2021

Yar No. 510031

Supreme Court of Nova Scotia

BETWEEN:

Citizens Alliance of Nova Scotia and J.M. by his litigation guardian K.M

Applicant

and

Robert Strang acting as Chief Medical Officer of Health of Nova Scotia and Michelle Thompson acting as Minister of Health and Wellness of Nova Scotia and the Attorney General of Nova Scotia representing His Majesty the King in Right of the Province of Nova Scotia

Respondents

Affidavit of Shelly Hipson

I make oath and affirm and give evidence as follows:

- 1. I am Shelly Hipson.
- 2. I live in Atlantic, Shelburne County.
- 3. I am retired.
- 4. In my previous employment I managed the financial and day-to-day operations of Harbour Authorities in Shelburne County.
- 5. The source of all data and information in this Affidavit are from Freedom of Information requests and responses for official, publicly available Government data obtained through the Nova Scotia Provincial FOIPOP Office.
- 6. I have personal knowledge of the evidence sworn to in this Affidavit.
- I started submitting FOI requests to the Government of Nova Scotia, primarily the Department of Health and Wellness and Nova Scotia Health to obtain government and hospital data and records related to COVID-19 mandates and responses between 2020 to present day.

- 8. The data received back from the government in Freedom of Information responses does not agree in material fact with what Dr. Robert Strang said publicly (Exhibits 1 17).
- 9. I obtained FOI responses that included reports from Dr. Lesley Whynot, Physician Lead, Adverse Events Following Immunization (AEFI) Management, Nova Scotia Health and Wellness, Assistant Professor, Dept. of Family Medicine, Dalhousie University that were sent to Dr. Robert Strang, Chief Medical Officer of Health and Dr. Shelley Deeks, Deputy Chief Medical Officer of Health.
 - a. These records list the sex of the individuals, the type of vaccine (Pfizer or Moderna) and the resulting AEFI.
 - b. Serious medical conditions that were listed in these AEFI records from Whynot to Strang included strokes, seizures, pulmonary embolisms, myocarditis, and death.

Sworn before me at <u>Shelburne</u>, Nova Scotia, this <u>day of November</u>, 2024.

Notary Public

Shelly Hipson

TAB 1

2021	YAR 510031	
This is Exhibit 1 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 1

Freedom of Information Document Number: NSHA 2021-185

On November 22, 2021, I applied for the following FOIPOP information from the Nova Scotia Health Authority: Any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia.

Date range for record search: January 1, 2020 to November 22, 2021.

Exhibit 1 is a true copy of what I received back:

click here to download NSHA 2021-185.

December 7, 2021 Shelly Hipson RR 3 Shelburne, NS BOT 1W0

Sent via e-mail to shellyhipson@xplornet.ca

Dear Shelly:

Re: No Responsive Records – OUR FILE# NSHA-2021-185

On November 22, 2021 Nova Scotia Health (NSH) received your request under the *Freedom of Information and Protection of Privacy Act* (*FOIPOP Act*).

We understand your application to be for a copy of the following: Any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia.

We have conducted a thorough search of our records, but we were not able to find any records responsive to your request. We are now closing your file.

Should you have any questions, please do not hesitate to contact me.

You have the right to seek a review with the Review Officer within 60 days of receiving this decision. Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: <u>https://foipop.ns.ca/request-a-review</u>. Notwithstanding, within 30 days you have the right to appeal directly to the Supreme Court if there is no third party notified pursuant to section 22 of the *FOIPOP Act*.

Sincerely,

Katie Smith Freedom of Information Officer Nova Scotia Health Authority Halifax, Nova Scotia

TAB 2

2021	YAR 510031	
This is Exhibit 2 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 2

Freedom of Information Document Number: 2022-01142-HEA

On June 10, 2021 I applied for the following FOIPOP information from the Department of Health and Wellness:

I would like to learn the comorbidity data that the people had who died 'with' or 'from' COVID-19 including ages, sex, any information on studies/data that has been gathered on those who have died of COVID-19 in N.S. Date range for record Search: March 1, 2020 to June 17, 2021.

Exhibit 2 is a true copy of what I received back: 2022-01142-HEA.

click here to download 2021-01142-HEA.

Please note:

1. The definition of a COVID-19 deceased case on page 1 which states the following:

Deceased case

A probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness, unless there is a clear alternative cause of death identified (e.g. trauma, poisoning, drug overdose)

A Medical Officer of Health, relevant public health authority, or a coroner may use their discretion when determining if a death was due to COVID-19, and their judgment will supersede the above-mentioned criteria.

A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.

- 2. In Table 1, 86.7% of the deaths are 65 years of age or older.
- 3. In Table 3, of the 90 COVID-19 deaths, it is noted that they had other very serious comorbidities at the time of death that include cardiac disorders, neurological conditions, and pulmonary disorders.
- 4. Deaths captured in this data set are those that meet the Public Health Agency of Canada case definition.



Health and Wellness Office of the Deputy Minister

August 11, 2021

Shelly Hipson RR3 Shelburne, NS B0T1W0

Sent via email: shellyhipson@xplornet.ca

Dear Shelly Hipson:

Re: You are entitled to the information you requested - 2021-01142-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (or the Act) on June 10, 2021.

In your application, you requested a copy of the following records:

I would like to learn the comorbidity data that the people had who died 'with' or 'from' COVID-19 including ages, sex, etc. Any information or studies/data that has been gathered on those who have died of COVID-19 in NS.

Responsive records have been located and are attached.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Chris Mack at 902-424-0262 or by e-mail at chris.mack@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Jeanhine Lagassé Associate Deputy Minister

Attach.

902 424-7570 T 902-424-4570 F novascolia ca/dhw

PO Box 488

Halifax, Nova Scotia

Canada B3J 2R8

Form 7: Request for Review

Province of Nova Scotia Freedom of Information and Protection of Privacy Act Subsection 32(1) (Applicant)

TO: The Review Officer P.O. Box 181 Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to _______ (specify public body) on the ______ day of , 20____, a copy of which Application or Request is attached to this Request for Review.

2. The applicant requests that the Review Officer review the following decision, act or failure to act of the head of the public body; Check where applicable

(a) decision dated or made on the ______ day of ______, 20____, a copy of which is attached to this Request for Review; ______ (b) *(specify act or failure to act)* ______

3. The applicant requests that the Review Officer recommend that

Check where applicable

(a) the head of the public body give access to the record as requested in the Application for Access to a Record;

(b) the head of the public body correct the personal information as requested in the Request for Correction of Personal Information;

(c) (specify other recommendation or recommendations, if any, you consider appropriate)

Date: Signature of Applicant:

Print Full Name of Applicant:

Mailing Address of Applicant: (Street/Apartment No./R.R. No.)

(Community/County)

(Postal Code)

Telephone Numbers of Applicant: (Residence)_____(Business/Cell)_____

Fax Number of Applicant: _____

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13

FOIPOP Request 2021-01142-HEA (COVID-19 comorbidity studies and data)

Data Notes:

- Data source is Panorama and include data from March 1, 2020-June 17, 2021
- Comorbidity data is not required to be collected in all case investigations. This data should be interpreted with that in mind.
- Deaths captured in this dataset are those that meet the Public Health Agency of Canada case definition (<u>https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#dec</u>)
 Deceased case
 - A probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness, unless there is a clear alternative cause of death identified (e.g., trauma, poisoning, drug overdose).
 - A Medical Officer of Health, relevant public health authority, or coroner may use their discretion when determining if a death was due to COVID-19, and their judgement will supersede the above-mentioned criteria.
 - A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.

Age group	n	%
<65 yrs	12	13.3%
≥ 65 yrs	78	86.7%
Total	90	100.0%

Table 2: Summary of COVID-19 deaths by gender, March 1, 2020-June 17, 2021

Gender	n	%
Female	50	55.6%
Male	40	44.4%
Total	90	100.0%

Table 3: Summary of comorbidities for COVID-19 deaths (n=90), March 1, 2020-June 17, 2021

Comorbidities	n	%
Cancers	6	6.7%
Cardiac disorders	54	60.0%
Chronic renal disease	10	11.1%
Diabetes - Type 1 or 2	19	21.1%
Immunocompromised conditions	5	5.6%
Neurological conditions	49	54.4%
Pulmonary disorders	17	18.9%

TAB 3

2021	YAR 510031	
This is Exhibit 3 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 3

Freedom of Information Document Number: 2021-01575-HEA

On August 19, 2021 I applied for the following FOIPOP information from the Department of Health and Wellness:

Amended September 8, 2021: Records that show,

1. Definition of a COVID-19 case that is used in Nova Scotia.

2. Please provide any and all reports from the start of the pandemic on how COVID-19 deaths were determined.

3. Report on COVID-19 deaths that were probable or from clinically compatible illness

4. Information/data that has been gathered as a result of COVID-19 testing:

a. Total number of COVID-19 tests done monthly for 2020 and so far in 2021

Please provide: Number that were positive: For the positive cases, please include how many were: Confirmed, Probable, Symptomatic, Asymptomatic Number that were negative:

Total number of COVID-19 deaths: Determined by PCR test, Determined by a public health authority, a coroner using their discretion, autopsy

How many of the deaths were tested and symptomatic, asymptomatic, confirmed. Any record that identifies data that shows that the only illness they had was COVID-19 and it was the true cause of death (they did not die because they were at the end of life and they did not have any other serious illness – for example, they were young, healthy, and died of COVID-19 only)

Date range for record search: From March 22, 2020 to August 19, 2021.

Exhibit 3 is a true copy of what I received back: FOIPOP 2021-01575-HEA. <u>click here to download</u> 2021-01575-HEA

Please note:

- 1. The definition of a COVID-19 Deceased Case in the Data notes on page 1.
- 2. The total number of COVID-19 tests for 2020: 236,201
- 3. The total number of COVID-19 tests for 2020 that were negative: 234,437
- 4. The total number of COVID-19 tests for 2020 that were positive: 1,635
- 5. The total number of COVID-19 deaths for 2020 were: 66
- 6. The total number of COVID-19 tests for 2021: 847,234
- 7. The total number of COVID-19 tests for 2021 that were negative: 842,214
- 8. The total number of COVID-19 tests for 2021 that were positive: 4,791

- 9. The total number of COVID-19 deaths for 2021 were: 49
- 10. The total number of COVID-19 tests completed for 2020 and 2021 were: 1,083,435.
- 11. The total number of COVID-19 tests that were negative for 2020 and 2021 were: 1,076,651.
- 12. The total number of COVID-19 tests that were positive for 2020 and 2021 were: 6,426.
- 13. The total number of COVID-19 deaths for 2020 and 2021 was: 114.
- 14. 114 people died out of 6,426 positive tests in two years.

December 15, 2021

Shelly D Hipson RR3 Shelburne, B0T 1W0

Sent via email: shellyhipson@gmail.com

Dear Shelly D Hipson:

Re: You are entitled to the information you requested - 2021-01575-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on August 19, 2021.

In your application, you requested a copy of the following records:

Amended September 8, 2021: Records that show,

1. Definition of a COVID-19 case that is used in Nova Scotia.

2. Please provide any and all reports from the start of the pandemic on how COVID-19 death were determined.

3. Report on COVID-19 deaths that were probable or from clinically compatible illness

4. Information/data that has been gathered as a result of COVID-19 testing:

a. Total number of COVID-19 tests done monthly for 2020 and so far in 2021, *Please provide: Number that were positive:*

For the positive cases, please include how many were:

Confirmed, Probable, Symptomatic, Asymptomatic

Number that were negative: Total number of COVID-19 deaths:

Determined by PCR test, Determined by a public health authority, a coroner using their discretion, autopsy

How many of the deaths were tested and symptomatic, asymptomatic, confirmed. Any record that identifies data that shows that the only illness they had was COVID-19 and it was the true cause of death (they did not die because they were at the end of life and they did not have any other serious illness – for example, they were young, healthy, and died of COVID-19 only)

(Date Range for Record Search: From 3/22/2020 To 8/19/2021)

Responsive records have been located and are attached. Records have been provided that respond to part 1 and 4 of your request. The Department has completed a search for records that respond to part 2 and 3 of your request and no responsive records were found.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Craig Beator

Associate Deputy Minister

Attachment

FOIPOP Request 2021-01575-HEA

Data Notes:

- Data sources:
 - o 4a, Table 1: Provincial Public Health Laboratory Network COVID-19 lab line list
 - 4a, Table 2 and 4b: Panorama
 - Data includes records between March 22, 2020 and August 19, 2021
- Cell sizes <5 have been suppressed
- The symptom data represents what has been collected and entered in Panorama for this population of COVID-19 deaths and cases. Symptoms include pharyngitis, cough, fever, headache, pain, chills, diarrhea, malaise, nausea/vomiting, confusion/irritability, rhinorrhea or other.
- Deaths captured in this dataset are those that meet the Public Health Agency of Canada case definition. Panorama does not capture if the death was determined by a public health authority, coroner or autopsy (<u>https://www.canada.ca/en/public-health/services/diseases/2019-novel-</u> <u>coronavirus-infection/health-professionals/national-case-definition.html#dec</u>):

Deceased case

- A probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness, unless there is a clear alternative cause of death identified (e.g., trauma, poisoning, drug overdose).
- A Medical Officer of Health, relevant public health authority, or coroner may use their discretion when determining if a death was due to COVID-19, and their judgement will supersede the above-mentioned criteria.
- A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.
- All deaths included in this response were classified as confirmed cases of COVID-19
- The number of positive tests does not correspond exactly to the number of COVID-19 cases captured in Panorama because individuals can be tested multiple times, not all individuals tested are counted as NS cases (from out of province) and NS cases may have been tested outside of NS so are not captured in our provincial lab data.
- Confirmed Case Definition

A person with confirmation of infection with SARS-CoV-2 documented by:

- The detection of at least 1 specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)
 or
- The detection of at least 1 specific gene target by a validated point-of-care (POC) NAAT that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) or
- Seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2

Page 1

21

• Probable Case Definition

A person who:

1. Has symptoms compatible with COVID-19

and

- Had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) **or** was exposed to a known cluster or outbreak of COVID-19
 - and
- Has not had a laboratory-based NAAT assay for SARS-CoV-2 completed **or** the result is inconclusive

or

 Had SARS-CoV-2 antibodies detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV-2 collected within 4 weeks of symptom onset

OR

2. Had a POC NAAT **or** POC antigen test for SARS-CoV-2 completed and the result is preliminary (presumptive) positive

OR

3. Had a validated POC antigen test for SARS-CoV-2 completed and the result is positive

- 4. Information/data that has been gathered as a result of COVID-19 testing:
 - a. Total number of COVID-19 tests done monthly for 2020 and so far in 2021, Please provide: Number that were positive:

For the positive cases, please include how many were:

- Confirmed:
- Probable:
- Symptomatic:
- Asymptomatic:

Table 1. Number of COVID-19 tests by month and result, March 22, 2020- August 19, 2021.

