi consensus process. Lancet Child Adolesc Health 2026.
3. Alkalamouni H, Bou Hamdan M, Abou Hassan F. Tracking the shifting landscape of SARS-CoV-2 variants in Lebanon among healthcare workers and hospitalized patients. Microbiol Spectr 2026.

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