Australian Government
Australian Digital Health Agency

National Clinical Terminology Service - SNOMED CT-AU v20161031
Release Note

31 October 2016
Approved for external information
DH-2451:2016

Release summary SNOMED CT-AU 31 October 2016

EP-2450:2016 Clinical Terminology v20161031

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 release files is RF2, 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

The purpose of each monthly terminology release is to incorporate new content, enhance existing content, and make more effective use of the existing terminology.

This release is maintained against the July 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 November 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/20161031

[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-2451:2016	*Clinical Terminology - SNOMED CT-AU – Release Note v20161031* (this document)
New	DH-2453:2016	*SNOMED CT-AU – Combined Release File v20161031*
New	DH-2452:2016	*Australian Medicines Terminology – Data Extract v20161031*

National Clinical Terminology Service website[4]

Status	Name and version
New	*SNOMED CT-AU 31 October 2016* (RF2 FULL)
New	*SNOMED CT-AU 31 October 2016* (RF2 SNAPSHOT)
New	*SNOMED CT-AU 31 October 2016* (RF2 DELTA)
New	*SNOMED CT-AU 31 October 2016* (RF2 ALL)
New	*SNOMED CT-AU Release Note 31 October 2016* (this document)
New	*FHIR Value Sets v20161031*

Terminology Access website[5]

Status	Name and version
New	*CSV/TSV/JSON format reference sets v2016-10-31*

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 for the Queensland Health SurgiNet project, the Royal Australasian College of Surgeons and the Royal College of Pathologists Australasia. Further work has been done to increase the coverage of SNOMED CT-AU for neurosurgical procedures.

[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
AMT	International Harmonisation of Ingredient Names (IHIN)	As part of the IHIN project, the AMT substances listed below have been edited and the changes propagated through to the affected notable concept's FSN and PT terms as minor description changes. There are no concept or description ID changes as a result of this minor edit. The following substances have been amended in this release via description update: • "guaiphenesin" **to** "guaifenesin" • "chlorpheniramine" **to** "chlorphenamine" • "glucosamine sulfate potassium chloride complex" **to** "glucosamine sulfate potassium chloride" • "heparinoid" **to** "heparinoids" • "alpha tocopherol" **to** "dl-alpha-tocopherol" • "dimethicone" **to** "dimeticone" • "dimethicone-350" **to** "dimeticone-350" • "aluminium hydroxide" **to** "aluminium hydroxide hydrate" • "aluminium hydroxide dried" **to** "aluminium hydroxide" • "alpha tocopherol acetate" **to** "dl-alpha-tocopheryl acetate" • "dextropropoxyphene napsylate" **to** "dextropropoxyphene napsilate monohydrate" • "diphemanil methylsulfate" **to** "diphemanil metilsulfate" • "flumethasone" **to** "flumetasone" • "flumethasone pivalate" **to** "flumetasone pivalate" • "hexachlorophene" **to** "hexachlorophene" • "pramipexole hydrochloride monohydrate" **to** "pramipexole dihydrochloride monohydrate" • "dolasetron mesylate" **to** "dolasetron mesilate monohydrate" • "bupivacaine hydrochloride" **to** "bupivacaine hydrochloride monohydrate" • "bupivacaine hydrochloride anhydrous" **to** "bupivacaine hydrochloride" • "codeine phosphate" **to** "codeine phosphate hemihydrate" • "aluminium sulfate" **to** "aluminium sulfate hydrate" • "amiloride hydrochloride" **to** "amiloride hydrochloride dihydrate" • "apomorphine hydrochloride" **to** "apomorphine hydrochloride hemihydrate" • "calcium chloride" **to** "calcium chloride dihydrate" • "calcium hydrogen phosphate anhydrous" **to** "calcium hydrogen phosphate" • "sodium phosphate dibasic" **to** "dibasic sodium phosphate heptahydrate" • "magnesium acetate" **to** "magnesium acetate tetrahydrate" See **Future changes** below for more details.
AMT	Vaccines	As part of the AMT Vaccine Project the following vaccine substances have been amended for the October 2016 release: • pneumococcal purified capsular polysaccharides (see note below) • tetanus toxoid vaccine