Month	Result		Total
wonth	Negative	Positive	TOLAI
Mar-20	4614	147	4769
Apr-20	24531	879	25473
May-20	18105	141	18251
Jun-20	15686	8	15702
Jul-20	12465	6	12475
Aug-20	15529	22	15558
Sep-20	28734	6	28748
Oct-20	22535	23	22565
Nov-20	43463	212	43685
Dec-20	48775	191	48975
Jan-21	47356	90	47452
Feb-21	52191	67	52261
Mar-21	92621	75	92703
Apr-21	150075	924	151036
May-21	239226	3219	242575
Jun-21	121115	279	121420
Jul-21	86630	63	86705
Aug-21	53000	74	53082
Total	1076651	6426	1083435

*Tests conducted before March 22 2020 and after August 19 2021 are excluded based on the dates of the FOIPOP request.

**26 tests were excluded in 2020 and 174 in 2021 as they were not processed.

***Excludes indeterminate results

22

Page 4

23

Table 2: Number of confirmed and probable COVID-19 cases, March 22, 2020 – August 19, 2021

	COVID-19 Cases	
	Confirmed Probable	
Asymptomatic	1473	<5
Symptomatic	4411	
Total	5884	21

4b. Total number of COVID-19 deaths: Determined by PCR test:

Determined by:

-a public health authority: -a coroner using their discretion: -autopsy: How many of the deaths were tested and -symptomatic -asymptomatic -confirmed

Table 3. Number of COVID-19 deaths, March 22, 2020-August 19, 2021

	Number of Deaths
Asymptomatic	0
Symptomatic	93

TAB 4

2021	YAR 510031	
This is Exhibit 4 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 4

Freedom of Information Document Number 2022-00112-HEA:

On January 21, 2022 I applied for the following FOIPOP information from the Department of Health and Wellness:

1. Total number of teachers who have tested Positive for COVID-19 broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

2. Total number of students who have tested Positive for COVID-19 Broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

3. Total number of school staff who have tested Positive for COVID-19 broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

4. Please provide the recovery rate as well as a) The total number of COVID-19 infections/cases that resulted in hospitalizations (general and ICU) that have been traced to someone attending a school

5. COVID-19 deaths that have been traced back to transmissions at or from a school.

Range for records broken down into school years.

Spring 2020 - start of the pandemic.

September 2020 - End of school year in June of 2021.

September 2021 - to January 21, 2022.

Exhibit 4 is a true copy of what I received back:

FOIPOP 2022-00112-HEA. click here to download 2022-00112-HEA

Please Note:

1. There is no record.

February 22, 2022

Shelly D Hipson RR3 Shelburne, B0T 1W0

Sent via email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: We do not have the information you asked for - 2022-00112-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on January 21, 2022.

In your application, you requested a copy of the following records:

1. Total number of teachers who have tested Positive for COVID-19 broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

2. Total number of students who have tested Positive for COVID-19 Broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

3. Total number of school staff who have tested Positive for COVID-19 broken down into symptomatic, asymptomatic, and how they determined they were positive: Rapid Test/PCR Test/Combination of Rapid & PCR

4. Please provide the recovery rate as well as
a) The total number of COVID-19 infections/cases that resulted in hospitalizations (general and ICU) that have been traced to someone attending a school

5. COVID-19 deaths that have been traced back to transmissions at or from a school.

Range for records broken down into school years.

Spring 2020 - start of the pandemic

September 2020 - End of school year in June of 2021

September 2021 - to January 21, 2022

(Date Range for Record Search: From 01/31/2020 To 01/20/2022)

After a file search, we have located no records responsive to your application. Therefore, it is my understanding, pursuant to clause 7(2)(b) of the Act, that the Department of Health and Wellness does not have custody or control of records which would respond to your application. A description as to whether a case is a student, teacher or staff is not recorded in Panorama.

The Nova Scotia Health Authority may hold records that respond to the scope of this request.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca.

Sincerely,

Craig Beaton

Associate Deputy Minister

TAB 5

2021	YAR 510031	
This is Exhibit 5 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 5

Freedom of Information Document Number 2022-00445-HEA:

On March 14, 2022 I applied for the following FOIPOP information from the Department of Health and Wellness:

1. Number of COVID-19 tests by month and result (positive cases/negative/total) for year 2020, year 2021 and so far for 2022)

2. Number of COVID-19 Cases by month that were Asymptomatic and Symptomatic and total for each year 2020 and year 2021

3. Number of COVID-19 deaths per month in Nova Scotia for year 2020 and year 2021 and so far in 2022.

Date range for record search: December 31, 2019 to March 11, 2022.

Exhibit 5 is a true copy of what I received back: FOIPOP 2022-00445-HEA.

click here to download 2022-00445-HEA

April 13, 2022

Shelly D Hipson RR3 Shelburne, B0T 1W0

Sent via email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: You are entitled to the information you requested - 2022-00445-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on March 14, 2022.

In your application, you requested a copy of the following records:

1. Number of COVID-19 tests by month and result (positive cases/negative/total) for year 2020, year 2021 and so far for 2022)

2. Number of COVID-19 Cases by month that were Asymptomatic and Symptomatic and total for each year 2020 and year 2021

3. Number of COVID-19 deaths per month in Nova Scotia for year 2020 and year 2021 and so far in 2022.

(Date Range for Record Search: From 12/31/2019 To 3/11/2022)

Responsive records have been located and are attached.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Craig Beaton

Associate Deputy Minister

Attachment

FOIPOP Request 2022-00445-HEA

Data Notes:

- Data sources are Panorama for symptom status and mortality, and the province's public health lab's line list of completed tests (includes data for 01MAR2020 to 16MAR2022).
 - Data entry of cases during the recent Omicron wave (corresponding roughly from 08DEC2021 to present) is incomplete.
 - Entry of symptom information beyond the first wave is limited.
 - o Information from the public health lab pertains only to PCR tests, and not rapid antigen tests.
 - The month of March 2022 is not yet complete, and so neither is the data for this period.
 - PCR test eligibility has been limited for much of the Omicron wave (effective date of eligibility change was 27DEC2021), and only reverted to more broad access in recent weeks.

Cases captured in Panorama are those that meet the Public Health Agency of Canada case definition
 (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health professionals/national-case-definition.html#dec):

Confirmed case

A person with confirmation of infection with SARS-CoV-2 documented by:

- The detection of at least 1 specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)
 or
- The detection of at least 1 specific gene target by a validated point-of-care (POC) NAAT that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) or
- Seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2

34

Request:

1. Number of COVID-19 tests by month and result (positive cases/negative/total) for year 2020, year 2021 and so far for 2022)

2. Number of COVID-19 Cases by month that were Asymptomatic and Symptomatic and total for each year 2020 and year 2021

3. Number of COVID-19 deaths per month in Nova Scotia for year 2020 and year 2021 and so far in 2022. (Date Range for Record Search: From 12/31/2019 To 3/11/2022)

Month of Sample Collection	Positives	Negatives	Pending or Invalid Result	Total
JAN2020	0	1	0	1
FEB2020	0	19	0	19
MAR2020	178	7651	22	7851
APR2020	770	24021	82	24873
MAY2020	96	17748	5	17849
JUN2020	7	15651	8	15666
JUL2020	7	12361	4	12372
AUG2020	19	16101	8	16128
SEP2020	4	28853	7	28864
ОСТ2020	22	21842	6	21870
NOV2020	223	46040	11	46274
DEC2020	167	46532	8	46707
JAN2021	89	46996	7	47092
FEB2021	62	60890	2	60954
MAR2021	71	85942	12	86025
APR2021	1306	192611	53	193970
MAY2021	2520	197475	138	200133
JUN2021	235	118758	43	119036
JUL2021	59	84107	36	84202
AUG2021	148	87360	44	87552
SEP2021	715	101897	60	102672
OCT2021	696	89841	61	90598
NOV2021	944	91453	71	92468
DEC2021	12108	170493	609	183210

35

Page 3

Table 1. COVID-19 P totals)	CR tests perfo	ormed by the P	ublic Health I	ab (month
Month of Sample Collection	Positives	Negatives	Pending or Invalid Result	Total
JAN2022	18265	102218	837	121320
FEB2022	7548	48836	490	56874
MAR2022	4928	17046	1399	23373

Month of Case Detection	Symptomatic	Asymptomatic	Unknown or Not Entered	Total
MAR2020	144	34	69	247
APR2020	430	266	34	730
MAY2020	54	25	2	81
JUN2020	3	1	3	7
JUL2020	5	1	Ō	6
AUG2020	1	7	7	15
SEP2020	2	0	1	3
OCT2020	8	4	18	30
NOV2020	38	49	152	239
DEC2020	33	52	71	156
JAN2021	4	27	44	75
FEB2021	6	27	37	70
MAR2021	12	39	39	90
APR2021	166	388	1001	1555
MAY2021	174	585	1571	2330
JUN2021	44	85	101	230
JUL2021	6	21	12	39
AUG2021	6	56	107	169
SEP2021	35	197	526	758
OCT2021	41	256	405	702
NOV2021	63	229	575	867
DEC2021	155	228	2157	2540

Table 3. Panorama-entered COVID- 19 confirmed deaths (monthly totals)							
Month of Death	Total						
MAR2020	0						
APR2020	34						
MAY2020	29						
JUN2020	1						
JUL2020	0						
AUG2020	1						
SEP2020	0						
OCT2020	σ.						
NOV2020	0						
DEC2020	0						
JAN2021	0						
FEB2021	σ						
MAR2021	1						
APR2021	4						
MAY2021	16						
JUN2021	6						
JUL2021	1						
AUG2021	1						
SEP2021	3						
OCT2021	4						
NOV2021	9						
DEC2021	4						
JAN2022	65						
FEB2022	45						
MAR2022	8						

*Positive tests from the public health lab and cases entered into Panorama are largely but not entirely overlapping groups. For much of the pandemic, travelers to the province were routinely tested through the lab, and so are represented in the testing numbers.

Page 4

TAB 6

2021	YAR 510031
This is Exhibit 6 referred to in th sworn before me on November	
Notary Public si	gnature and seal

EXHIBIT 6

Freedom of Information Document Number NSHA 2021-109 Updated:

On August 23, 2021 I applied for the following FOIPOP information from the Nova Scotia Health Authority:

How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month in 2021 up to and including September?

Date range for record Search: December 31, 2019 to September 30, 2021.

Exhibit 6 is a true copy of what I received back:

click here to download NSHA 2021-109 Updated.

In conclusion, the ICU hospital beds were not full of COVID-19 patients in 2020.



September 16, 2021 Shelly Hipson RR3 Shelburne, NS BOT 1W0

Sent via e-mail to shellyhipson@gmail.com

Dear Shelly:

Re: Partial Access Further Explanation – OUR FILE# NSHA-2021-109

On August 23, 2021 Nova Scotia Health (NSH) received your request, transferred by the Department of Health and Wellness under the *Freedom of Information and Protection of Privacy Act* (*FOIPOP Act*).

We understand your application to be for a copy of the following: How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month in 2021 up to and including July? (Date Range for Record Search: From 12/31/2019 To 07/31/2021).

I have withheld personal health information under section 20(3)(a) of the FOIPOP Act. Section 20(3)(a) of the FOIPOP Act says that disclosing another individual's medical or other health care history, diagnosis, treatment, and evaluation is presumed to be an unreasonable invasion of that individual's privacy so this information cannot be disclosed.

I am protecting the individual's privacy by changing all numbers less than 5 to "<5" in the attached spreadsheet. Nova Scotia's privacy laws protect both identified individuals and identifiable individuals. On the one hand, if the spreadsheet said "Katie Smith" in the data column for Dartmouth General ICU in the month of December 2021 then I am an identified individual. On the other hand, if the spreadsheet said 1 in the data column for Dartmouth General ICU in the month of December 2021 then I am exposure notice saying there is a COVID exposure on a bus route from the specific bus stop near my house to the specific bus stop near my work on December 1, 2021, and Nova Scotia Health posted another exposure notice saying that there is a COVID exposure at my work on December 1, 2021; then, someone could piece together who I am from the combination of the data in the spreadsheet and the COVID exposure notices. All the pieces put together could potentially make me an identifiable person.

