



# National Clinical Terminology Service - SNOMED CT-AU v20161130 Release Note

30 November 2016  
Approved for external information  
DH-2475:2016

## Release summary SNOMED CT-AU 30 November 2016

### **EP-2474:2016 Clinical Terminology v20161130**

SNOMED CT-AU is the Australian extension to SNOMED CT<sup>®1</sup>, 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<sup>™</sup> FHIR<sup>®</sup> standard<sup>2</sup> 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 December 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/20161130>

### **Inclusions**

SNOMED CT-AU content is currently accessible from multiple locations. However, in the coming months the content on the Terminology Access page will be migrated to the NCTS website, and

---

<sup>1</sup> "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO.

<sup>2</sup> FHIR is a registered trade mark of Health Level Seven International.

the RF2 bundles on the Agency website will be deprecated. Following this, the SNOMED CT-AU content will only be available for download through the NCTS website.

### [Australian Digital Health Agency website<sup>3</sup>](#)

---

Status	Identifier	Name
New	DH-2475:2016	<i>Clinical Terminology - SNOMED CT-AU – Release Note v20161130 (this document)</i>
New	DH-2477:2016	<i>SNOMED CT-AU – Combined Release File v20161130</i>
New	DH-2476:2016	<i>Australian Medicines Terminology – Data Extract v20161130</i>

---

### [National Clinical Terminology Service website<sup>4</sup>](#)

---

Status	Name and version
New	<i>SNOMED CT-AU 30 November 2016 (RF2 FULL)</i>
New	<i>SNOMED CT-AU 30 November 2016 (RF2 SNAPSHOT)</i>
New	<i>SNOMED CT-AU 30 November 2016 (RF2 DELTA)</i>
New	<i>SNOMED CT-AU 30 November 2016 (RF2 ALL)</i>
New	<i>SNOMED CT-AU Release Note 30 November 2016 (this document)</i>
New	<i>FHIR Value Sets v20161130</i>

---

### [Terminology Access website<sup>5</sup>](#)

---

Status	Name and version
New	<i>CSV/TSV/JSON format reference sets v2016-11-30</i>

---

## Change summary

### Content

---

Terminology	Category	Description
SCT-AU	Requested content	Request submissions for new concepts, descriptions and changes to Preferred Terms within the <i>Australian dialect reference set</i> 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 and the Royal Australasian College of Surgeons.
SCT-AU	New content reference set	The following reference set has been added to this release: <ul style="list-style-type: none"><li><i>Days of the week reference set</i></li></ul>

---

---

<sup>3</sup> <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology>

<sup>4</sup> <https://www.healthterminologies.gov.au/ncts/#/access>

<sup>5</sup> <https://www.digitalhealth.gov.au/implementation-resources/terminology-access>

Terminology	Category	Description
AMT	Data maintenance (AMT-14864)	<p>In order to accurately differentiate tenofovir disoproxil fumarate from tenofovir alafenamide, the Medicinal Products of the following have been amended from "tenofovir" to the respective modification of tenofovir. The reason for this change is the identification of a potential safety risk where the modification of tenofovir is not sufficiently differentiated, as tenofovir disoproxil fumarate and tenofovir alafenamide have discernible therapeutic differences.</p> <ul style="list-style-type: none"> <li>• 768691000168107  Genvoya tablet: film-coated, 30, bottle </li> <li>• 82872011000036104  Atripla tablet: film-coated, 30, bottle </li> <li>• 24171000036109  Eviplera tablet: film-coated, 30, bottle </li> <li>• 156901000036104  Stribild tablet: film-coated, 30, bottle </li> <li>• 17927011000036102  Truvada tablet: film-coated, 30, bottle </li> <li>• 20749011000036109  Viread 300 mg tablet: film-coated, 30, bottle </li> </ul>
AMT	International Harmonisation of Ingredient Names (IHIN)	<p>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.</p> <p>The following substances have been amended in this release via description update:</p> <ul style="list-style-type: none"> <li>• "ethinyloestradiol" <b>to</b> "ethinylestradiol"</li> <li>• "oestradiol" <b>to</b> "estradiol"</li> <li>• "cephalexin" <b>to</b> "cefalexin"</li> <li>• "frusemide" <b>to</b> "furosemide"</li> <li>• "amoxicillin" <b>to</b> "amoxicillin"</li> <li>• "hexamine hippurate" <b>to</b> "methenamine hippurate"</li> <li>• "rutin" <b>to</b> "rutoside"</li> <li>• "ferrous sulfate" <b>to</b> "ferrous sulfate heptahydrate"</li> <li>• "ferrous sulfate-dried" <b>to</b> "ferrous sulfate"</li> <li>• "cephazolin" <b>to</b> "cefazolin"</li> <li>• "Bacillus Calmette and Guerin-Connaught strain" <b>to</b> "Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Connaught strain"</li> <li>• "Bacillus Calmette and Guerin-Tice strain" <b>to</b> "Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Tice strain"</li> <li>• "pericyazine" <b>to</b> "periciazine"</li> <li>• "testosterone enanthate" <b>to</b> "testosterone enantate"</li> <li>• "thioguanine" <b>to</b> "tioguanine"</li> <li>• "eformoterol" <b>to</b> "formoterol"</li> <li>• "eformoterol fumarate dihydrate" <b>to</b> "formoterol (eformoterol) fumarate dihydrate"</li> <li>• "hydroxyurea" <b>to</b> "hydroxycarbamide (hydroxyurea)"</li> <li>• "phenobarbitone" <b>to</b> "phenobarbital (phenobarbitone)"</li> <li>• "phenobarbitone sodium" <b>to</b> "phenobarbital (phenobarbitone) sodium"</li> </ul>