Terminology	Category	Description
		• diphtheria toxoid vaccine • Bordetella pertussis, acellular pertactin vaccine • Bordetella pertussis, acellular pertussis toxoid vaccine • Bordetella pertussis, filamentous haemagglutinin vaccine • Bordetella pertussis, fimbriae types 2 and 3 vaccine • poliomyelitis virus type 1 (Mahoney) inactivated vaccine • poliomyelitis virus type 1 (Sabin strain (LS-c, 2ab)) live attenuated oral vaccine • poliomyelitis virus type 2 (MEF1) inactivated vaccine • poliomyelitis virus type 2 (Sabin strain (P712, Ch, 2ab)) live attenuated oral vaccine • poliomyelitis virus type 3 (Sabin strain (Leon 12a1b)) live attenuated oral vaccine • poliomyelitis virus type 3 (Saukett) inactivated vaccine • hepatitis B vaccine • Haemophilus influenzae type B polyribose ribitol phosphate vaccine **Note:** Pneumovax-23 will be remodelled using the 23 relevant antigens replacing the current substance "pneumococcal purified capsular polysaccharides". Due to the extreme length of the descriptions produced, it is necessary to deviate from the AMT's editorial rules in order to create the descriptions. The Medicinal Product is shown below as an example: • Medicinal Product Preferred Term: pneumococcal 23 valent vaccine • Medicinal Product Fully Specified Name: Streptococcus pneumoniae serotypes 1, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 2, 20, 22F, 23F, 3, 33F, 4, 5, 6B, 7F, 8, 9N, 9V polysaccharide antigen (medicinal product)
AMT	Data maintenance (AMT-9565)	The dose form for Extraneal product range have been amended to the more specific dose form of "peritoneal dialysis solution". Affected products are: • Extraneal 7.5% dialysis solution, 2.5 L bag • Extraneal 7.5% with drainage bag dialysis solution, 2.5 L bag
AMT	Data maintenance (AMT-13376)	The Trade Product "Granocyte" has been replaced with two Trade Products, "Granocyte-13" and "Granocyte-34" respectively, representing the different strengths available. Affected products are: • Granocyte 13.4 million units (105 microgram) powder for injection, 1 vial • Granocyte 33.6 million units (263 microgram) powder for injection, 1 vial

Future changes

Terminology	Category	Description
AMT	Clinical interface descriptions	Inversion will be removed from Fully Specified Names and Preferred Terms for AMT product concepts referencing dose

Terminology	Category	Description
		forms. For example, "tablet: modified release" will become "modified release tablet". These amendments are being implemented over a period of several months. 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 advocate a 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 amended to sodium lactate (AU substance). These amendments will be completed over a period of several months, until complete.
AMT	International Harmonisation of Ingredient Names (IHIN)	The TGA IHIN project[6] involves updating medicine ingredient names to align with names used internationally. The AMT ingredients will be updated to match the TGA revised ingredients over the upcoming releases. The update will be made at the substance level and propagated through to the affected notable concept's FSN and PT terms as minor description changes. The old names will then be added to the AMT as synonyms to enable searching based on previously accepted names. This work will be undertaken in early 2017. 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-AU. 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.

[6] https://www.tga.gov.au/updating-medicine-ingredient-names
[7] https://www.healthterminologies.gov.au/ncts/#/request?content=snomed

AMT concept counts

The AMT concept count table will no longer be available in the release note. Please contact help@digitalhealth.gov.au if you still require access to this data.

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 • 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.[8] This notification will allow Product Support Services to be made available.

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

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:

> "*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.*"[9]

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

AMT data extract file

To assist AMT-only users during the transition to a combined release, the AMT release files were provided as a standalone download. These release files are currently still available on the Agency website,[10] however they will be deprecated by the end of 2016. If you require assistance with using the SNOMED CT-AU combined release file, please email help@digitalhealth.gov.au.

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 continually being 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.

[9] https://www.healthterminologies.gov.au/
[10] https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology
[11] Available at https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary

Item	Description
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.
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.

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. System developers should implement PTs for capture and storage in a patient record while using both the PTs and other synonyms to assist clinicians in searching.

The NCTS provides an extensive list of documentation[12] to support your use of our products and tools.[13] You can find out more by visiting Learn[14] 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*;
- *SNOMED CT-AU – Australian Technical Implementation Guide v2.1; and*
- *SNOMED CT-AU - Guide for Terminology Use in Prescribing v1.0.*

[12] https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary
[13] https://www.healthterminologies.gov.au/ncts/#/tools
[14] https://www.healthterminologies.gov.au/ncts/#/learn

> ***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** offers 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[15] 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 is released monthly. Details of previous releases are available in the release notes. These can be accessed from Recent Updates[16] on the NCTS website or via the release note version history on the Agency website.[17]

[15] https://www.healthterminologies.gov.au/ncts/#/help?content=helprequestform
[16] https://www.healthterminologies.gov.au/ncts/#/recent-updates
[17] 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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