Moreover, for context, I checked with the individual who created the data sheet and they said the "Cape Breton Health Care Complex" refers to the ICU at Cape Breton Regional Hospital. It is the only hospital with an ICU in the area.

Should you have any questions, please do not hesitate to contact me.



42

You have the right to seek a review with the Review Officer within 60 days from receiving your original decision letter. You received your original decision letter on **September 13, 2021.** Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: <u>https://foipop.ns.ca/request-a-review</u>.

Sincerely, Katie Smith Freedom of Information Officer Nova Scotia Health Authority Halifax, Nova Scotia

Abuedeen any patient any patient any patient decounted hospital Contreleter health Care health Car	*"Hospitalizations patients each moi	*"Hospitalizations" is an individual count of patients each month at each facility. Some				COVII	0-19 ICU F	COVID-19 ICU Hospitalizations	tions			
January 0 </th <th>patients may hav carried over into oth transferred to anohe</th> <th>e had inpatient stays that her months and any patient er facility would be counted at both.</th> <th>Aberdeen Hospital</th> <th>Cape Breton Health Care Complex</th> <th>Colchester Regional Hospital</th> <th>Cumberland Regional</th> <th>Dartmouth General Hospital</th> <th>QE II Health Sciences Centre VG & HI</th> <th>South Shore Regional Hospital</th> <th>St. Martha's Regional Hospital</th> <th>Valley Regional Hospital</th> <th>Yarmouth Regional Hospital</th>	patients may hav carried over into oth transferred to anohe	e had inpatient stays that her months and any patient er facility would be counted at both.	Aberdeen Hospital	Cape Breton Health Care Complex	Colchester Regional Hospital	Cumberland Regional	Dartmouth General Hospital	QE II Health Sciences Centre VG & HI	South Shore Regional Hospital	St. Martha's Regional Hospital	Valley Regional Hospital	Yarmouth Regional Hospital
February March March March March March March March March July July July July July July July July		January	0	0	0	0	0	0	0	0	0	0
March April March May		February	0	0	0	0	0	0	0	0	0	0
April April 0 May May </th <th></th> <th>March</th> <th>0</th> <td>0</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>		March	0	0	5	0	0	0	0	0	0	0
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September Cotober November O		August	0	<5	0	0	0	5	0	0	0	0
October October October 0 November November <th></th> <th>September</th> <th>0</th> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>ŝ</td> <td>0</td>		September	0	0	0	0	0	0	0	0	ŝ	0
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March March 0 April April 4 April 3 5 5 May 0 0 0 0 0 May 0 0 0 0 0 0 0 May 0 0 0 0 0 0 0 0 0 May 0		February	0	0	0	0	0	5	0	0	0	0
April April May May 0 0 0 May May 0 0 0 0 0 May May 0 0 0 0 0 0 0 0 May 0		March	0	0	5	0	0	5	0	0	0	0
May May 0 <th></th> <th>April</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>5</th> <th>0</th> <th>0</th> <th>5</th> <th>0</th>		April	0	0	0	0	0	5	0	0	5	0
o o o o o o o o o o o o o o o o o o o o o o o o o o o	2021	May	0	5	5	0	<5	32	0	0	5	0
		June	0	<5	0	0	<5	6	0	0	5	0
		July	0	0	0	0	<5	5	0	0	0	0
		August	0	<5	5	0	0	<5	0	0	0	0
		September	0	<5	<5	0	0	<5	0	0	0	0

TAB 7

2021	YAR 510031
This is Exhibit 7 referred to in th sworn before me on November	
Notary Public sig	gnature and seal

EXHIBIT 7

Freedom of Information Document Number NSHA 2021-173:

On November 17, 2021 I applied for the following FOIPOP information from the Nova Scotia Health Authority:

% of COVID hospitalizations of all hospitalizations;

% COVID ICU hospitalizations of ICU hospitalizations;

COVID ICU hospitalizations.

Date range for record Search: Year 2020 up to October 31, 2021.

Exhibit 7 is a true copy of what I received back: NSHA 2021-173.

click here to download NSHA 2021-173.

Based on this record I concluded that the majority of hospital admissions and IUC admissions were not COVID-19 related as reflected in the zeros and the redacted less than five in this FOI response.



December 17, 2021 Shelly Hipson RR 3 Shelburne, NS BOT 1W0

Sent via e-mail to shellyhipson@xplornet.ca

Dear Shelly:

Re: Partial Access- OUR FILE# NSHA-2021-173

On November 17, 2021Nova Scotia Health (NSH) received your request under the *Freedom of Information and Protection of Privacy Act* (*FOIPOP Act*).

We understand your application to be for a copy of the following: % of COVID hospitalizations of all hospitalizations % COVID ICU hospitalizations of ICU hospitalizations # COVID ICU hospitalizations

Please find a copy of the records located in response to your request. We have withheld personal health information under section 20(3)(a) of the *FOIPOP Act*.

We cannot disclose the percentage of COVID ICU hospitalizations of ICU hospitalizations when fewer than five patients were in the ICU because it is about identifiable individuals. The combination of this information with the information we will release to you in FOIPOP 2021-181, the total ICU hospitalizations, would allow these individuals to be identified.

We cannot disclose the percentage of COVID hospitalizations when fewer than five patients were in the hospital because it is about identifiable individuals. The combination of this information with the information we will release to you in FOIPOP 2021-181, the total hospitalizations, would allow these individuals to be identified.

Should you have any questions, please do not hesitate to contact me.

You have the right to seek a review with the Review Officer within 60 days of receiving this decision. Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: <u>https://foipop.ns.ca/request-a-review</u>.

Sincerely,

Katie Smith Freedom of Information Officer Nova Scotia Health Authority Halifax, Nova Scotia

		Aberdeen Hospital					
patients each i patients may have over into oth transferred would	ons" is an individual count of manth at each facility. Some had inpatient stays that carried er months and any patient be counted at both. ICU Counts cluded in non ICU counts	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations		
	January	0	0.0%	0	0.0%		
	February	0	0.0%	0	0.0%		
	March	<5	s.20(3)(a)	0	0.0%		
	April	<5	s.20(3)(a)	0	0.0%		
	May	<5	s.20(3)(a)	0	0.0%		
2020	June	0	0.0%	0	0.0%		
July		<5	s.20(3)(a)	0	0.0%		
	August	<5	s.20(3)(a)	0	0.0%		
	September	0	0.0%	0	0.0%		
	October	0	0.0%	0	0.0%		
	November	0	0.0%	0	0.0%		
	December	0	0.0%	0	0.0%		
	January	<5		0	0.0%		
	February	0	0.0%	0	0.0%		
	March	0	0.0%	0	0.0%		
	April	0	0.0% s.20(3)(a)	0	0.0%		
2021	May	<5 <5	s.20(3)(a)	0	0.0% 0.0%		
	June	<5 <5	s.20(3)(a)	0 0	0.0% 0.0%		
	July	<5 0	0.0%	0	0.0%		
	August	0		0	0.0% 0.0%		
	September	•	0.0% s.20(3)(a)	•			
	October	<5		0	0.0%		

	s Community th Centre	Buchanan Memorial Community Health			
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
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0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		

	Cape Breton Regional Hospital							
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations					
0	0.0%	0	0.0%					
0	0.0%	0	0.0%					
<5	s.20(3)(a)	0	0.0%					
6	1.2%	0	0.0%					
<5	s.20(3)(a)	<5	s.20(3)(a)					
<5	s.20(3)(a)	0	0.0%					
5	0.7%	0	0.0%					
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<5	s.20(3)(a)	0	0.0%					
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<5	s.20(3)(a)	0	0.0%					
17	2.5%	5	6.9%					
8	1.1%	<5	s.20(3)(a)					
5	0.6%	0	0.0%					
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<5	s.20(3)(a)	<5	s.20(3)(a)					
<5	s.20(3)(a)	0	0.0%					

	Colchester East H	ants Health Centre	
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations
0	0.0%	0	0.0%
0	0.0%	0	0.0%
5	1.7%	<5	s.20(3)(a)
<5	s.20(3)(a)	<5	s.20(3)(a)
<5	s.20(3)(a)	<5	s.20(3)(a)
<5	s.20(3)(a)	<5	s.20(3)(a)
<5	s.20(3)(a)	<5	s.20(3)(a)
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<5	s.20(3)(a)	0	0.0%
<5	s 20(3)(a)	0	0.0%
<5	s.20(3)(a)	0	0.0%
<5		0	0.0%
0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0% 520(3)(a)
<5	s.20(3)(a)	<5	0.0%
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0	6.0% 0.0%	<5 0	0.0%
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<5 <5	s.20(3)(a)	0	0.0% 0.0%
15	4.2%	-5	0.0% s.20(3)(a)
5	4.2 <i>%</i> 1.4%	<5 <5	s.20(3)(a)

	Cumberland Regiona	I Health Care Cent	tre
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations
0	0.0%	0	0.0%
0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		0	0.0%
<5		<5	s.20(3)(a)
<5		0	0.0%

	Dartmouth Ge	Digby General Hosptial			
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
5	1.1%	0	0.0%	0	0.0%
14	4.2%	0	0.0%	0	0.0%
7	1.7%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%
10	2.2%	<5	s.20(3)(a)	0	0.0%
7	1.5%	0	0.0%	0	0.0%
7	1.5%	0	0.0%	0	0.0%
<5	s.20(3)(a)	<5	s.20(3)(a)	0	0.0%
<5		0	0.0%	0	0.0%
5	1.0%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%
<5		0	0.0%	0	0.0%
5	0.9%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%
12	2.3%	<5	s.20(3)(a)	0	0.0%
6	1.1%	<5		0	0.0%
7	1.3%	<5		0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%
6	1.1%	<5	s.20(3)(a)	0	0.0%
<5	s.20(3)(a)	<5		0	0.0%

Eastern Me	morial Hospital	Eastern Shore	Memorial Hosptial	Fishermen's N	Aemorial Hospital	Glace Bay He	alth Care Facility	Hants Com	nunity Hospital		olidated Memorial ospital
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations										
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%	<5	s.20(3)(a)
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.zu(ə)(a)	<5	8.20(0)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%	0	0.0%

Lillian Fraser	Memorial Hospital	Musquodoboit Valley Memorial Hospital			
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
<5	s.20(3)(a)	<5	s 20(3)(a)		
<5		0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
<5	s.20(3)(a)	0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
0	0.0%	0	0.0%		
<5	s.20(3)(a)	0	0.0%		
<5		0	0.0%		
<5		0	0.0%		
<5		0	0.0%		

New Waterford Consolidated Hospital		North Cumberland	d Memorial Hospital	Northside General Hospital		
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
<5	s.20(3)(a)	0	0.0%	0	0.0%	
<5		0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	<5	s.20(3)(a)	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	<5	s.20(3)(a)	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	
0	0.0%	0	0.0%	0	0.0%	

	QE II Health Science	ces Centre VG & HI	I	Queens G	eneral Hospital	Rosew	ay Hospital
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
19	0.9%	<5	s.20(3)(a)	0	0.0%	0	0.0%
17	1.1%	7	3.7%	0	0.0%	0	0.0%
22	1.2%	7	3.1%	0	0.0%	0	0.0%
19	0.9%	<5	s.20(3)(a)	0	0.0%	0	0.0%
18	0.8%	<5		0	0.0%	0	0.0%
15	0.7%	<5		0	0.0%	0	0.0%
12	0.5%	0	0.0%	0	0.0%	0	0.0%
14	0.6%	<5	s.20(3)(a)	0	0.0%	0	0.0%
17	0.7%	<5		0	0.0%	0	0.0%
15	0.6%	0	0.0%	0	0.0%	0	0.0%
19	0.8%	<5	s.20(3)(a)	0	0.0%	0	0.0%
21	1.0%	<5		0	0.0%	0	0.0%
29	1.2%	<5		0	0.0%	0	0.0%
53	2.3%	6	2.3%	0	0.0%	0	0.0%
200	10.0%	31	15.5%	0	0.0%	0	0.0%
55	2.4%	9	3.1%	0	0.0%	0	0.0%
27	1.2%	<5	s.20(3)(a)	0	0.0%	0	0.0%
20	0.9%	<5		0	0.0%	0	0.0%
31	1.5%	<5		0	0.0%	0	0.0%
36	1.7%	8	2.9%	0	0.0%	0	0.0%

	Community Health Centre	Soldiers Memorial Hospital		
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	<5	s.20(3)(a)	
0	0.0%	0	0.0%	
0	0.0%	<5	s.20(3)(a)	
0	0.0%	<5		
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	<5	s.20(3)(a)	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	
0	0.0%	0	0.0%	

	South Shore R	tegional Hospital			St. Martha's Regional I	lospital	
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
<5	s.20(3)(a)	0	0.0%	<5	s.20(3)(a)	0	0.0%
<5		0	0.0%	0	0.0%	0	0.0%
<5		0	0.0%	<5	5.20(3)(a)	0	0.0%
<5		0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
<5	s.20(0)(a)	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	<5	6/20(0)(d)	0	0.0%
<5	5.20(0)(a)	0	0.0%	0	0.0%	0	0.0%

St.Mary's Memorial Hospital Strait Richmond Hospital		Twin Oaks Memorial Hospital		Valley Regional Hospital					
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		<5	s.20(3)(a)
0	0.0%	0	0.0%	0	0.0%	<5		<5	
0	0.0%	0	0.0%	0	0.0%	<5		<5	
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		<5	s.20(3)(a)
0	0.0%	0	0.0%	0	0.0%	0	0.0%	<5	
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		<5	s.20(3)(a)
0	0.0%	0	0.0%	0	0.0%	11	2.2%	<5	
0	0.0%	0	0.0%	0	0.0%	<5	s.20(3)(a)	<5	
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%	9	1.7%	<5	s.20(3)(a)

Victoria County	Memorial Hospital	Yarmouth Regional Hospital			
# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID Hospitalizations	% COVID Hospitalizations of all Hospitalizations	# COVID ICU Hospitalizations	% COVID ICU Hospitalizations of all ICU Hospitalizations
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	<5	s.20(3)(a)
0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	<5		0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	<5	s.20(3)(a)	0	0.0%
0	0.0%	<5		<5	s.20(3)(a)

TAB 8

2021	YAR 510031
This is Exhibit 8 referred to in th sworn before me on November	
Notary Public sig	gnature and seal

EXHIBIT 8

Freedom of Information Document Number NSHA 2021-181:

On November 22, 2021 I applied for the following FOIPOP information from Nova Scotia Health:

1. All reports/data on reasons why people were admitted into hospital for 2019, 2020, and 2021 by month, by hospital.

a.) general hospitalizations/admissions and

b.) ICU admissions (If there is a document that already has this information and additional information I would like a copy of this please.

