Australian Government
Australian Digital Health Agency

National Clinical Terminology Service - SNOMED CT-AU v20160831
Release Note

31 August 2016
Approved for external information
Document ID: DH-2420:2016

Release summary SNOMED CT-AU 31 August 2016

EP-2417:2016 Clinical Terminology v20160831

SNOMED CT-AU is the Australian extension to SNOMED CT®[1], which incorporates Australian-developed terminology, including the Australian Medicines Terminology (AMT), along with the core international data.

The primary distribution format for SNOMED CT-AU is in RF2 release files, an IHTSDO-defined format. The National Clinical Terminology Service (NCTS) also provides alternative access to the release as HL7™ FHIR® standard[2] value sets, JSON, and simple delimited text files. All alternate distributions are derived from the primary RF2 release.

Release rationale

To incorporate new content, enhance existing content, and make more effective use of the existing terminology.

This release is maintained against the January 2016 SNOMED CT release from the IHTSDO. It also incorporates AMT products that become available on the *Schedule of Pharmaceutical Benefits* – including the *Repatriation Pharmaceutical Benefits Schedule* – on or before 1 September 2016.

Audience

The intended audience is any NCTS-registered user with a practical interest in SNOMED CT-AU or the AMT, including: software developers, content or mapping developers, testers, information system suppliers, analysts, terminology or classification specialists, health IT professionals, and researchers.

Identifying the version of this release of SNOMED CT-AU

When using codes from this release (for example, in clinical documents, maps, or terminology servers) the following string should be used to identify the version of this release:

http://snomed.info/sct/32506021000036107/version/20160831

[1] "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO.
[2] FHIR is a registered trade mark of Health Level Seven International.

Inclusions

SNOMED CT-AU content is currently accessible from multiple locations. However, the content on the Terminology Access page will be migrated to the NCTS website, and the RF2 bundles on the Agency website will be deprecated, both at the end of 2016.

Australian Digital Health Agency website[3]

Status	Identifier	Name
New	DH-2420:2016	*Clinical Terminology - SNOMED CT-AU – Release Note v20160831* (this document)
New	DH-2418:2016	*SNOMED CT-AU – Combined Release File v20160831*
New	DH-2419:2016	*Australian Medicines Terminology – Data Extract v20160831*

National Clinical Terminology Service website[4]

Status	Name and version
New	*SNOMED CT-AU 31 August 2016* (RF2 FULL)
New	*SNOMED CT-AU 31 August 2016* (RF2 SNAPSHOT)
New	*SNOMED CT-AU 31 August 2016* (RF2 DELTA)
New	*SNOMED CT-AU 31 August 2016* (RF2 ALL)
New	*SNOMED CT-AU Release Note 31 August 2016* (this document)
New	*FHIR Value Sets v20160831*

Terminology Access website[5]

Status	Name and version
New	*CSV/TSV/JSON format reference sets v2016-08-31*

Change summary

Content

Terminology	Category	Description
SCT-AU	Requested content	Request submissions for new concepts, descriptions and changes to Preferred Terms within the *Australian dialect reference set* have been processed for this release. In particular, work has been undertaken on requests for the Princess Alexandra Hospital, the Queensland Health SurgiNet project, the Royal Australasian College of Surgeons and the Royal College of Pathologists Australasia.
AMT	Clinical interface descriptions	Both Fully Specified Names (FSNs) and Preferred Terms (PTs) for AMT product concepts referencing the following dose forms

[3] https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology
[4] https://www.healthterminologies.gov.au/ncts/#/access
[5] https://www.digitalhealth.gov.au/implementation-resources/terminology-access

