Australian Government
Australian Digital Health Agency

National Clinical Terminology Service – SNOMED CT-AU v20210930 Release Note

30 September 2021 v1.0
Approved for external information
Document ID: DH-3522:2021

Release summary: SNOMED CT-AU 30 September 2021

Clinical Terminology v20210930

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, which is a format defined by SNOMED International. The National Clinical Terminology Service (NCTS) also provides alternative access to the release as HL7™ FHIR® standard[2] value sets, and a tab delimited text file (TSV). All alternative 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 2021 SNOMED CT International Edition.

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/20210930

[1] "SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation.
[2] FHIR® is a registered trade mark of Health Level Seven International.

Inclusions

This release contains the following content, accessible from the NCTS website[3]:

Status	Name and version
New	*SNOMED CT-AU 30 September 2021 (RF2 FULL)*
New	*SNOMED CT-AU 30 September 2021 (RF2 SNAPSHOT)*
New	*SNOMED CT-AU 30 September 2021 (RF2 DELTA)*
New	*SNOMED CT-AU 30 September 2021 (RF2 ALL)*
New	*SNOMED CT-AU Release Note 30 September 2021* (this document)
New	*AMT CSV 20210930**
New	*FHIR Value Sets v20210930*
New	*TSV format reference sets v20210930*

* Note: the AMT CSV file is being released to assist some specific development activities. This file will only be provided for a limited period of time and any use of it is contingent on the licensee acknowledging that it may be withdrawn with only 90 days notice. Any licensee wishing to use this file should first contact the NCTS at help@digitalhealth.gov.au for further information.

Change summary

This section summarises the changes in this release and provides notice about planned future work. Changes made to resolve data issues will be listed if the potential impact on systems or patient care exceeds a threshold determined by an internal risk matrix assessment.
For more information about any of these changes, please contact help@digitalhealth.gov.au

Content

Terminology	Category/ID	Description
SNOMED CT-AU	Requested content	Request submissions for new concepts and descriptions have been added in this release from NSW Health, CSIRO, Royal Australasian College of Surgeons (RACS) and PITUS – Royal College of Pathologists of Australasia (RCPA).

[3] https://www.healthterminologies.gov.au/access

SNOMED CT-AU	Content maintenance	The core Concept, Description and Relationship files have been updated to include the July 2021 International SNOMED CT Release. Consequently, all reference sets provided in the previous release have been updated accordingly. Specific content developments and improvements have been inherited from the July 2021 SNOMED CT International Release. **Content Quality Improvement** Body structure: • 300 new concepts. • The new anatomy concept model will be implemented over the forthcoming months. There are approximately 35,000 anatomy concepts to be modeled by different types of 'part of' relationships. The new model will enable the automatic generation of hierarchies to further improve content quality and consistency. • The integumentary system (about 2000 concepts) has been modeled. • The term 'spine' or 'vertebral column' in descriptions of disorders or procedures are often used loosely in clinical discourse but in actuality can relate to three different general anatomical concepts. The use of terms for combined segments of the spine, such as cervicothoracic, thoracolumbar, lumbosacral and sacrococcygeal are ambiguous in that they might relate to a combination of the segments or just the junctional area of the segments. In order to avoid false assumptions, in the anatomy class the junction of spinal segments have been made explicit by including the word 'junction' in the descriptions. Clinical finding: • 2027 new concepts. • Quality improvement (QI) tasks were deployed to improve internal structural consistency and ensure compliance with editorial policy related to the stated modeling of content. Additionally, correction or addition of defining relationships was carried out to accurately reflect current clinical knowledge and ensure the semantic reliability of descriptions associated with a concept. • Total count of changes for the QI project: o Stated: A total of 10759 concepts had changes made to the Stated relationships in the model. o Inferred: A total of 18818 concepts affected by inferred changes Procedure: • 308 new concepts. Event: • 6 new concepts. Qualifier value: • 91 new concepts. Situation with explicit context: • 92 new concepts. Physical object: • 317 new concepts. Specimen: • 10 new concepts. Observable entity: • 377 new concepts. • 115 new nutrition observable entity concepts. Organism: • 128 new concepts.