2. A breakdown on the number of visits to hospital/reasons associated with receiving the COVID-19 vaccine.

a.) emergency visits b.) hospitalizations and c.) ICU admissions d.) 911 ambulance/First Responder calls from December 14, 2020 to present.

Date range for record Search: For 2019, 2020, & 2021.

Exhibit 8 is a true copy of what I received back: NSHA 2021-181. click here to download NSHA 181 General and ICU 2020-2021.

Please note:

- 1. This FOI response provides context to the number of overall Total Admissions and ICU Admissions in 2018, 2019, 2020.
- 2. It also shows all the reasons why people are admitted into hospital.



January 28, 2022 Shelly Hipson RR 3 Shelburne, NS BOT 1W0

Sent via e-mail to shellyhipson@xplornet.ca

Dear Shelly:

Re: Partial Access – OUR FILE# NSHA-2021-181

On November 22, 2021 Nova Scotia Health (NSH) received your request under the *Freedom of Information and Protection of Privacy Act* (*FOIPOP Act*).

We understand your application to be for a copy of the following:

1. All reports/data on reasons why people were admitted into hospital for 2019, 2020, and 2021 by month, by hospital.

a.) general hospitalizations/admissions and

b.) ICU admissions (If there is a document that already has this information and additional information I would like a copy of this please.

2. A breakdown on the number of visits to hospital/reasons associated with receiving the COVID-19 vaccine.

a.) emergency visits b.) hospitalizations and c.) ICU admissions d.) 911 ambulance/First Responder calls from December 14, 2020 to present.

Please find a copy of the records located in response to your request.

We have withheld personal information about health under section 20(3)(a) of the FOIPOP Act by redacting all numbers that are fewer than five for the reasons for hospitalization, visits, and admissions for items one and two.

Section 20(3)(a) of the FOIPOP Act states: A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if the personal information relates to a medical, dental, psychiatric, psychological or other health-care history, diagnosis, condition, treatment or evaluation.

We have provided combined totals by month for some rural facilities in Northern Zone, Eastern Zone, and Central Zone for item one to protect individual's privacy under section 20(3)(a) of the *FOIPOP Act*. The remaining facilities have individual totals by month.

Please note that the data for item two is only the general information for emergency visits, hospitalizations, and admissions. DHW will provide the specific vaccine-related data.



Section 4(2)(d) of the FOIPOP Act states that public bodies can't provide access to a record when it falls under section 7 of the Emergency 911 Act. 911 ambulance and first responder calls fall within that section so I cannot provide you with that data for item 2(d).

Should you have any questions, please do not hesitate to contact me.

You have the right to seek a review with the Review Officer within 60 days of receiving this decision. Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: <u>https://foipop.ns.ca/request-a-review</u>.

Sincerely,

Katie Smith Freedom of Information Officer Nova Scotia Health Authority Halifax, Nova Scotia



Data Source: DAD

Time Period: CY 2018- September 30, 2021

Data Notes: Case Mix groups are a group of diagnosis that are similar.

Open year data (2021 YTD) is subject to change.

Year 2		Month	Total Admissions	ICU Visits
2				
2	018	April	6,555	572
2	018	August	6,463	618
2	018	December	6,311	550
2	018	February	6,396	565
2	018	January	6,754	649
2	018	July	6,442	603
2	018	June	6,770	597
2	018	March	7,004	606
2	018	May	7,020	656
2	018	November	6,577	613
2	018	October	6,805	647
2	018	September	6,224	548
2	018		79,321	7,224
2	019	April	6,628	603
2	019	August	6,384	577
2	019	December	6,567	566
2	019	February	6,183	502
2	019	January	6,914	645
2	019	July	6,632	570
2	019	June	6,815	582
2	019	March	6,815	584
2	019	May	7,011	579
2	019	November	6,572	574
2	019	October	7,164	638
2	019	September	6,375	547
2	019		80,060	6,967
2	020	April	4,419	429
2	020	August	5,862	512
2	020	December	6,627	576
2	020	February	6,514	584
2	020	January	6,824	582
2	020	July	6,334	579
2	020	June	5,795	522
2	020	March	6,381	608
2	020	May	5,198	480
2	020	November	6,404	560
2	020	October	6,686	609
2	020	September	6,295	546
	020		73,339	6,587
2	020			

	68

2021 August	6,269	609
2021 February	5,990	525
2021 January	6,517	538
2021 July	6,688	637
2021 June	6,638	621
2021 March	6,755	611
2021 May	6,050	532
2021 September	6,427	612
2021	57,956	5,296

Number of Admissions and ICU stays by Most Responsible Diagnosis - December 14, 2020 to September 30, 2021

Open Year Data (2021) is subject to change

All Hospitals within NSHA included

Diagnosis Long Text	Total Admissions	
**	<5	0
46,XX true hermaphrodite	<5	<5
4-Aminophenol derivatives causing adverse effect in therapeutic use	7	<5
Abdominal aortic aneurysm, ruptured	25	8
Abdominal aortic aneurysm, without mention of rupture	153	46
Abdominal pregnancy	<5	0
Abnormal cardiovascular function studies (biomarkers or ECG) suggestive of non ST segment elevation	1357	191
	1557	643
Abnormal cardiovascular function studies (biomarkers or ECG) suggestive of non ST segment elevation myocardia		
Abnormal finding of blood chemistry, unspecified	<5	0
Abnormal findings in cerebrospinal fluid, abnormal cytological findings	<5	0
Abnormal findings in specimens from female genital organs, abnormal cytological findings	<5	0
Abnormal findings in specimens from female genital organs, unspecified abnormal finding	<5	0
Abnormal findings in specimens from other organs, abnormal level of other drugs, medicaments and bio	<5	0
Abnormal findings in specimens from other organs, abnormal microbiological findings	<5	<5
Abnormal findings in specimens from respiratory organs and thorax, abnormal microbiological findings	14	10
Abnormal findings on cytological and histological examination of urine	<5	0
Abnormal findings on diagnostic imaging of breast	<5	0
Abnormal findings on diagnostic imaging of liver and biliary tract	9	0
	131	19
Abnormal findings on diagnostic imaging of lung		
Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum	12	0
Abnormal findings on diagnostic imaging of other parts of digestive tract	15	<5
Abnormal findings on diagnostic imaging of other parts of musculoskeletal system	<5	0
Abnormal findings on diagnostic imaging of other specified body structures	24	<5
Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified	<5	0
Abnormal findings on diagnostic imaging of urinary organs	<5	0
Abnormal glucose tolerance test	16	<5
Abnormal haematological finding on antenatal screening of mother, delivered, with or without mention of antep	<5	0
Abnormal level of blood mineral	<5	<5
Abnormal level of unspecified serum enzyme	<5	0
	300	61
Abnormal levels of other serum enzymes	<5	0
Abnormal posture		
Abnormal reflex	<5	<5
Abnormal results of function studies of other organs and systems	<5	0
Abnormal results of kidney function studies	46	7
Abnormal results of liver function studies	91	23
Abnormal results of pulmonary function studies	<5	0
Abnormal results of thyroid function studies	9	<5
Abnormal sputum	<5	<5
Abnormal ultrasonic finding on antenatal screening of mother, antepartum condition or complication	<5	0
Abnormal ultrasonic finding on antenatal screening of mother, delivered, with or without mention of antepartu	10	0
Abnormal uterine and vaginal bleeding, unspecified	109	6
Abnormal weight loss	141	13
Abnormality of albumin	<5	0
Abnormality of plasma protein, unspecified	<5	0
Abnormality of red blood cells	<5	0
Abnormality of white blood cells, not elsewhere classified	72	18
ABO isoimmunization of fetus and newborn	5	0
Abscess of Bartholin's gland	<5	<5
Abscess of breast associated with childbirth, postpartum condition or complication	<5	0
Abscess of bursa, lower leg	<5	0
Abscess of external ear	<5	<5
Abscess of intestine	21	<5
Abscess of liver	65	8
Abscess of lung with pneumonia	7	0
Abscess of lung without pneumonia	13	<5
Abscess of mediastinum		
	8	
Abscess of penis	<5	<5
Abscess of prostate	5	0
Abscess of salivary gland	<5	0
Abscess of spleen	<5	<5
Abscess of vulva	9	0
Abscess, furuncle and carbuncle of nose	<5	<5
Abuse of non-dependence-producing substances	<5	0
Acanthosis nigricans	<5	0
Accentuation of personality traits	125	<5
Accessory auricle	<5	0
Accessory finger(s)	<5	
Accident on board watercraft without accident to watercraft, not causing drowning and submersion, fi	<5	<5
Accident on board watercraft without accident to watercraft, not causing drowning and submersion, fishing boa	<5	
Accident to watercraft causing drowning and submersion, unspecified watercraft	<5	0
Accident to watercraft causing other injury, other powered watercraft	<5	0
Accidental poisoning by and exposure to alcohol	6	<5

Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psych	10	0
Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic d	16	7
Accidental poisoning by and exposure to carbon monoxide from combustion engine exhaust	<5	<5
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewher	8	<5
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classif	36	15
Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	21	7
Accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapo	<5	<5
Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	16	<5
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological subs	14	6
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	20	7
Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system	<5	<5
Accidental puncture and laceration during a procedure, not elsewhere classified	479	109
Acetonuria	<5	0
Achalasia of cardia	23	<5
Achilles tendinitis	<5	0
Acidosis	444	217
Acne varioliformis	<5	0
Acne vulgaris	<5	0
Acne, unspecified	<5	0
Acquired absence of both lower limbs [any level, except toes alone]	<5	0
Acquired absence of breast, unspecified side	<5	<5
Acquired absence of foot and ankle	<5	0
Acquired absence of kidney	22	<5
Acquired absence of left breast	21	0
Acquired absence of left lung [part of]	5	<5
Acquired absence of leg above knee	34	<5
Acquired absence of leg at or below knee	27	<5
Acquired absence of lung [part of], unspecified side	<5	0
Acquired absence of other parts of digestive tract	<5	0
Acquired absence of part of head and neck	<5	<5
Acquired absence of right breast	27	<5
Acquired absence of right lung [part of]	10	0
Acquired atrophy of ovary and fallopian tube	<5	0
Acquired coagulation factor deficiency	8	<5
Acquired deformity of limb, unspecified	<5	0
Acquired deformity of nose	<5	0
Acquired haemolytic anaemia, unspecified	<5	0
Acquired pure red cell aplasia, unspecified	<5	0
Acromegaly and pituitary gigantism	<5	<5
Actinic keratosis	11	0
Acute abdomen	14	0
Acute anal fissure	<5	0
Acute and subacute hepatic failure	142	78
Acute and subacute infective endocarditis	146	51
Acute and subacute iridocyclitis	<5	0
Acute and transient psychotic disorder, unspecified	19	0
Acute and unspecified inflammation of lacrimal passages	<5	0
Acute appendicitis with generalized peritonitis	<5	<5
Acute appendicitis with localized peritonitis	219	8
Acute appendicitis, other and unspecified	439	<5
Acute bronchiolitis due to other specified organisms	<5	0
Acute bronchiolitis, unspecified	9	0
Acute bronchitis due to other specified organisms	<5	<5
Acute bronchitis, unspecified	7	0
Acute cholecystitis	250	22
Acute conjunctivitis, unspecified	5	0
Acute cystitis	15	<5
Acute delta-(super)infection in chronic hepatitis B	<5	<5
Acute disseminated encephalitis	<5	0
Acute drug-induced interstitial lung disorders	6	0
Acute endocarditis, unspecified	8	0
Acute epiglotitis	10	<5
Acute gingivitis	<5	0
Acute haemorrhagic gastritis	9	<5
Acute hepatitis B without delta-agent and without hepatic coma	<5	0
Acute hepatitis C	16	5
Acute inflammation of orbit	9	0
Acute inflammatory disease of uterus	<5	0
	88	25
Acute ischaemic heart disease, unspecified		
Acute laryngitis Acute lumphodonitis of face, hood and pack	<5 <5	<5
Acute lymphadenitis of face, head and neck		
Acute lymphadenitis of other sites	<5	0
Acute lymphadenitis of trunk	<5	0
Acute lymphadenitis of upper limb	<5	0
Acute lymphadenitis, unspecified	<5	0
Acute lymphoblastic leukaemia [ALL]	31	<5
Acute mastoiditis	<5	<5
Acute maxillary sinusitis	<5	<5

