



OIA REQUEST

Received: 21 February 2022
Due: 21 March 2022
Response Date: 11 March 2022
Further Response: 16 March 2022
Clarification: 17 March 2022
Further Response: 05 April 2022
Subject: Hospitalisations Solely for Covid

In response to your request under the Official Information Act, please find our response below:

Request

Please supply hospitalisation caused solely by Covid 19, where covid is the only diagnosis listed, broken down by age group 0-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, 90+, and by gender, and by vaccination / or non-vaccination status between Feb 1 2020 up to and including Jan 31 2022.

Month	Gender	Vaccination Count at time of admission	Age Group							Grand Total	
			0-9	10-19	20-29	30-39	40-49	50-59	60-69		80-89
Mar-20	Male	0	1				1				2
Apr-20	Female	0				1				1	2
Oct-21	Male	1			1						1
Nov-21	Female	0							1		1
Dec-21	Female	0					2				2
Dec-21	Female	1						1			1
Dec-21	Female	2							2		2
Dec-21	Male	0			1	1					2
Dec-21	Male	1			1						1
Jan-22	Female	0	1							1	2
Jan-22	Female	1							1		1
Jan-22	Male	0	1			1	2		1		5

Note:

Data above excludes patients that have presented to ED and not progressed into hospital as an inpatient admission
 Events above are based on ICD10 diagnosis codes incl. B97.2 with an appropriate primary symptomatic diagnosis, or B34.2 as principal diagnosis
 All activity noted above was Tauranga Hospital (no events for Whakatane Hospital for this period)

Further Request 11.03.22

Please resend your spreadsheet showing only COVID-19 sole cause/primary diagnosis for hospitalisation .ie ICD Code U07.1.

Further Response 16.03.22

The Ministry of Health provided the attached guidance for coding COVID-19 in New Zealand (as opposed to American coding version/information provided in your email 11 March 2022).

Under the guidance for New Zealand, U07.1 is not intended to be the principal, or sole diagnosis recorded for hospitalisation.

Data in the table above has been extracted for all events with either a B97.2 or B34.2 code to include both symptomatic and asymptomatic events. Data has been filtered further to exclude cases where the principal diagnoses is not either B34.2 or an ICD10 code aligned to COVID-



19 symptoms. Execution of the same report using code U07.1 could result in cases being excluded where they were clinically diagnosed rather than laboratory confirmed and would omit all records if based on the principal/sole diagnosis as you have suggested.

Ref No: TN1530 | Published On: 07-Feb-2020 | Status: Updated | Updated On: 27-Mar-2020

Coronavirus Disease 2019 (COVID-19)

Effective from 1 January 2020; Updated 27 March 2020

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Coronavirus disease 2019 (COVID-19) is a disease caused by a new (or 'novel') strain of coronavirus (SARS-CoV-2) not previously identified in humans before the outbreak in Wuhan, Hubei Province, China.

Common signs of COVID-19 infection include respiratory symptoms such as cough, shortness of breath, breathing difficulties and fever. In severe cases, the infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

The World Health Organization (WHO) has advised:

- U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* is to be assigned when COVID-19 has been documented as confirmed by laboratory testing.
- U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (ie where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).

Emergency use code U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* is to be assigned when laboratory testing for COVID-19 has been performed, but ruled out (ie negative test result).

In addition to the admitted patient data, the National Notifiable Disease Surveillance System provides national surveillance of notifiable communicable diseases and tracks notifications, including notifications of COVID-19.

CLASSIFICATION

Laboratory confirmed cases

Where laboratory confirmed COVID-19 is documented **with symptoms**, assign:

Principal diagnosis: A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 *Principal diagnosis*

Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* to identify the infectious agent
and

U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

Where laboratory confirmed COVID-19 is documented **without symptoms**, assign:

Principal diagnosis: B34.2 *Coronavirus infection, unspecified site*

Additional diagnoses: U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

Clinically diagnosed or probable COVID-19

Where clinically diagnosed or probable COVID-19 is documented **with symptoms**, assign:

Principal diagnosis: A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 *Principal diagnosis*

Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* to identify the infectious agent
and

U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*,
to identify cases documented as clinically diagnosed COVID-19

but laboratory testing is inconclusive, not available or unspecified

Where clinically diagnosed or probable COVID-19 is documented **without symptoms**, assign:

Principal diagnosis: B34.2 *Coronavirus infection, unspecified site*

Additional diagnoses: U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*, to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified

COVID-19 complicating pregnancy

Where laboratory confirmed or clinically diagnosed COVID-19 is documented as complicating pregnancy, the correct obstetric chapter code is O98.5 *Other viral diseases in pregnancy, childbirth and the puerperium*. Code the remainder of the episode in accordance with ACS 1521 *Conditions and injuries in pregnancy* and ACS 1500 *Diagnosis sequencing in obstetric episodes of care*.

Suspected COVID-19, ruled out

Where suspected COVID-19 is documented with symptoms, but is ruled out, assign:

Principal diagnosis: A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 *Principal diagnosis*

Additional diagnoses*: Either Z03.8 *Observation for other suspected diseases and conditions*

or

Z03.71 *Observation of newborn for suspected infectious condition*, for newborns (infants less than 28 days old),

and

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* to identify suspected but ruled out COVID-19

* From 1 January 2020 an exception has been made to ACS 0012 *Suspected conditions* to identify symptomatic presentations where COVID-19 has been suspected but then ruled out.