Terminology	Category/ID	Description
		Substances: • 104 new concepts. As part of the Collaboration/Harmonisation Agreements: • ICD-11 Update: 433 new concepts. • Inactivation and Replacement of Neoplastic Morphology Concepts Containing ICD-O-3 Classification Terming comprising 38 morphological abnormality concepts termed "no International Classification of Diseases for Oncology subtype." • Over 300 concepts representing cancer synoptic reporting content were added or updated in the areas of histologic type, histologic grade, invasion and lymph nodes. Complete details of changes in the International Release are available here. https://confluence.ihtsdotools.org/display/RMT/SNOMED+CT+July+2021+International+Edition+-+SNOMED+International+Release+notes

SNOMED CT-AU COVID-19 Concepts

Additional COVID-19 concepts have been added to SNOMED International following the January 2021 release.

SNOMED CT Identifier	Fully Specified Name	Preferred Term
1155866009	Messenger ribonucleic acid of Severe acute respiratory syndrome coronavirus 2 encoding spike protein (substance)	SARS-CoV-2 mRNA encoding spike protein
1156256003	Adverse reaction to component of vaccine product against Severe acute respiratory syndrome coronavirus 2 (disorder)	Adverse reaction to COVID-19 vaccine
1156257007	Administration of vaccine product against Severe acute respiratory syndrome coronavirus 2 (procedure)	Administration of SARS-CoV-2 vaccine
1156265005	Severe acute respiratory syndrome coronavirus 2 vaccine contraindicated (situation)	SARS-CoV-2 vaccine contraindicated
1156267002	Severe acute respiratory syndrome coronavirus 2 vaccination not indicated (situation)	SARS-CoV-2 vaccination not indicated
1156270003	Severe acute respiratory syndrome coronavirus 2 vaccination declined (situation)	SARS-CoV-2 vaccination declined
1156746003	Vaccine-induced prothrombotic immune thrombocytopenia (disorder)	Vaccine-induced prothrombotic immune thrombocytopenia
1156747007	Transfusion of convalescent plasma into peripheral vein (procedure)	Transfusion of convalescent plasma into peripheral vein
1156748002	Transfusion of convalescent plasma into central vein (procedure)	Transfusion of convalescent plasma into central vein
1157024006	Vaccine product containing only inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen (medicinal product)	Inactivated whole SARS-CoV-2 antigen vaccine
1157106007	Adverse reaction to component of vaccine product containing only recombinant non-replicating viral vector encoding Severe acute respiratory syndrome coronavirus 2 spike protein (disorder)	Adverse reaction to COVID-19 non-replicating viral vector vaccine
1157107003	Administration of vaccine product containing only recombinant non-replicating viral vector encoding Severe acute respiratory syndrome	Administration of SARS-CoV-2 non-replicating viral vector vaccine

	coronavirus 2 spike protein (procedure)	
1157108008	Administration of second dose vaccine product containing only recombinant non-replicating viral vector encoding Severe acute respiratory syndrome coronavirus 2 spike protein (procedure)	Administration of second dose SARS-CoV-2 non-replicating viral vector vaccine
1157110005	Severe acute respiratory syndrome coronavirus 2 non-replicating viral vector vaccine contraindicated (situation)	SARS-CoV-2 non-replicating viral vector vaccine contraindicated
1157113007	Second dose of Severe acute respiratory syndrome coronavirus 2 non-replicating viral vector vaccine contraindicated (situation)	Second dose of SARS-CoV-2 non-replicating viral vector vaccine contraindicated
1157118003	Severe acute respiratory syndrome coronavirus 2 non-replicating viral vector vaccine declined (situation)	SARS-CoV-2 non-replicating viral vector vaccine declined
1157120000	Second dose of Severe acute respiratory syndrome coronavirus 2 non-replicating viral vector vaccine declined (situation)	Second dose of SARS-CoV-2 non-replicating viral vector vaccine declined
1157195001	Adverse reaction to component of vaccine product containing only inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen (disorder)	Adverse reaction to inactivated whole COVID-19 antigen vaccine
1157196000	Administration of vaccine product containing only inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen (procedure)|	Administration of inactivated whole SARS-CoV-2 antigen vaccine
1157197009	Administration of second dose of vaccine product containing only inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen (procedure)	Administration of second dose of inactivated whole SARS-CoV-2 antigen vaccine
1157198004	Inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen vaccine contraindicated (situation)	Inactivated whole SARS-CoV-2 antigen vaccine contraindicated
1157199007	Second dose of inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen vaccine contraindicated (situation)	Second dose of inactivated whole SARS-CoV-2 antigen vaccine contraindicated