Actor myocal in large control9Actor myocal in large control in a spectral in the sp	Acute myeloblastic leukaemia [AML]	162	16
Acta surgalay argued for a general gen			0
Adde asynstry spridency, unspecified45Adde sprighting spridency, unspecified3Adde asynstry, strystry spridency, unspecified3Adde asynstry, strystry spridency, unspecified3Adde asynstry, strystry, strystry3Adde asynstry, strystry, strystry, strystry3Adde asynstry, strystry, strystr	Acute myocardial infarction, unspecified	172	67
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Acte parswissi with mydefiltoria4Acte parswissi and polic callulitor4Acte parswissi and polic callulitor4Acte parswissi and polic callulitor45Acte parswissi and polic callulitor46Acte parswissi and polic callulitor46<			43
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Adult respiratory distress syndrome 90 Adult T-cell lymphoma/leukaemia [HTLV-1 associated] <5			0
Adult T-cell lymphoma/leukaemia [HTLV-1 associated] <5			67
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Agoraphobia 5 Air embolism (traumatic) <5			0
Air embolism (traumatic) <5			<5
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kicknikIkicknikKallkicknikKal	Alcohol involvement, not otherwise specified Alcohol use		<5
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	<5	0
Aneurysm of pulmonary artery Aneurysmal bone cyst, other site	<5	0
Aneury and Bone cyst, pelvic region and thigh	<5	0
Angina pectoris with documented spasm	35	11
Angina pectoris, unspecified	67	10
Angiodysplasia of colon with bleeding	21	<5
Angiodysplasia of colon without bleeding	6	<5
Angiodysplasia of small intestine, except duodenum with bleeding	7	<5
Angiodysplasia of small intestine, except duodenum without bleeding	<5	0
Angiodysplasia of stomach and duodenum with bleeding	62	8
Angiodysplasia of stomach and duodenum without bleeding Angioimmunoblastic T-cell lymphoma	20 <5	0
Angionantinoitolastic r-cen infinitional	10	5
Angiotensin-converting-enzyme inhibitors causing adverse effect in therapeutic use	26	7
Animal-rider or occupant of animal-drawn vehicle injured by fall from or being thrown from animal or	<5	0
Animal-rider or occupant of animal-drawn vehicle injured by fall from or being thrown from animal or animal-d	<5	0
Ankyloglossia	55	0
Ankylosing spondylitis	15	7
Ankylosis of joint, lower leg	8	0
Ankylosis of joint, pelvic region and thigh	<5	0
Anogenital (venereal) warts	8	0
Anomalies of dental arch relationship Anomalies of numilian function	8	0 <5
Anomalies of pupillary function Anomalies of tooth position	<5	0
Anomalous portal venous connection	<5	0
Anorectal abscess	<5	0
Anorectal fistula	<5	0
Anorexia	81	10
Anorexia nervosa	24	0
Anosmia	<5	<5
Anoxic brain damage, not elsewhere classified	69	58
Antepartum fetal acidaemia first noted before onset of labour	<5	0
Antepartum haemorrhage, unspecified, antepartum condition or complication	11	0
Antepartum haemorrhage, unspecified, delivered, with or without mention of antepartum condition Anterior cerebral artery syndrome	10 <5	0
Anterior cord syndrome of cervical spinal cord	<5	0
Anterior dislocation of knee, closed	<5	<5
Anterior dislocation of shoulder, closed	14	0
Anterior spinal and vertebral artery compression syndromes, cervical region	<5	0
Anterior spinal and vertebral artery compression syndromes, unspecified site	<5	0
Anterograde amnesia	<5	0
Anthelminthics causing adverse effect in therapeutic use	<5	<5
Antiallergic and antiemetic drugs causing adverse effect in therapeutic use	12	<5
Antiasthmatics, not elsewhere classified, causing adverse effect in therapeutic use	<5	0
Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinaemia Anticholinesterase agents causing adverse effect in therapeutic use	<5	0
Anticongulant antagonists, vitamin K and other coagulants causing adverse effect in therapeutic use	8	0
Anticoagulants causing adverse effect in therapeutic use	601	129
Antidotes and chelating agents, not elsewhere classified, causing adverse effect in therapeutic use	<5	<5
Antifungal antibiotics, systemically used, causing adverse effect in therapeutic use	<5	0
Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, causing adverse effect in therape	<5	0
Antihyperlipidaemic and antiarteriosclerotic drugs causing adverse effect in therapeutic use	7	<5
Antimycobacterial drugs causing adverse effect in therapeutic use	<5	0
Antineoplastic antimetabolites causing adverse effect in therapeutic use	30	<5
Antineoplastic natural products causing adverse effect in therapeutic use	22	<5
Antiparkinsonism drugs causing adverse effect in therapeutic use	5 <5	0 <5
Antirheumatics causing adverse effect in therapeutic use Antispasticity drugs causing adverse effect in therapeutic use	<5 <5	<5
Antispasticity drugs causing adverse effect in therapeutic use Antithrombotic drugs [platelet-aggregation inhibitors] causing adverse effect in therapeutic use	14	<5
Antithyroid drugs causing adverse effect in therapeutic use	<5	<5
Antiviral drugs causing adverse effect in therapeutic use	12	<5
Anuria and oliguria	40	24
Anxiety disorder, unspecified	584	56
Anxious [avoidant] personality disorder	<5	0
Aortic (valve) insufficiency	58	15
Aortic (valve) stenosis	599	150
Aortic (valve) stenosis with insufficiency	47	12
	<5	0
Aortic aneurysm of unspecified site, ruptured		<5
Aortic aneurysm of unspecified site, without mention of rupture	13	~~
Aortic aneurysm of unspecified site, without mention of rupture Aortic valve disorder, unspecified	<5	
Aortic aneurysm of unspecified site, without mention of rupture Aortic valve disorder, unspecified Aphonia	<5 <5	<5
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Aortic aneurysm of unspecified site, without mention of rupture Aortic valve disorder, unspecified Aphonia Aplastic anaemia due to other external agents Aplastic anaemia, unspecified Apparent life threatening event of infant	<5 <5 239 <5	<5 0 40 0
Aortic aneurysm of unspecified site, without mention of rupture Aortic valve disorder, unspecified Aphonia Aplastic anaemia due to other external agents Aplastic anaemia, unspecified Apparent life threatening event of infant Appendicular concretions	<5 <5 239 <5 5	<5 <5 0 40 0 0 <5 0

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when get a transportant addition of transpo	Arteritis, unspecified		5
thrits and polyminits due to the specified bacterial agent, polyme right on the to the specified bacterial agent, polyme right on the to the specified bacterial agent, polyme right on the tot the specified bacterial agent, polyme right on the tot tot tot tot tot tot tot tot tot to	Arthralgia of temporomandibular joint	7	0
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 thrinis any observation face to any section of a section			<5
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which is note bacterial disease disabled diseables, multiple siteIwhich is, uspecified, nearIwhich is, uspecified, nearI <t< td=""><td></td><td></td><td>0</td></t<>			0
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whrespective4whrespective5whrespective5whrespective54<	Arthropathies in other specified diseases classified elsewhere	<5	0
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spariation of fluid as the case of abnormal reaction or later complication, without mention of misadventure18ssault by bilant object10ssault by object form high place5ssault by probing from high place5ssault by unspecified frearm discharge5ssault by unspecified frearm discharge5ssault by unspecified frearm discharge6ssault by unspecified with stated status asthmaticus6stature in growth restriction [UIGN]6stature in growth restriction [UIGN]6stature in growth restriction [UIGN]7stature in threactions of arteries of extremities with angreene7stature in threactions of arteries of extremities with gangreene7stature in growth extrestriction [UIGN]7stature in growth catefied place or arteries of extremities with pars graft7stature in growth catefied place or arteries7<	Asphyxiation	9	6
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ssault by other specified means6ssault by prink prom high place5ssault by prink sprop mal gree freerm discharge5ssault by sharp object18ssault by sharp object18ssault by snok free and fames5stault by unspecified chemical or noxious substance5stault by unspecified chemical or noxious substance5stasult by unspecified means6stasult by unspecified with state status asthmaticus5stasult by unspecified with state status asthmaticus5stastima, unspecified, with state status asthmaticus6stasting unspecified, with state status asthmaticus20stasting unspecified, with state status asthmaticus20stasting asteries of ortramities with gangree76stastic gait22therosclerosis of arteries of extermities with gangree75therosclerosis of arteries of extermities with gangree75therosclerosis of arteries of extermities without gangree77therosclerosis of arteries of extermities with gangree75therosclerosis of arteries of extermities without gangree75theroscleros			<5
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Assault by unspecified firearm discharge<	Assault by smoke, fire and flames		<5
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Atherosclerotic heart disease of unspecified type of vessel, native or graft301Atopic dermatitis, unspecified<5			876
Atopic dermatitis, unspecified<5Atresia of bile ducts<5			<5 74
Attresia of bile ducts<5Attresia of bile ducts<5			0
Atresia of oesophagus without fistula<5Atrial fibrillation, unspecified27957Atrial fibrillation, unspecified34410Atrial flutter, unspecified34410Atrial flutter, unspecified4545Atrial septal defect4510Atrial septal defect25910Atrioventricular block, first degree7410Atrioventricular block, second degree11210Atrioventricular septal defect<5	Atresia of bile ducts		0
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Atrial premature depolarization<5Atrial septal defect45Atrioventricular block, complete259Atrioventricular block, first degree74Atrioventricular block, second degree112Atrioventricular septal defect<5	Atrial fibrillation, unspecified	2795	754
Atrial septal defect45Atrioventricular block, complete2591Atrioventricular block, first degree741Atrioventricular block, second degree1121Atrioventricular septal defect<5	Atrial flutter, unspecified		109
Atrioventricular block, complete2591Atrioventricular block, first degree741Atrioventricular block, second degree1121Atrioventricular septal defect<5	Atrial premature depolarization		0
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Atrioventricular septal defect <5			30
Atrophy of edentulous alveolar ridge <5	Atrioventricular septal defect		0
	Atrophy of edentulous alveolar ridge		0
	Atrophy of thyroid (acquired)	<5	0

ophy of tongue papillae ophy of vulva ention to colostomy ention to cystostomy ention to gastrostomy ention to ileostomy ention to other artificial openings	<5	0
ention to colostomy ention to cystostomy ention to gastrostomy ention to ileostomy ention to other artificial openings	<5	0
ention to cystostomy ention to gastrostomy ention to ileostomy ention to other artificial openings	57	<5
ention to ileostomy ention to other artificial openings	<5	0
ention to other artificial openings	6	0
	80	<5
antian to other artificial energings of urinamy treat	<5	0
ention to other artificial openings of urinary tract	<5	0
ention to surgical dressings and sutures	<5	0
ention to tracheostomy	<5	<5
pical angina	<5	0
pical anorexia nervosa	<5	0
pical atrial flutter	9	<5
pical facial pain	<5	0
pical parenting situation	<5	0
ditory hallucinations	21	0
coimmune hepatitis	17	<5
coimmune thyroiditis	12	0
conomic dysreflexia	14	5
conomic neuropathy in endocrine and metabolic diseases	118	17
Jision injury of ankle and foot (skin of)	<5	0
Jision, finger, hand, wrist	<5	0
pesiosis Illus facella (D. facella) e alte e succe fille e alter a	<5	0
illus fragilis [B. fragilis] as the cause of diseases classified to other chapters	16	5
kground retinopathy and retinal vascular changes	<5	0
terial foodborne intoxication, unspecified	<5	0
terial infection, unspecified	265	46
terial intestinal infection, unspecified	<5	0
terial meningitis, unspecified	<5	0
terial meningoencephalitis and meningomyelitis, not elsewhere classified	<5	0
terial pneumonia, unspecified terial sepsis of newborn, unspecified	21	6 0
	<5 <5	0
anitis in diseases classified elsewhere	<5 17	<5
anoposthitis	<5	0
biturates, not elsewhere classified, causing adverse effect in therapeutic use	47	<5
rett's esophagus tonellosis, unspecified	<5	<5
ell lymphoma, unspecified	32	<5
nçet's disease	<5	0
l's palsy	33	6
is paisy ign hypertension	7903	1858
ign intracranial hypertension	13	<5
ign inconstruction explosion of intra-abdominal organs	10	0
ign lipomatous neoplasm of other sites	8	0
ingn lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck	<5	0
ign lipomatous neoplasm of skin and subcutaneous tissue of limbs	<5	0
ign lipomatous neoplasm of skin and subcutaneous tissue of other and unspecified sites	<5	0
ign lipomatous neoplasm of skin and subcutaneous tissue of trunk	5	0
ign lipomatous neoplasm of spermatic cord	<5	0
nign lipomatous neoplasm, unspecified	7	0
iign neoplasm of adrenal gland	27	0
	<5	0
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nign neoplasm of appendix nign neoplasm of ascending colon nign neoplasm of bladder nign neoplasm of bones of skull and face nign neoplasm of brain, infratentorial nign neoplasm of brain, unspecified nign neoplasm of bronchus and lung nign neoplasm of caecum nign neoplasm of cerebral meninges nign neoplasm of colon, unspecified nign neoplasm of colon, unspecified nign neoplasm of cranial nerves	<5 <5 <5 11 51 54 26 11	0 0 0 0 0 5 6 <5 5
nign neoplasm of appendix nign neoplasm of ascending colon nign neoplasm of bladder nign neoplasm of bones of skull and face nign neoplasm of brain, infratentorial nign neoplasm of brain, unspecified nign neoplasm of breast nign neoplasm of bronchus and lung nign neoplasm of caecum nign neoplasm of crebral meninges nign neoplasm of colon, unspecified nign neoplasm of cranial nerves nign neoplasm of descending colon	<5 <5 <5 11 51 54 26 11 33	0 0 0 0 0 0 0 5 6 6 5 5 5 5
hign neoplasm of appendix hign neoplasm of ascending colon hign neoplasm of bladder hign neoplasm of bones of skull and face hign neoplasm of brain, infratentorial hign neoplasm of brain, unspecified hign neoplasm of breast hign neoplasm of bronchus and lung hign neoplasm of caecum hign neoplasm of caecum hign neoplasm of crebral meninges hign neoplasm of corebral meninges hign neoplasm of carbinal nerves hign neoplasm of carbinal nerves hign neoplasm of descending colon hign neoplasm of descending colon	<5 <5 <5 <11 51 54 26 11 33 <5	0 0 0 0 0 0 0 5 6 6 5 5 5 5 5 5 5 5 5 5
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th injury to face <5
ten by rat <5
ten or struck by dog 13
ten or struck by other mammals 10
ten or study by nonvenomous insect and other nonvenomous arthropods
adder disorder, unspecified <5
adder-neck obstruction 46
pharitis 13
- ppharoconjunctivitis <5
ndness, binocular 18
ndness, monocular <5
xod alcohol level of 20-39 mg/100 ml <5
vod glucose between 12.0 - 13.9 mmol/L post-meal (or NOS) <5
ood glucose between 8.0 - 11.9 mmol/L pre-meal (fasting) <5
bod glucose greater than or equal to 14.0 mmol/L post-meal (or NOS) 16
and glucose greater than or equal to 14.0 mmol/L pre-meal (fasting)
bod glucose greater than or equal to 14.0 mmol/L pre-meal (fasting) <5
sod glucose greater than or equal to 14.0 mmol/L pre-meal (fasting) < 5 sod-sampling as the cause of abnormal reaction or later complication, without mention of misadventure at th <5