Terminology	Category	Description
		have been amended in this release as part of the Clinical Interface Descriptions project. The amendment to remove the colon and inversion was performed as a minor description edit, therefore there are no changes to any concept or description IDs: • "eye drops: solution" **to** "eye drops solution" (479 concepts) • "tablet: uncoated" **to** "uncoated tablet" (7262 concepts) • "injection: intravenous infusion" **to** "intravenous infusion injection" (702 concepts) • "bandage: medium size" **to** "medium size bandage" (6 concepts) • "bandage: short stretch" **to** "short stretch bandage" (11 concepts) • "bandage: small B/C size" **to** "small B/C size bandage" (6 concepts) • "bandage: small limb size" **to** "small limb size bandage" (6 concepts) • "bandage: small size" **to** "small size bandage" (6 concepts) See **Future changes** below for more details.
AMT	Vaccines	As part of the AMT Vaccine Project (see **Future changes** below), the following vaccine substances have been amended for the August 2016 release: • rabies inactivated vaccine • smallpox live vaccine • Bacillus Calmette and Guerin live attenuated vaccine • Japanese encephalitis virus live vaccine • Japanese encephalitis virus inactivated vaccine • Yellow fever live attenuated vaccine • rotavirus live attenuated oral vaccine • rotavirus pentavalent live reassortant oral vaccine • meningococcal group B adhesin A protein • meningococcal group B factor H binding protein fusion protein • meningococcal group B heparin binding antigen fusion protein • meningococcal group B outer membrane vesicles • cholera toxin B subunit recombinant oral vaccine • cholera (Vibrio cholerae) O1 Inaba El Tor strain inactivated oral vaccine • cholera (Vibrio cholerae) O1 Inaba classic strain inactivated oral vaccine • cholera (Vibrio cholerae) O1 Ogawa classic strain inactivated oral vaccine • human papillomavirus (type 16) vaccine • human papillomavirus (type 18) vaccine • human papillomavirus (type 11) vaccine • human papillomavirus (type 6) vaccine • Q fever inactivated vaccine

Terminology	Category	Description
AMT	Word order variants	A total of 38 substances have been amended in this release. Some key examples include: • "lactate sodium" to "sodium lactate" • "cromoglycate sodium" to "sodium cromoglycate" • "fusidate sodium" to "sodium fusidate" • "nitroprusside sodium" to "sodium nitroprusside" See **Future changes** below for more details.

Future changes

Terminology	Category	Description
AMT	Clinical interface descriptions	A work plan has been developed to amend Fully Specified Names and Preferred Terms for AMT product concepts referencing dose forms containing inversion, for example, "tablet: modified release". Inversion will be removed, resulting in "modified release tablet" for this example. These amendments are being implemented over a period of several months. See the **Content** table above for the details of this month's changes. The following changes are planned over the next releases: • "injection: solution" **to** "injection solution" • "oral liquid: solution" **to** "oral liquid solution" • "tablet: film-coated" **to** "film-coated tablet"
AMT	Word order variants	Current SNOMED CT-AU rules are to follow a more natural language pattern in regards to how substances are represented in the terminology. However, the AMT has an editorial rule stating that "ingredients shall have the order of their name changed where necessary, so that the clinically significant part of the modified base name is represented first". As part of a bigger piece of work to eventually integrate the AMT into SNOMED CT-AU, word order variant edits are currently being performed on AMT content to follow the more natural language patterns used in SNOMED CT-AU. An example is lactate sodium (AU substance), which has been edited to sodium lactate (AU substance). These amendments will be completed over a period of several months, until complete. See the **Content** table above for the details of this month's changes.
AMT	Vaccines	Work is underway on the AMT Vaccine Project, in consultation with the Australian Technical Advisory Group for Immunisations (ATAGI). It has been identified that AMT vaccine substances require amendment to align with both Australian and International naming conventions. A work plan has been developed to align AMT vaccine substances with these conventions and will involve changing the Fully Specified Names and Preferred Terms, as well as removing duplicated substances. A Synonym, or alternate name, will be created for a number of AMT vaccine substances. The purpose is to aid searching in clinical systems, and to align with SNOMED CT-AU. For example:

Terminology	Category	Description
		Fully Specified Name: Haemophilus influenzae serotype b conjugate (polyribosylribitol phosphate to tetanus toxoid) antigen (AU substance) **Preferred Term:** Haemophilus influenzae type b conjugate (PRP-TT) antigen **Acceptable Synonym:** Haemophilus influenzae serotype b conjugate (polybosylribitol phosphate to tetanus toxoid) antigen This work will produce an interim deviation from the *AMT Editorial Rules*[6], whereby some vaccines will not show the term "vaccine" in the Preferred Term, and instead will be represented by the relevant antigen. Work will commence in in the August release, and continue over a number of months until complete. See the **Content** table above for the details of this month's changes.

How to request changes to our terminology products

The NCTS is committed to the refinement and improvement of its terminology products, and contributing to the refinement and improvement of SNOMED CT. In keeping with these commitments, we welcome requests for changes to existing content or new content additions. Complete the online content request form[7] available on our website.