Transfer with suspected COVID-19

For individuals transferred with suspected COVID-19, meeting the criteria in ACS 0012 *Suspected conditions*, do not assign the emergency use codes U07.1, U07.2 or U06.0. Supplementary guidelines for COVID-19 are available on the IHPA website.

References:

Australian Government Department of Health 2020, *Coronavirus (COVID-19) current situation and case numbers*, DOH, Canberra, viewed 25 March 2020, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-casenumbers>.

Centers for Disease Control and Prevention 2020, *2019 Novel coronavirus*, US Department of Health and Human Services, viewed 25 March 2020, <https://www.cdc.gov/coronavirus/index.html>.

World Health Organization 2020, *Coronavirus disease (COVID-19) outbreak*, viewed 25 March 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

(Coding Rules for implementation 1 January 2020)

Clarification 17.03.22

Thanks for your email, including the basis for coding you have used- from Ministry of health in March 2020.- which included the WHO Coding Advice for COVID -19 Virus .

I **attach** the updated Ministry of Health Instructions for Recording COVID 19 Cases (12 October 2020), and (COVID-19) (COVID-19) Case Definition.(.11 March 2022)

[Link Recording COVID-19 | Ministry of Health NZ](#)

Screenshot

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Recording COVID-19

Information for recording COVID-19 in a patient's health record.

Last updated: 12 October 2020

This information is for GPs, hospital clinicians and their software industry partners. It should be used to record details of COVID-19 in the affected patient's health record.

You should use the SNOMED CT codes in the table below for case classification, following the [case definition and testing guidance for COVID-19](#). If you have non-SNOMED-enabled software, use the specified equivalent codes in the table.

Further SNOMED CT concepts related to COVID-19 are in development and available as [pre-release content](#). We encourage early use of the new content to record symptoms and higher index of suspicion criteria. See the [COVID-19 SNOMED CT Draft Guide](#) published by SNOMED International for further information and the chance to review and contribute to revisions of the guide as it develops.

Concept	SNOMED CT code	Medtech code	Profile code	ICD-10-AM
Confirmed COVID-19	840539006	@MT0.02	COVID19-1	U07.1
Probable COVID-19	50881000210106	@MT0.04		U07.2
Under investigation COVID-19	840544004	@MT0.03	COVID19-2	Z03.8
Not a case	688232241000119100			

These SNOMED concepts and terms are included in the [SNOMED CT International Edition March 2020 release](#) except for new concept Probable COVID-19, which should be added separately.

Medtech32, Medtech Evolution, Intrahealth Profile, MyPractice and Best Practice Software systems should be configured to use their respective code sets.

If you are using hospital software that doesn't support SNOMED CT, then you should use the ICD-10-AM codes.

Community-based assessment data collection

[Link Case definition and clinical testing guidelines for COVID-19 | Ministry of Health NZ](#)
Screenshot;

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Case definition and clinical testing guidelines for COVID-19

Case definition and clinical testing guidelines for health practitioners

Last updated: 11 March 2022

Summary of changes:

- 9 March – Updated to reflect change in isolation times for the Omicron response
- 7 March - Updated to reflect Phase 3 guidelines for the Omicron response
- 24 February – Updated definitions of case classification
- 27 January – Updated actions for contacts in primary care and community

This page provides guidance to support health professionals to identify and test those individuals who may have a higher risk of having COVID-19. It includes clinical criteria of COVID-19, the Higher Index of Suspicion (HIS) criteria, case definitions and notification procedures.

For more information on testing refer to the [Testing Guidance for the Health Sector](#). This includes detailed advice for the health sector who to test, and why and when to test them. It is updated based on the latest knowledge about the virus and its symptoms, and on current conditions and response settings in New Zealand.

On this page:

- [Guidelines for testing](#)
- [Instructions for specimen collection](#)
- [Clinical criteria for COVID-19](#)
- [Higher Index of Suspicion \(HIS\) criteria](#)
- [Case classification](#)
- [Notification of cases](#)

I should be grateful if you could please include on your spreadsheet :

a) prior to October 2020 MOH Advice:

- Any U07.1 (Confirmed COVID-19 , virus identified)cases as per WHO advice; and
- Any U07.2 [COVID-19, virus not identified] is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, *including evidence supported by radiological imaging* (ie where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).” I.e please include cases when these non laboratory confirmed- but clinically diagnosed -cases include evidence supported by radiological imaging.

b) after October 2020:

- Only “Confirmed Case”(s) defined as :..”that has laboratory definitive evidence “(as per Ministry of Health instructions updated as at March 2022, encl)

Further Response 04.04.22

Month	Gender	Vaccination Count at time of admission	Age Group							Grand Total
			0-9	10-19	20-29	30-39	40-49	50-59	60-69	
Mar-20	Male	0					1			1
Apr-20	Female	0				1			1	2
Nov-21	Female	0						1		1
Dec-21	Female	0					2			2
Dec-21	Female	1						1		1
Dec-21	Female	2							2	2
Dec-21	Male	0			1	1				2
Dec-21	Male	1			1					1
Jan-22	Female	0	1						1	2
Jan-22	Female	1						1		1
Jan-22	Male	0	1			1	2	1		5

Bay of Plenty DHB supports the open disclosure of information to assist the public understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website. Please note this response may be published on our website. [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

You have the right to request the Ombudsman investigate and review our response. www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely



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