Provential alarma discontant	10	.5
Brachial plexus disorders Bradycardia, unspecified	10 597	<5 176
Brain stem stroke syndrome	13	0
Bronchiectasis	21	<5
Bronchitis and pneumonitis due to chemicals, gases, fumes and vapours	<5	0
Bronchitis, not specified as acute or chronic	5	0
Bronchopneumonia, unspecified	289	55
Bronchopulmonary dysplasia originating in the perinatal period	<5	0
Bruising of scalp due to birth injury Budd-Chiari syndrome	<5	0
Bulimia nervosa	9	0
Bullous disorders in diseases classified elsewhere	<5	<5
Bullous erythema multiforme	<5	<5
Bullous keratopathy	<5	0
Bullous pemphigoid	10	0
Burkitt lymphoma	18	0
Burn of eyelid and periocular area Burn of first degree of head and neck	<5 <5	<5
Burn of first degree of hip and lower limb, except ankle and foot	<5	0
Burn of first degree of shoulder and upper limb, except wrist and hand	<5	0
Burn of first degree of trunk	<5	0
Burn of larynx and trachea	<5	0
Burn of mouth and pharynx	<5	0
Burn of oesophagus	<5	<5
Burn of other parts of alimentary tract	<5	0
Burn of second degree of ankle and foot Burn of second degree of hip and lower limb, except ankle and foot	<5	0
Burn of second degree of hip and lower limb, except ankle and foot Burn of second degree of shoulder and upper limb, except wrist and hand	<5	<5
Burn of second degree of trunk	7	<5
Burn of second degree of wrist and hand	<5	0
Burn of third degree of head and neck	<5	<5
Burn of third degree of hip and lower limb, except ankle and foot	5	<5
Burn of third degree of shoulder and upper limb, except wrist and hand	<5	<5
Burn of third degree of trunk	<5	<5
Burn of third degree of wrist and hand	<5	<5
Burn of unspecified degree of ankle and foot Burn of unspecified degree of head and neck	<5 <5	0
Burn of unspecified degree of hip and lower limb, except ankle and foot	<5	<5
Burn of unspecified degree of shoulder and upper limb, except wrist and hand	<5	0
Burn of unspecified degree of trunk	<5	0
Burn of unspecified degree of wrist and hand	<5	0
Burn-out	<5	0
Burns involving 10-19% of body surface with 0% or unspecified third degree burns	<5	<5
Burns involving 10-19% of body surface with 10-19% third degree burns Burns involving 10-19% of body surface with less than 10% third degree burns	<5 <5	<5
Burns involving 20-29% of body surface with 20-29% third degree burns	<5	0
Burns involving 40-49% of body surface with 40-49% third degree burns	<5	<5
Burns involving less than 10% of body surface with 0% or unspecified third degree burns	19	<5
Burns involving less than 10% of body surface with less than 10% third degree burns	12	<5
Burns of multiple regions, at least one burn of third degree mentioned	5	<5
Burns of multiple regions, no more than second-degree burns mentioned	<5	0
Burns of multiple regions, unspecified degree	<5	0
Bursitis of hand Bursitis of shoulder	<5	0
Buistus of shoulder Bus occupant injured in noncollision transport accident, passenger, nontraffic accident	7 <5	0
Busycophenone and thioxanthene neuroleptics causing adverse effect in therapeutic use	6	<5
Cachexia	500	26
Calcaneal spur	<5	0
Calcific tendinitis of shoulder	<5	0
Calcification and ossification of muscle, unspecified, other site	<5	0
Calcification and ossification of muscle, unspecified, pelvic region and thigh	<5	0
Calcinosis cutis Calcium-channel blockers causing adverse effect in therapeutic use	<5 19	<5
Calculus in bladder	69	<5
Calculus in urethra	<5	0
Calculus of bile duct with cholangitis with obstruction	20	<5
Calculus of bile duct with cholangitis without mention of obstruction	54	<5
Calculus of bile duct with cholecystitis with obstruction	36	<5
Calculus of bile duct with cholecystitis without mention of obstruction	112	7
Calculus of bile duct without cholangitis or cholecystitis with obstruction	50	0
Calculus of bile duct without cholangitis or cholecystitis without mention of obstruction	115	5
Calculus of gallbladder with acute cholecystitis with obstruction Calculus of gallbladder with acute cholecystitis without mention of obstruction	31 468	<5
Calculus of gallbladder with other cholecystitis with obstruction	12	<5
Calculus of gallbladder with other cholecystitis without mention of obstruction	371	8
Calculus of gallbladder without cholecystitis with obstruction	<5	0
Calculus of gallbladder without cholecystitis without mention of obstruction	79	6
Calculus of kidney	156	11

Calculus of kidney with calculus of ureter	26	<5
Calculus of kidney with calculus of ureter Calculus of ureter	131	<5
Campylobacter enteritis	18	,
Candidal endocarditis	<5	<5
Candidal enteritis	<5	<5
Candidal esophagitis	35	<5
Candidal otitis externa	<5	0
Candidal sepsis Candidal stomatitis	22	14 31
Candidiasis of other sites	65	24
Candidiasis of other urogenital sites	111	33
Candidiasis of skin and nail	57	10
Candidiasis of vulva and vagina	41	5
Candidiasis, unspecified	44	7
Cannabinosis	<5	0
Car occupant [any] injured in other specified transport accidents	<5	0
Car occupant [any] injured in unspecified nontraffic accident	<5	0
Car occupant [any] injured in unspecified traffic accident	16 <5	<5
Car occupant injured in collision with car, pick-up truck or van, driver, nontraffic accident Car occupant injured in collision with car, pick-up truck or van, driver, traffic accident	48	9
Car occupant injured in collision with car, pick-up truck or van, passenger, traffic accident	11	<5
Car occupant injured in collision with car, pick-up truck or van, unspecified car occupant, traffic	<5	0
Car occupant injured in collision with car, pick-up truck or van, unspecified car occupant, traffic accident	<5	0
Car occupant injured in collision with fixed or stationary object, driver, nontraffic accident	<5	<5
Car occupant injured in collision with fixed or stationary object, driver, traffic accident	26	8
Car occupant injured in collision with fixed or stationary object, passenger, traffic accident	5	<5
Car occupant injured in collision with heavy transport vehicle or bus, driver, traffic accident	<5	<5
Car occupant injured in collision with heavy transport vehicle or bus, passenger, traffic accident	<5	0
Car occupant injured in collision with pedestrian or animal, driver, traffic accident Car occupant injured in collision with two- or three-wheeled motor vehicle, driver, traffic accident	<5	0
Car occupant injured in conision with two- or three-wheeled motor vehicle, driver, traffic accident Car occupant injured in noncollision transport accident, driver, nontraffic accident	<5 <5	0 <5
Car occupant injured in noncollision transport accident, driver, traffic accident	40	12
Car occupant injured in noncollision transport accident, passenger, nontraffic accident	<5	<5
Car occupant injured in noncollision transport accident, passenger, traffic accident	12	<5
Car occupant injured in noncollision transport accident, unspecified car occupant, nontraffic accident	<5	0
Car occupant injured in noncollision transport accident, unspecified car occupant, traffic accident	<5	<5
Car occupant injured in noncollision transport accident, while boarding or alighting	13	0
Carcinoma in situ of bladder	11	0
Carcinoma in situ of bronchus and lung	<5	0
Carcinoma in situ of cervix, unspecified	22	0
Carcinoma in situ of endocervix Carcinoma in situ of exocervix	<5 <5	0
Carcinoma in situ of larynx	<5	0
Carcinoma in situ of left breast, unspecified	10	0
Carcinoma in situ of other and unspecified urinary organs	<5	0
Carcinoma in situ of other parts of respiratory system	<5	<5
Carcinoma in situ of other specified digestive organs	<5	0
Carcinoma in situ of penis	<5	0
Carcinoma in situ of prostate	7	0
Carcinoma in situ of right breast, unspecified	13	<5
Carcinoma in situ of skin of other and unspecified parts of face	<5	0
Carcinoma in situ of skin of scalp and neck Carcinoma in situ of skin of upper limb, including shoulder	<5	0
Carcinoma in situ of thyroid and other endocrine glands	<5	0
Carcinoma in situ of tongue	<5	0
Carcinoma in situ of vulva	13	0
Cardiac arrest with successful resuscitation	288	249
Cardiac arrest, unspecified	141	61
Cardiac arrhythmia, unspecified	16	<5
Cardiac catheterization as the cause of abnormal reaction or later complication, without mention of	177	79
Cardiac catheterization as the cause of abnormal reaction or later complication, without mention of misadvent	7	<5
Cardiac murmur, unspecified Cardiac rehabilitation	33	0
Cardiac septal defect, acquired	<5	<5
Cardiac-stimulant glycosides and drugs of similar action causing adverse effect in therapeutic use	30	<5
Cardiogenic shock	160	120
Cardiomegaly	66	15
Cardiomyopathy due to drugs and other external agents	<5	<5
Cardiomyopathy in infectious and parasitic diseases classified elsewhere	<5	<5
Cardiomyopathy in metabolic diseases	14	<5
Cardiomyopathy in other diseases classified elsewhere	<5	<5
Cardiomyopathy in the puerperium, postpartum condition or complication	<5	0
Conditions and the second field	124	31 <5
Cardiomyopathy, unspecified Cardiousecular devices associated with adverse incidents, miscellaneous devices, not elsewhere classified	~	<5
Cardiovascular devices associated with adverse incidents, miscellaneous devices, not elsewhere classified	<5	
Cardiovascular devices associated with adverse incidents, miscellaneous devices, not elsewhere classified Cardiovascular devices associated with adverse incidents, prosthetic and other implants, materials a	13	<5
Cardiovascular devices associated with adverse incidents, miscellaneous devices, not elsewhere classified		