1157200005	Inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen vaccine declined (situation)	Inactivated whole SARS-CoV-2 antigen vaccine declined
1157201009	Second dose of inactivated whole Severe acute respiratory syndrome coronavirus 2 antigen vaccine declined (situation)	Second dose of inactivated whole SARS-CoV-2 antigen vaccine declined
1162643001	Vaccine product containing only Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen (medicinal product)	SARS-CoV-2 recombinant spike protein antigen vaccine
1162644007	Adverse reaction to component of vaccine product containing only Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen (disorder)	Adverse reaction to COVID-19 recombinant spike protein antigen vaccine
1162645008	Administration of vaccine product containing only Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen (procedure)	Administration of SARS-CoV-2 recombinant spike protein antigen vaccine
1162646009	Administration of second dose of vaccine product containing only Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen (procedure)	Administration of second dose of SARS-CoV-2 recombinant spike protein antigen vaccine
1162647000	Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen vaccine contraindicated (situation)	SARS-CoV-2 recombinant spike protein antigen vaccine contraindicated
1162648005	Second dose of Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen vaccine contraindicated (situation)	Second dose of recombinant spike protein SARS-CoV-2 antigen vaccine contraindicated
1162649002	Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen vaccine declined (situation)	SARS-CoV-2 recombinant spike protein antigen vaccine declined
1162650002	Second dose of Severe acute respiratory syndrome coronavirus 2 recombinant spike protein antigen vaccine declined (situation)	Second dose of SARS-CoV-2 recombinant spike protein antigen vaccine declined
28531000087107	Vaccine product against Severe acute respiratory syndrome coronavirus 2 (medicinal product)	COVID-19 vaccine

<table>
<tr><th>Terminology</th><th>Category/ID</th><th>Description</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>29061000087103</td><td>Vaccine product containing only recombinant non-replicating viral vector encoding Severe acute respiratory syndrome coronavirus 2 spike protein (medicinal product)</td><td>COVID-19 non-replicating viral vector vaccine</td></tr>
</table>
</td></tr>
<tr><td>SNOMED CT-AU</td><td>Concrete Domains</td><td>SNOMED International have been working on concrete domains and these are now being released as part of the SNOMED CT-AU bundle. AMT concrete domains are now represented per the SNOMED International specification in addition to the existing reference set format, which are:
Unit of use quantity reference set
Unit of use size reference set
Strength reference set
If you have any questions about the July 2021 Concrete Domains release, please contact our Product Support team.</td></tr>
<tr><td>AMT</td><td>Requested content</td><td>In addition to the modelling of new products, based on the 1 October 2021 PBS and RPBS schedule, a number of other products have been modelled in this release including those requested from Fred IT, MIMS and Pharmacor.</td></tr>
<tr><td>AMT</td><td>Reference Set</td><td>Produced by ACT Health, the ACT Reportable Schedule 4 medications reference set supports the identification of the AMT TPUU, CTPP, MPP and MPUU concepts associated with Schedule 4 medicines that are monitored by ACT Health Canberra Script Real-Time Prescription Monitoring (RTPM) solution. This reference set can be used by applications to identify Schedule 4 medicines that are to be monitored in support of the ACT Health Canberra Script system’s requirements.</td></tr>
<tr><td>AMT</td><td>Content update for COVID-19 Vaccine (AstraZeneca)</td><td>The TGA has approved AstraZeneca's submission to change the name of its COVID-19 Vaccine (AstraZeneca) to Vaxzevria. This aligns the name with overseas regulatory agencies such as the European Medicines Agency (EMA) and the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK.
AMT has been updated to reflect the name change in the trade concepts with NO changes to Concept IDs. The new Preferred Term descriptions are as follows:
<table>
<tr><th>Concept</th><th>Concept ID (no change)</th><th>Preferred Term</th></tr>
<tr><td>TP</td><td>1527271000168101</td><td>Vaxzevria</td></tr>
<tr><td>TPUU</td><td>1530521000168101
1527331000168106</td><td>Vaxzevria Multidose injection, 4 mL vial
Vaxzevria Multidose injection, 5 mL vial</td></tr>
<tr><td>TPP</td><td>1530541000168107
1527351000168100</td><td>Vaxzevria Multidose injection, 10 x 4 mL vials
Vaxzevria Multidose injection, 10 x 5 mL vials</td></tr>
<tr><td>CTPP</td><td>1530551000168109
1527361000168103</td><td>Vaxzevria Multidose injection, 10 x 4 mL vials
Vaxzevria Multidose injection, 10 x 5 mL vials</td></tr>
</table>
This update in AMT supports changes, which are now live, to the vaccine brand name in AIR and the My Health Record.</td></tr>
</table>

Future changes

Terminology	Category/ID	Description
SNOMED CT-AU	Original EDRS	With the release of the new Australian emergency department reference set as of January 2019, there are plans to deprecate the original Emergency Department Reference (EDRS) set in a forthcoming release. Current users of the EDRS will be consulted prior to confirming the deprecation date.