Terminology	Category	Description
		<ul style="list-style-type: none"> <li>“procaine penicillin” <b>to</b> “procaine benzylpenicillin (procaine penicillin)”</li> <li>“salcatonin” <b>to</b> “calcitonin salmon (salcatonin)”</li> <li>“tetracosactrin” <b>to</b> “tetracosactide (tetracosactrin)”</li> <li>“cyclosporine” <b>to</b> “ciclosporin”</li> <li>“flupenthixol” <b>to</b> “flupentixol”</li> <li>“flupenthixol decanoate” <b>to</b> “flupentixol decanoate”</li> <li>“indomethacin” <b>to</b> “indomethacin”</li> <li>“oestriol” <b>to</b> “estriol”</li> <li>“hexamidine isoethionate” <b>to</b> “hexamidine isetionate”</li> <li>“oestradiol hemihydrate” <b>to</b> “estradiol hemihydrate”</li> <li>“oestradiol valerate” <b>to</b> “estradiol valerate”</li> <li>“oestrogens conjugated” <b>to</b> “conjugated estrogens”</li> <li>“prochlorperazine mesylate” <b>to</b> “prochlorperazine mesilate”</li> <li>“pentamidine isethionate” <b>to</b> “pentamidine isethionate”</li> <li>“chlorthalidone” <b>to</b> “chlortalidone”</li> <li>“cholestyramine” <b>to</b> “colestyramine”</li> <li>“ethacrynic acid” <b>to</b> “etacrynic acid”</li> </ul> <p>See <b>Future changes</b> below for more details.</p>

AMT	Data maintenance (AMT-14653, AMT-14654)	<p>The substance used to model the following trade products has been amended, and is now reflective of the individual active enzymes and their associated strengths:</p> <ul style="list-style-type: none"> <li>Creon: “pancreatic extract” to “lipase”, “amylase” and “protease”</li> <li>Panzytrat: “pancrelipase” to “lipase”, “amylase” and “protease”</li> </ul>
-----	---	---

## Future changes

Terminology	Category	Description
AMT	Clinical interface descriptions	<p>Inversion will be removed from Fully Specified Names and Preferred Terms for AMT product concepts referencing dose forms. For example, “tablet: modified release” will become “modified release tablet”.</p> <p>These amendments are being implemented over a period of several months.</p> <p>The following changes are planned over the next releases:</p> <ul style="list-style-type: none"> <li>“injection: solution” <b>to</b> “injection solution”</li> <li>“oral liquid: solution” <b>to</b> “oral liquid solution”</li> <li>“tablet: film-coated” <b>to</b> “film-coated tablet”</li> </ul>
AMT	Word order variants	<p>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</p>