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Contact with other hor fluids45Contact with other powered hand tools and household machinery9Contact with other sharo object), not disewhere classified5Contact with other sharo object), not disewhere classified5Contact with other sharo object, undetermined intern5Contact with share polect, undetermined intern of an ore fetus or more, antepartum condition or complication5Contracture of joint, forearm5Contracture of joint, forearm5Contracture of joint, forearm5Contracture of joint, fundiple sites5Contracture of muscle, pelvic region and thigh6Contracture of joint, multiple sites5Contracture of muscle, pelvic region and thigh6Contracture of muscle, pelvic region and thigh5Contracture of muscle, pelvic region and thigh5Contracture of and heamatoma of lear, without open wound into thoracic cavity5Contaution and haematoma of lear, without open wound into thoracic cavity5Contaution of ademinal wall10Contaution of ademinal wall5Contaution of ademinal wall5Contaution of ademinal wall5Contaution of heat without op	Contact with other and unspecified heat and hot substances	<5	0
Contact with other powered hand tools and household machinery9Contact with other sharp abject(s), not elsewhere classified5Contact with other sharp abject(s), not elsewhere classified5Contact with abarp object, undetermined intent5Contact with sharp object, undetermined intent5Contact with sharp object, (solver) [sicher houe) [over)5Contact with sharp object, (solver) [sicher houe) [over)5Contact with starp object, (solver) [sicher houe) [over)5Contact with sharp object, (solver) [sicher houe) [over)5Contact with starp object, (solver) [sicher houe) [over)5Contact with starp object, (solver) [sicher houe) [over)5Contract we of joint, forearm5Contract we of joint, forearm5Contract we of joint, forearm5Contract we of joint, plevic region and thigh5Contract we of joint, plevic region and thigh6Contract we of joint, plevic region and thigh6Contract we of joint, plevic region and thigh5Contract we of joint, plevic region and thigh6Contract we of joint, plevic region and thigh5Contract we of joint, plevic region and thigh5Contract we of joint, plevic region and thigh5Contract we of joint, plevic region and thigh6<	Contact with other and unspecified machinery	20	<5
Contact with other sharp object(s), not elsewhere classified5Contact with obser venomous arthropods5Contact with obser venomous arthropods7Contact with obser venomous arthropods7Contact with sharp glass7Contact with sharp object, uldetermined intert5Contact with object and the sharp object, (s)5Contracture of joint, forearm5Contracture of joint, forearm5Contracture of joint, forearm5Contracture of joint, pelvic region and thigh6Contracture of joint, pelvic region and thigh6Contracture of intuct, multiple sites5Contusion and haematoma of larg, with open wound into thoracic cavity5Contusion and haematoma of larg, with open wound into thoracic cavity5Contusion of and mamotomal would5Contusion of and mamotomal of pelvic, with open wound into thoracic cavity5Contusion of and mamotomal would5Contusion of and mamotomal would5Contusion of and beamatoma of pelvic, with open wound into thoracic cavity5Contusion of and beamatoma of pelvic, with open wound into thoracic cavity5Contusion of and beamatoma of pelvic, with open wound into thoracic cavity5Contusion o	Contact with other hot fluids	<5	<5
Contact with other wenomous arthropods45Contact with powered inwomever45Contact with sharp glass7Contact with sharp object, undetermined intent45Contact with storp object, indetermined intent45Contact with storp object, indetermined intent45Contract were object, indetermined intent45Contract were object, indetermined intent45Contract were object, indetermined intent45Contract were object, indetermined intens45Contract were object, indition gregonary after spontaneous abortion of one fetus or more, delivered, with or without mention of a45Contract were object, indition storp object,	Contact with other powered hand tools and household machinery	9	0
Contact with powered lawmower45Contact with sharp glass7Contact with sharp glass7Contact with sharp object, undetermined intent45Contact with stove (cooker) (listchen stove) (coven)45Contact with stores (cooker) (listchen stove) (coven)45Contact with stores (cooker) (listchen stove) (coven)45Contact with stores (cooker) (listchen stove) (coven)45Contrature of point, forearm45Contracture of joint, forearm45Contracture of joint, node reg12Contracture of joint, multiple sites45Contracture of joint, multiple sites45Contracture of muscle, multiple sites45Contracture of multiple45Contracture of muscle, multiple sites45Contracture of muscle, multiple sites45Contracture of multiple45Contaction of active45Contaction of activ	Contact with other sharp object(s), not elsewhere classified		0
Contact with sharp object, undetermined intent Contact with sharp object, undetermined intent Contact with suppolice(loben stove) (oven) Contracture of joint, policy (oven) Contracture of joint, foreram Contracture of joint, nultiple sites Contracture of joint, policy less Contracture of joint, policy less Contracture of joint, policy less Contracture of muscle, multiple sites Contracture of muscle, multiple sites Contracture of muscle, pelvic region and thigh 10 Contracture of policy, nultiple sites Contracture of muscle, multiple sites Contracture of muscle, multiple sites Contracture of muscle, multiple sites Contrusion of heamatoma of lung without open wound into	Contact with other venomous arthropods		0
Contax with shape object, undetermined intentContax with store (cooker) (likthen store) (oven)Contax with store (cooker) (likthen store) one fetus or more, antepartum condition or complicationContinuing pregnancy after spontaneous abortion of one fetus or more, delivered, with or without mention of aContracture of joint, forarmContracture of joint, hordContracture of joint, hordContracture of joint, hordContracture of joint, hurd legContracture of joint, pelvic region and thighContracture of muscle, envice withou open wound into thoracic cavityContaxion and harematoma of leur, withou open wound into thoracic cavityContaxion and harematoma of pleura withou open wound into thoracic cavityContaxion and harematoma of pleura withou open wound into thoracic cavityContaxion of ableContaxion of able<	Contact with powered lawnmower		0
Contact with store (coker) (ktchen store) (oven)45Contact with unspecified sharp object(s)45Contact with unspecified sharp object(s)45Continuing pregnancy after spontaneous abortion of one fetus or more, antepartum condition or complication45Contracture of joint, forearm45Contracture of joint, forearm45Contracture of joint, nutrips istes45Contracture of joint, multiple sites45Contracture of muscle, pelvic region and thigh6Contracture of muscle, pelvic region and thigh6Contracture of muscle, pelvic region and thigh45Contracture of muscle, pelvic region and thigh45Contracture of muscle, pelvic region and thigh45Contusion and haematoma of leura without open wound into thoracic cavity45Contusion and haematoma of leura without open wound into thoracic cavity45Contusion and haematoma of pleura without open wound into thoracic cavity45Contusion of abdominal wall11Contusion of abdominal wall10Contusion of pleura without open wound into thoracic cavity45Contusion of shouthal tisues10Contusion of head and pelvical area5Contusion of head and pelvical area5Contusion of hip45Contusion of hip45Contusion of shouthal tisues5Contusion of shouthal tisues5Contusion of shouthal deperson45Contusion of shouthal tisues5Contusion of shouthal dusper45C	Contact with sharp glass		0
Cantact with unspecified sharp object(s)<5			0
Continuing pregnancy after spontaneous abortion of one fetus or more, antepartum condition or complication<			0
Continuing pregnancy after spontaneous abortion of one fetus or more, delivered, with or without mention of a <5			0
Contracture of joint, forearm<5			0
Contracture of joint, hand<5			0
Contracture of joint, lower leg12Contracture of joint, puic region and thigh6Contracture of muscle, pultiple sites<5			0
Contracture of joint, multiple sites<5Contracture of joint, pultic region and thigh6Contracture of muscle, multiple sites5Contracture of muscle, pultic region and thigh10Contracture of muscle, pultic region and thigh10Contracture of muscle, pultic region and thigh5Contracture of muscle, pultic region and thigh5Contracture of muscle, pultic region and thigh5Contusion and haematoma of lung without open wound into thoracic cavity45Contusion and haematoma of pleura without open wound of thoracic cavity5Contusion and haematom of pleura, withopen wound into thoracic cavity5Contusion of abdominal wall11Contusion of abdominal wall10Contusion of seveball and orbital tissues10Contusion of eyeball and periocular area5Contusion of kee11Contusion of fore11Contusion of ther parts of forearm5Contusion of other parts of wrist and hand5Contusion of scrotum and testes5Contusion of scrotum and testes5Contusion of thigh5Contusion of thi			<5
Contracture of joint, pelvic region and thigh6Contracture of muscle, pulvic region and thigh10Contracture of muscle, pulvic region and thigh5Contusion and haematoma of heart, without open wound into thoracic cavity5Contusion and haematoma of lung with open wound into thoracic cavity5Contusion and haematoma of pleura without open wound into thoracic cavity5Contusion and haematoma of pleura, with open wound into thoracic cavity5Contusion of abaematom of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of abaematoma of pleura, with open wound into thoracic cavity5Contusion of they			0
Contracture of muscle, multiple sites<			0
Contusion and haematoma of heart, without open wound into thoracic cavity<5Contusion and haematoma of lung without open wound into thoracic cavity<5	Contracture of muscle, multiple sites	<5	0
Contusion and haematom of lung with open wound into thoracic cavity<5Contusion and haematom of lung without open wound into thoracic cavity<5	Contracture of muscle, pelvic region and thigh	10	0
Contusion and haematoma of lung without open wound into thoracic cavity 45 Contusion and haematoma of pleura, with open wound into thoracic cavity 5 Contusion of abdominal wall 11 Contusion of ankle 5 Contusion of ankle 5 Contusion of elbow 5 Contusion of hip 10 Contusion of hip 11 Contusion of knee 11 Contusion of other and unspecified parts of forearm 5 Contusion of storut mand testes 5 Contusion of storut mand testes 5 Contusion of thigh 5 Contusion of thigh 5 Contusion of shoulder and upper arm 5 Contusion of shoulder and upper arm 5 Contusion of thigh 5 Contusion of thigh 5 <t< td=""><td>Contusion and haematoma of heart, without open wound into thoracic cavity</td><td><5</td><td><5</td></t<>	Contusion and haematoma of heart, without open wound into thoracic cavity	<5	<5
Contusion and haematoma of pleura without open wound into thoracic cavity <5	Contusion and haematoma of lung with open wound into thoracic cavity	<5	0
Contusion and haematoma of pleura, with open wound into thoracic cavity<5	Contusion and haematoma of lung without open wound into thoracic cavity	45	21
Contusion of abdominal wall11Contusion of ankle<5	Contusion and haematoma of pleura without open wound of thoracic cavity	<5	0
Contusion of ankle<5Contusion of elpow<5	Contusion and haematoma of pleura, with open wound into thoracic cavity		0
Contusion of elbow<5Contusion of eyeball and orbital tissues10Contusion of eyeball and periocular area5Contusion of hip14Contusion of hip11Contusion of knee11Contusion of lower back and pelvis8Contusion of other and unspecified parts of forearm5Contusion of other parts of wrist and hand5Contusion of strotur and testes5Contusion of thigh5Contusion of thigh5Contusion of thorax7Convalescence following combined treatment5Convalescence following radiotherapy6Convalescence following surgery1009Convalescence following treatment of fracture20Convalescence following unspecified treatment20Convalescence following unspecified treatment20Convalescence following unspecified treatment7Convalescence following unspecified treatment20Convalescence following unspecified treatment20 <td>Contusion of abdominal wall</td> <td></td> <td>0</td>	Contusion of abdominal wall		0
Contusion of eyeball and orbital tissues10Contusion of eyelid and periocular area5Contusion of hip14Contusion of knee11Contusion of lower back and pelvis8Contusion of other and unspecified parts of forearm5Contusion of other and unspecified parts of forearm5Contusion of scrutum and testes5Contusion of shoulder and upper arm5Contusion of thiph5Contusion of thiph5Contusion of thiph5Contusion of thiph5Contusion of thiph5Contusion of therax7Convalescence following chemotherapy5Convalescence following radiotherapy6Convalescence following surgery1009Convalescence following unspecified treatment20Convalescence following unspecified treatment20Convalescence following unspecified treatment20Convalescence following unspecified treatment7	Contusion of ankle		0
Contusion of eyelid and periocular area5Contusion of hip14Contusion of knee11Contusion of lower back and pelvis8Contusion of other and unspecified parts of forearm5Contusion of other and unspecified parts of forearm5Contusion of scretum and testes5Contusion of shoulder and upper arm5Contusion of thiph5Contusion of thiph5Contusion of thiph5Contusion of thiph5Contusion of threatment5Convalescence following combined treatment5Convalescence following radiotherapy6Convalescence following surgery1009Convalescence following treatment of fracture20Convalescence following unspecified treatment20Convalescence following unspecified treatment20Convalescence following unspecified treatment20			0
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Contusion of knee11Contusion of lower back and pelvis8Contusion of other and unspecified parts of forearm<5			<5
Contusion of lower back and pelvis8Contusion of other and unspecified parts of forearm<5			0
Contusion of other and unspecified parts of forearm<5Contusion of other parts of wrist and hand<5			0
Contusion of other parts of wrist and hand<5Contusion of scrotum and testes<5	·		0
Contusion of scrotum and testes<5Contusion of shoulder and upper arm5Contusion of thigh<5			0
Contusion of shoulder and upper arm 5 Contusion of thigh <5	Contusion of scrotum and testes		<5
Contusion of thigh <5	Contusion of shoulder and upper arm		0
Contusion of thorax 7 Convalescence following chemotherapy <5	Contusion of thigh		0
Convalescence following combined treatment <5	Contusion of thorax	7	<5
Convalescence following other treatment 103 Convalescence following radiotherapy 6 Convalescence following surgery 1009 Convalescence following treatment of fracture 20 Convalescence following unspecified treatment 7	Convalescence following chemotherapy	<5	0
Convalescence following radiotherapy 6 Convalescence following surgery 1009 Convalescence following treatment of fracture 20 Convalescence following unspecified treatment 7	Convalescence following combined treatment	<5	<5
Convalescence following surgery 1009 Convalescence following treatment of fracture 20 Convalescence following unspecified treatment 7	Convalescence following other treatment		16
Convalescence following treatment of fracture 20 Convalescence following unspecified treatment 7	Convalescence following radiotherapy		0
Convalescence following unspecified treatment 7	Convalescence following surgery		43
	Convalescence following treatment of fracture		0
Convulsions of newborn <5	Convalescence following unspecified treatment		0
	Convulsions of newborn	<5	0