AMT concept counts

The figures quoted here have been extracted from the notable concept reference sets and include both active and inactive concepts. See the *SNOMED CT-AU Development Approach for Reference Sets*[8] for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	2004	15
Medicinal Product Unit of Use (MPUU)	5459	24
Medicinal Product Pack (MPP)	10101	57
Trade Product (TP)	7675	11
Trade Product Unit of Use (TPUU)	13316	43
Trade Product Pack (TPP)	20481	78
Containered Trade Product Pack (CTPP)	21724	79
Total	80760	307

[6] Available at https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary.
[7] https://www.healthterminologies.gov.au/ncts/#/request?content=snomed
[8] Available at https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary.

Known issues

Data issues

Data issues listed in this release note are limited to only those that affect the accuracy of the concept description. Issues are identified and tracked in the following way:

- The ID number is an internal identifier within the Agency issue management system.
- For AMT products, the Therapeutic Goods Administration (TGA) Label Name and registration number (ARTG or Licence ID) are generally used. In cases where the medicinal product is not registered by the TGA, an Agency identifier has been included.

Terminology	ID	Known issues
AMT	AMT-2313	Due to an issue identified in the v2 to v3 transform where the Unit of Use Quantity appears as "24 x 100 mL packs" rather than "24 x 2 bag packs" the Medicinal Product Pack (MPP), Trade Product Pack (TPP), and Containered Trade Product Pack (CTPP) descriptions for the following products will be amended in a future release: • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; • ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag; • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; and • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag.
AMT	LIN-674	In AMT v2 the manufacturer's code for suppliers, such as Baxter, is placed at the end of the Containered Trade Product Pack (CTPP) PT descriptions. This code currently does not get added to the CTPP descriptions in v3 and it is anticipated the code will be added to the AMT v3 descriptions in a future release.

Safety guidance

The Agency applies its clinical safety management system to SNOMED CT-AU and AMT development cycles and reported incidents. This is to minimise the potential for clinical safety hazards to be introduced during the development of terminology.

Implementers are required to undertake their own risk assessment and management in the context of their own implementations. In addition, it is expected that implementers will contact the NCTS Product Support team with any questions or concerns.

The NCTS recommends that all licence holders planning to either develop a map or undertake an implementation contact the NCTS to discuss their intended uses.[9] This notification will allow Product Support Services to be made available.

Please note that if licence holders become aware of any errors or omissions during their development, they are obliged to notify the Agency, as per clause 2.6 of the *Australian National Terminology Licence Agreement*, which states:

[9] The NCTS can be contacted via help@digitalhealth.gov.au.

"*If the Licensee becomes aware of any material error or change or correction needed in the Australian National Terminology, the Licensee agrees to advise the Licensor within 30 days of such error, change or correction by following the Licensor's procedures for change notification that the Licensor prescribes in writing and which the Licensor notifies to the Licensee from time to time.*"[10]

To report an error or provide any other feedback, please email help@digitalhealth.gov.au.

Notes for AMT users

AMT modelling issues

As a result of re-modelling the AMT from v2 to v3, there currently exist some Medicinal Product Unit of Use (MPUU) concepts in the data where the Fully Specified Name (FSN) terms or modelling may seem ambiguous. This can occur when the Basis of Strength Substance (BoSS) is different to the Pharmaceutical Ingredient (PI). For example, the MPUU FSN may include "amoxycillin" (representing the BoSS) while the actual substance present is amoxycillin trihydrate (representing the PI).

The AMT model is being continually developed and refined. This issue will be examined as a part of these ongoing processes.

AMT editorial rule deviations

The following rules are in the process of implementation or have yet to be implemented. The identifiers provided below align with those in the *AMT v3 Model Editorial Rules*.[11]

Preferred Term (PT) descriptions

Currently, some AMT descriptions may differ slightly when compared with those expected from the relevant editorial rules; this is due to the automated process used in authoring the terminology. In most cases, additional information has been added to the descriptions beyond the stated editorial rules. AMT v3 implementers are advised to contact the NCTS via help@digitalhealth.gov.au if they have any concerns about this issue. Details of any existing deviations are documented below.

Item	Description
AMT-APP-STR-10	Where the strength or volume of a product is not a set single value but may vary within a given range, the strength or volume will be expressed as the range, with the lower numerical value, followed by the word "to" and then the upper numerical value and the relevant units.
AMT-APP-STR-11	Where the strength or volume of a product is expressed with a lower limit only (that is, "contains not less than", "contains equal to or greater than", or "more than") the strength or volume will be expressed with the word "minimum" followed by the relevant strength or volume.