How to request changes to terminology products

The NCTS is committed to the refinement and improvement of SNOMED CT-AU and its other terminology products. In keeping with these commitments, we welcome requests for changes to existing content or new content additions via the Online Submission Form[4] on the NCTS website.

SNOMED CT International Release - Other Artefacts

The below table outlines the SNOMED CT International Release (core module) artefacts which are released as part of the SNOMED CT-AU Release. Please contact help@digitalhealth.gov.au for any further details required.

Artefact	Details
Lateralisable body structure reference set	This reference set includes all body structure concepts that can be lateralised. The reference set can be accessed from within the release bundle and also by selecting **SNOMED CT-AU > Reference Sets.**
ICD-O simple map reference set	The SNOMED CT to ICD-O maps are released as a simple map reference set. The source domains for the maps are limited to subtypes of 400177003 |Neoplasm and/or hamartoma (morphologic abnormality)| and 91723000 |Anatomical structure (body structure)| for ICD-O Morphological codes and Topographical codes. The mapping file can only be accessed from within the release bundle.
Machine readable concept model reference sets	There are four reference sets that support the use of the SNOMED CT Machine Readable Concept Model specification. More information can be found here: http://snomed.org/mrcm. The reference sets can be accessed from within the release bundle.
Anatomy structure and entire association reference set and Anatomy structure and part association reference set	There are two reference sets that support the representation of the associations between Structure, Entire and Part concepts in the *Body structure* hierarchy. It can also be used to distinguish body structure concepts as Structure or Entire or Part concepts. The reference sets can be accessed from within the release bundle.

The following artefacts are not currently released in SNOMED CT-AU:

- GB English language reference set;
- US English language reference set;
- CTV3 simple map; and

[4] https://www.healthterminologies.gov.au/request/content-requests/

- ICD-10 complex map reference set.

The NCTS will continue to review the above artefacts following each international release to assess their relevance and potential use case in Australia and whether they should be provided as part of the national release. Please contact us if you have any questions in relation to this.

Safety guidance

The Agency applies its clinical safety management system to SNOMED CT-AU, 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 risk management of their own implementations. In addition, it is expected that implementers will contact the NCTS Product Support team if they become aware of an incident related to their implementations or have any safety-related 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.[5] 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."[6]

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

NCTS services

Implementation support

The NCTS provides an extensive list of documentation[7] to support your use of our products and tools.[8] You can find out more by visiting Learn[9] on our website.

Key guidance includes:

- NCTS Guide for Implementers v1.2;
- SNOMED CT-AU – Australian Technical Implementation Guide v2.5;
- SNOMED CT-AU – Guide for Terminology Use in Prescribing v1.0;
- SNOMED CT-AU - Development Approach for Reference Sets v3.5; *and*
- SNOMED CT-AU – Adverse Reactions Reference Set Implementation Guide v1.0.

[5] The NCTS can be contacted via help@digitalhealth.gov.au
[6] The *Australian National Terminology Licence Agreement* is available from the NCTS Document Library, at https://www.healthterminologies.gov.au/document-library/
[7] https://www.healthterminologies.gov.au/document-library/
[8] https://www.healthterminologies.gov.au/tools
[9] https://www.healthterminologies.gov.au/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[10] 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 such 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

Details of previous releases are available in the release notes, which can be accessed from Recent Updates[11] on the NCTS website.

Upcoming releases

SNOMED CT-AU is made available on the NCTS website[12].

The upcoming release schedule will be as follows:

- Thursday 21 October
- Tuesday 23 November
- Monday 20 December

[10] https://www.healthterminologies.gov.au/introduction-to-help/request-for-support/
[11] https://www.healthterminologies.gov.au/recent-updates
[12] https://www.healthterminologies.gov.au/access

Publication date: 30 September 2021

Australian Digital Health Agency ABN 84 425 496 912, Level 25, 175 Liverpool Street, Sydney, NSW 2000 digitalhealth.gov.au
Telephone 1300 901 001 or email help@digitalhealth.gov.au

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.

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 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.