Terminology	Category	Description
		<p>content to follow the more natural language patterns used in SNOMED CT-AU.</p> <p>An example is lactate sodium (AU substance), which has been amended to sodium lactate (AU substance).</p> <p>These amendments will be completed over a period of several months, until complete.</p>
AMT	International Harmonisation of Ingredient Names (IHIN)	<p>The TGA IHIN project<sup>6</sup> 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.</p> <p>The update will be made at the substance level and propagated through to the affected notable concept's FSN and PT.</p> <p>The majority of these changes are minor description edits, which have not required changes to concept or description IDs. However, we have had to remodel some products to accommodate the changes, and in these instances ID changes have been applied.</p> <p>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 <b>Content</b> table above for the details of this month's changes.</p>

---

## 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](#)<sup>7</sup> available on our website.

## AMT concept counts

The AMT concept count table will no longer be available in the release note. Please contact [help@digitalhealth.gov.au](mailto: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.

---

<sup>6</sup> <https://www.tga.gov.au/updates/medicine-ingredient-names>

<sup>7</sup> <https://www.healthterminologies.gov.au/ncts/#/request?content=snomed>

Terminology ID	Known issues
AMT AMT-2313	<p>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:</p> <ul style="list-style-type: none"><li>• ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag</li><li>• ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag</li><li>• ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag</li><li>• ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag</li></ul>
AMT LIN-674	<p>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.</p>
AMT Editorial Rules - description deviations	<p>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 <a href="mailto:help@digitalhealth.gov.au">help@digitalhealth.gov.au</a> if they have any concerns about this issue</p>

---

## 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.<sup>8</sup> 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:

*"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."*<sup>9</sup>

To report an error or provide any other feedback, please email [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au).

---

<sup>8</sup> The NCTS can be contacted via [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)

<sup>9</sup> <https://www.healthterminologies.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](#),<sup>10</sup> 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](mailto:help@digitalhealth.gov.au).

## 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](#)<sup>11</sup> to support your use of our products and [tools](#).<sup>12</sup> You can find out more by visiting [Learn](#)<sup>13</sup> on our website.

Key guidance includes:

- *SNOMED CT-AU - Development Approach for Reference Sets v2.4;*
- *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.*

**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<sup>14</sup> or email [help@digitalhealth.gov.au](mailto: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](mailto:help@digitalhealth.gov.au).

---

<sup>10</sup> <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology>

<sup>11</sup> <https://www.healthterminologies.gov.au/ncts/#/learn?content=documentlibrary>

<sup>12</sup> <https://www.healthterminologies.gov.au/ncts/#/tools>

<sup>13</sup> <https://www.healthterminologies.gov.au/ncts/#/learn>

<sup>14</sup> <https://www.healthterminologies.gov.au/ncts/#/help?content=helprequestform>

## 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](#)<sup>15</sup> on the NCTS website or via the release note version history on the [Agency website](#).<sup>16</sup>

---

<sup>15</sup> <https://www.healthterminologies.gov.au/ncts/#/recent-updates>

<sup>16</sup> <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology>



**Publication date:** 30 November 2016

**Contact for enquiries**

Telephone: 1300 901 001 or email: [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)

**Disclaimer**

The Australian Digital Health Agency (the Agency) makes the information and other material ("Information") in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

**Copyright © 2016 Australian Digital Health Agency**

This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means—graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems—without the permission of the Agency. All copies of this document must include the copyright and other information contained on this page.

**Acknowledgements**

**Council of Australian Governments**

The Australian Digital Health Agency is jointly funded by the Australian Government and all State and Territory Governments.

**IHTSDO (SNOMED CT)**

This material includes SNOMED Clinical Terms™ (SNOMED CT®) which is used by permission of the International Health Terminology Standards Development Organisation (IHTSDO). All rights reserved. SNOMED CT® was originally created by The College of American Pathologists. "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO, (<http://www.ihtsdo.org/>).

**HL7 International**

This document includes excerpts of HL7™ International standards and other HL7 International material. HL7 International is the publisher and holder of copyright in the excerpts. The publication, reproduction and use of such excerpts is governed by the HL7 IP Policy (see <http://www.hl7.org/legal/ippolicy.cfm>) and the HL7 International License Agreement. HL7 and CDA are trademarks of Health Level Seven International and are registered with the United States Patent and Trademark Office.