[10] https://www.healthterminologies.gov.au/
[11] See footnote 8.

Item	Description
Appendix C.4 Waters of hydration	Waters of hydration shall only be expressed for each ingredient in the FSN where hydration is present and the modification is deemed to be clinically significant (according to Appendix B). Where an ingredient is found to be anhydrous or dried, this shall not be expressed. Note that waters of hydration shall only be expressed in the PT if they are part of the proprietary name. There are some known deviations from this rule in the descriptions and the NCTS is working to rectify them over time.
Appendix C.6 Medicinal Product Preferred Term sequence of ingredients	Ingredients will be sequenced in alphabetical order within the FSN. For multi-ingredient products, the order of the ingredients in the PT will be based on the order used by the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product. Note that some ongoing anomalies exist in the PT order and are being rectified over time.
Appendix K.1 Strength expressions for vaccines	Strength will be represented as part of the FSN but will not be included in PTs for vaccines. Where two products exist with different amounts of antigen intended for different populations, a term describing the population, rather than strength, will be included in the MPUU.

Divergence from the SNOMED CT Editorial Guide

According to the *SNOMED CT Editorial Guide*[12], minor changes to the Fully Specified Name (FSN) that do not alter the meaning of the concept are allowed. Any concept with a minor change does not need to be retired, however the FSN description will be retired and a new replacement term string created with a new unique identifier. There are instances in SNOMED CT releases where this has not occurred – minor changes generated a new version of the FSN without any corresponding changes to the unique identifier. Although the NCTS is currently seeking to clarify this rule with the IHTSDO, it will continue to create a new version of the FSN when minor changes are required.

Similarly, the NCTS will create a new version of the PT in those instances where a minor change results in a new version of the description being created.

NCTS services

Implementation support

All terminology concepts have a Fully Specified Name (FSN), which is intended to provide an unambiguous name for the concept, and a Preferred Term (PT), which is intended to capture the common words or phrases used by Australian clinicians. Concepts may optionally have additional synonyms that can assist searching. However, system developers should only implement PTs for clinical use, as these are the concepts developed for use by clinicians in Australia.

[12] Available from https://confluence.ihtsdotools.org/display/DOC

The NCTS provides an extensive list of documentation[13] to support your use of our products and tools.[14] You can find out more by visiting Learn[15] on our website.

Key guidance includes:

- *SNOMED CT-AU - Development Approach for Reference Sets v2.3;*
- *SNOMED CT-AU - Adverse Reactions Reference Set Implementation Guide v1.0*; and
- *SNOMED CT-AU – Australian Technical Implementation Guide v2.1.*

Note: *During the migration of resources from the Agency website to the NCTS Document Library, a number of documents originally prefixed by "NCTIS" or "Clinical Terminology" now appear on the website under "SNOMED CT-AU" or "NCTS" prefixes. Some of these documents have not yet been revised, and therefore carry the original name internally. These documents will be renamed accordingly during their next revision.*

Our dedicated **Product Support team** offer tailored support and consulting services to assist licence holders in their understanding and implementation of SNOMED CT-AU. To provide feedback or request support please complete the online Support Request form[16] or email help@digitalhealth.gov.au.

Hosting reference sets developed and owned by third parties

The NCTS has initiated a service whereby reference sets that are developed and owned by licence holders can be released as part of SNOMED CT-AU. The ownership and future development of the reference sets are intended to be continued by the licence holders, and content will be released in a dedicated module within SNOMED CT-AU to indicate this. For more information, or to express interest in submitting a reference set, please contact help@digitalhealth.gov.au.

Previous releases

SNOMED CT-AU (inclusive of the AMT) is released monthly. Details of previous releases are available in the release notes. These can be accessed from Recent Updates[17] on the NCTS website or via the release note version history on the Agency website.[18]

[13] https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary
[14] https://www.healthterminologies.gov.au/ncts/#/tools
[15] https://www.healthterminologies.gov.au/ncts/#/learn
[16] https://www.healthterminologies.gov.au/ncts/#/help?content=helprequestform
[17] https://www.healthterminologies.gov.au/ncts/#/recent-updates
[18] https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology

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Contact for enquiries
Telephone: 1300 901 001 or email: help@digitalhealth.gov.au

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IHTSDO (SNOMED CT)

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