Cor triatriatum Cord compression, unspecified	<5	<5
	12	<3
Corneal pigmentations and deposits	<5	<5
Corneal ulcer	11	(
Corns and callosities	8	<5
Coronary artery aneurysm and dissection	31	16
Coronary thrombosis not resulting in myocardial infarction	8	<5
Coronary vasodilators, not elsewhere classified, causing adverse effect in therapeutic use Coronavirus as the cause of diseases classified to other chapters	10 8	0 <5
Coronavirus disease 2019 [COVID-19], virus identified	304	80
Coronavirus disease 2019 [COVID-19], virus not identified	7	<5
Corpus luteum cyst	18	C
Corrosion of oesophagus	<5	C
Corrosion of respiratory tract, part unspecified	<5	<5
Cough	69	13
COVID-19 vaccines causing adverse effects in therapeutic use	69	13
Coxarthrosis resulting from dysplasia, bilateral Coxarthrosis, unspecified	<5 461	C <5
CR(E)ST syndrome	5	<5
Cramp and Spasm	27	6
Cranial nerve disorder, unspecified	<5	C
Craniosynostosis	<5	C
Creutzfeldt-Jakob disease	<5	<5
Crohn's disease of large intestine	48	<5
Crohn's disease of small intestine Crohn's disease, unspecified	55 160	<5
Cronn's disease, unspecified Crushed, pushed or stepped on by crowd or human stampede	160 <5	8
Crushing injuries involving multiple regions of lower limb(s)	<5	0
Crushing injuries involving multiple regions of upper limb(s)	<5	0
Crushing injury of hip with thigh	<5	0
Crushing injury of other and unspecified parts of lower leg	<5	<5
Crushing injury of other and unspecified parts of wrist and hand	<5	0
Crushing injury of other parts of ankle and foot	<5	0
Crushing injury of thigh	<5	0 <5
Cryoglobulinaemia Cryptosporidiosis	<5	0
Crystal arthropathy, unspecified, forearm	<5	0
Crystal arthropathy, unspecified, lower leg	5	0
Crystal arthropathy, unspecified, pelvic region and thigh	<5	0
Crystal arthropathy, unspecified, upper arm	<5	0
Cushing's syndrome, unspecified	<5	<5
Cutaneous abscess, furuncle and carbuncle of buttock	14	<5
Cutaneous abscess, furuncle and carbuncle of face Cutaneous abscess, furuncle and carbuncle of limb	<5 108	<5 12
Cutaneous assess, furuncle and carbuncle of neck	13	<5
Cutaneous abscess, furuncle and carbuncle of other sites	10	<5
Cutaneous abscess, furuncle and carbuncle of trunk	106	13
Cutaneous abscess, furuncle and carbuncle, unspecified	10	0
Cutaneous erysipeloid	<5	0
Cutaneous nocardiosis	<5	0
Cutaneous T-cell lymphoma, unspecified	<5	<5
Cyanosis Cyanotic attacks of newborn	9	<5
Cyclothymia	<5	0
Cyst and mucocele of nose and nasal sinus	<5	0
Cyst of Bartholin's gland	<5	0
Cyst of kidney	35	<5
Cyst of pancreas	18	<5
Cyst of spleen	<5	0
Cystic disease of liver Cystic fibrosis with intestinal manifestations	<5 <5	0
Cystic fibrosis with intestinal manifestations	<5	0
	9	<5
Cystic fibrosis with pulmonary manifestations	12	0
Cystic fibrosis with pulmonary manifestations Cystic fibrosis, unspecified	<5	C
		<5
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified	32	
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele	32 61	
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified	32 61 10	<5
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis	32 61 10 <5	0 <5
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis	32 61 10	(<5 (
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis	32 61 10 <5 <5) 5> (
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis Damage to pelvic organs and tissues following medical abortion	32 61 10 <5 <5 <5) 5> () () ()
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis Damage to pelvic organs and tissues following medical abortion Deaf mutism, not elsewhere classified	32 61 10 <5 <5 <5 <5 248 389	() <5 () () <5 38 51
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis Damage to pelvic organs and tissues following medical abortion Deaf mutism, not elsewhere classified Decubitus (pressure) ulcer, unstageable Decubitus ulcer and pressure area, unspecified Decubitus ulcer and pressure area, unspecified	32 61 10 <5 <5 <5 248 389 <5	<pre></pre>
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis Damage to pelvic organs and tissues following medical abortion Deaf mutism, not elsewhere classified Decubitus [pressure] ulcer, unstageable Decubitus ulcer and pressure area, unspecified Decubitus ulcer and pressure area, unspecified Deep phlebothrombosis in pregnancy, antepartum condition or complication Deep phlebothrombosis in pregnancy, delivered, with or without mention of antepartum condition	32 61 10 <5 <5 <5 248 389 <5 5	0 <5 0 <5 38 51 0 0
Cystic fibrosis, unspecified Cysticercosis of central nervous system Cystitis, unspecified Cystocele Cytomegaloviral disease, unspecified Cytomegaloviral pneumonitis Dacryoadenitis Damage to pelvic organs and tissues following medical abortion Deaf mutism, not elsewhere classified Decubitus (pressure) ulcer, unstageable Decubitus ulcer and pressure area, unspecified Decubitus ulcer and pressure area, unspecified	32 61 10 <5 <5 <5 248 389 <5	<pre></pre>

Deficiency of other specified B group vitamins	163	<5
Deficiency of vitamin K	<5	0
Deformity of finger(s) Degeneration of macula and posterior pole	5	0
Degeneration of nervous system due to alcohol	26	5
Degenerative disease of nervous system, unspecified	12	0
Dehiscence of uterus with extension during labour, delivered, with or without mention of antepartum condition	<5	0
Dehydration	1142 6	112
Dehydration of newborn Delayed and secondary postpartum haemorrhage, delivered, with mention of postpartum complication	9	0
Delayed and secondary postpartum haemorrhage, postpartum condition or complication	8	0
Delayed delivery after spontaneous or unspecified rupture of membranes, delivered, with or without mention of	131	<5
Delayed delivery of second twin, triplet, etc., delivered, with or without mention of antepartum condition	<5	0
Delayed or excessive haemorrhage following ectopic pregnancy Delayed or excessive haemorrhage following ectopic pregnancy Delayed or excessive haemorrhage following modified abarting	<5	0
Delayed or excessive haemorrhage following medical abortion Delayed or excessive haemorrhage following spontaneous abortion	<5 <5	0
Delayed union of fracture, other site	<5	0
Delayed union of fracture, pelvic region and thigh	<5	0
Delirium not superimposed on dementia, so described	39	<5
Delirium superimposed on dementia	374	14
Delirium, unspecified Delusional disorder	1447 144	237 <5
Demontia in Alzheimer's disease with early onset	<5	0
Dementia in Alzheimer's disease with late onset	<5	0
Dementia in Alzheimer's disease, atypical or mixed type	48	0
Dementia in Alzheimer's disease, unspecified	243	11
Dementia in Creutzfeldt-Jakob disease	<5	<5
Dementia in human immunodeficiency virus [HIV] disease Dementia in other specified diseases classified elsewhere	<5 97	0 <5
Dementia in Parkinson's disease	89	0
Dementia in Pick's disease	19	0
Demoralization and apathy	<5	0
Demyelinating disease of central nervous system, unspecified	<5	0
Dental caries, unspecified Dentofacial anomaly, unspecified	57 131	9
Dependence on other enabling machines and devices	20	0
Dependence on renal dialysis	77	23
Dependence on respirator	<5	<5
Dependent personality disorder	12	<5
Depressive episode, unspecified Derangement of meniscus due to old tear or injury, multiple sites	363	29 0
Derangement of other and unspecified medial meniscus due to old tear or injury	<5	0
Derangement of posterior horn of medial meniscus due to old tear or injury	<5	0
Dermatitis due to other substances taken internally	<5	<5
Dermatitis, unspecified	38	<5
Dermato(poly)myositis in neoplastic disease Dermatographic urticaria	<5	<5
Dermatophytosis, unspecified	<5	0
Desensitization to allergens	<5	<5
Developmental (nonodontogenic) cysts of oral region	<5	0
Developmental disorder of scholastic skills, unspecified	22	0
Developmental disorders of jaws Developmental odontogenic cysts	<5	0
Developmental odontogenic cysis Deviated nasal septum	61	<5
Di George's syndrome	<5	0
Diabetes insipidus	21	6
Diabetes mellitus arising in pregnancy (gestational) antepartum condition or complication	17	<5
Diabetes mellitus arising in pregnancy (gestational) delivered with mention of postpartum complication Diabetes mellitus arising in pregnancy (gestational) delivered with or without mention of antepartum conditio	<5 184	0
Diabetic arthropathy	<5	0
Diabetic cataract	<5	0
Diabetic mononeuropathy	17	<5
Diabetic polyneuropathy	141	14
Diabetic retinopathy Diaper [napkin] dermatitis	28	7
Diaper (napkin) demains Diaphragmatic hernia with obstruction, without gangrene	27	6
Diaphragmatic hernia without obstruction or gangrene	173	11
Diastasis of muscle, other site	<5	0
Diastasis of muscle, pelvic region and thigh	<5	0
Dietary calcium deficiency Dietary courselling and curveilance	<5	<5
Dietary counselling and surveillance Dietary folate deficiency anaemia	<5 <5	<5
Difficulty in walking, not elsewhere classified	24	0
Diffuse (eosinophilic) fasciitis	<5	0
Diffuse brain injury with open intracranial wound	<5	<5
Diffuse brain injury without open intracranial wound	54	21
Diffuse cystic mastopathy Diffuse large B-cell lymphoma	<5 214	0
	217	13

lated cardiomyopathy71jopia52sappearance and death of family member6scharge of frew nu specified firearm7scharge of frew ok52scharge of frew ok52scitis, unspecified, ervical region52scitis, unspecified, unboscral region21scitis, unspecified, lumbor aregin7scitis, unspecified, unboscral region7scitis, unspecified, unboscral region7scitis, unspecified, unspecified ste5scitis, unspecified, unspecified ste5scont hung and dislocation of ear ossicles5scont hung and dislocation of ear ossicles5scont with neighbours, lodgers and landlord5sease of blaus rut, unspecified5sease of blaud and blood-forming organs, unspecified5sease of organ (mu specified6sease of organ (mu specified5sease of organ (mu specified6sease of or	19 8 0 5 5 0 0 5 0 0 0 0 0 5 5 0 0 0 0 0 0
sappearance and death of family member 6 scharge from unspecified firearm 7 scharge of firework 45 scitis, unspecified, cervical region 21 scitis, unspecified, lumbascral region 5 scitis, unspecified, lumbascral region 7 scitis, unspecified, thoracic region 7 scitis, unspecified, thoracic region 7 scitis, unspecified, unspecified site 55 scitis, unspecified, unspecified site 55 scool lupus erythematosus 45 scool upus erythematosus 45 scoord with neighbours, lodgers and landlord 45 sease of anus and rectum, unspecified 45 sease of anus and blood-forming organs, unspecified 45 sease of anus and blood-forming organs, unspecified 45 sease of allaladder, unspecified 45 sease of applatus, unspecified 45 sease	0 <pre></pre>
scharge of fireworkschiz, unspecified, cervical region<1	<5 0
skilis, unspecified, cervical regionScilis, unspecified, lumbar region21scilis, unspecified, lumbacaral region5scilis, unspecified, thoraci region7scilis, unspecified, thoracolumbar region5scilis, unspecified, unspecified, thoracolumbar region5scilis, unspecified, unspecified site5scolid lupus erythematosus5scolid lupus erythematosus5scontinuity and dislocation of ear ossicles5scord with neighbours, lodgers and landlord5sease of anu and rectum, unspecified5sease of bload and bload-forming organs, unspecified5sease of bload and bload-forming organs, unspecified5sease of hard tissues of teeth, unspecified5sease of hard tissues of teeth, unspecified5sease of parceas, unspecified5sease of parceas, unspecified5sease of spinal cord, unspecified5seases of lipus5<	0 <pre></pre>
skitis, unspecified, lumbar region21scitis, unspecified, lumbosacral region5scitis, unspecified, thoracic region7scitis, unspecified, thoracic region5scitis, unspecified, thoracic region5scitis, unspecified, thoracic region5scotis, unspecified, unspecified site5scoti lupus erythematosus5scontinuity and dislocation of ear ossicles5scontinuity and dislocation of ear ossicles5sease of bilary tract, unspecified5sease of allary unspecified5sease of allary unspecified5sease of allary unspecified5sease of pairceas, unspecified5sease of pairceas, unspecified6sease of pairceas, unspecified6sease of pairceas, unspecified6sease of specified10sease of specified15sease of specified15sease of specified5sease of specified5sease of bronchus, not elsewhere classified18seases of inps5seases of inps5seases of the circulatory system complicating pregnancy, childbirth and the puerperium, delivered, with men5seases of the circulatory system complicating pregnancy, childbirth and the puerperium, delivered, with men5seases of the circ	<5 0
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sease of biliary tract, unspecified<5sease of blood and blood-forming organs, unspecified<5	<5 0 0 0 0 <5 5 <5 0 0 37 0 0 0 0 0 0 0 0 0 0 0 9 9 0 0
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seases of the digestive system complicating pregnancy, childbirth and the puerperium, antepartum c <5	0
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seases of the digestive system complicating pregnancy, childbirth and the puerperium, delivered, with menti <5	<5
seases of the digestive system complicating pregnancy, childbirth and the puerperium, delivered, with or wi	0
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seases of the respiratory system complicating pregnancy, childbirth and the puerperium, antepartum conditio	0
seases of the respiratory system complicating pregnancy, childbirth and the puerperium, delivered, with men <5	<5
seases of the respiratory system complicating pregnancy, childbirth and the puerperium, delivered, with or 8	0
seases of the skin and subcutaneous tissue complicating pregnancy, childbirth and the puerperium, delivered 6	0
seases of the skin and subcutaneous tissue complicating pregnancy, childbirth and the puerperium, postpartu <5	0
slocation of acromioclavicular joint, closed 6 slocation of acromioclavicular joint. open <5	0
slocation of acromioclavicular joint, open <5 slocation of ankle joint, closed <5	0
slocation of ankle joint, closed <	0
slocation of carpometacarpal (joint), closed <5	0
slocation of cervical vertebra <5	<5
slocation of interphalangeal (joint) of finger, closed <5	0
slocation of lens	0
slocation of lumbar vertebra <5 slocation of metacarpophalangeal (joint) of finger, closed <5	0
slocation of metacarpopnalangeal joint, closed <5 slocation of metacarpopnalangeal joint, closed <5	0
Socation of other and unspecified parts of lumbar spine and pelvis	0
slocation of patella, closed <5	<5
slocation of radial head <5	<5
slocation of radiocarpal (joint), closed <5	0
slocation of sacroiliac and sacrococcygeal joint <5	0
slocation of sternoclavicular joint, closed <5 slocation of tarsal (midtarsal) joint, open <5	0
slocation of tarsal (midtarsal) joint, open < >	0
slocations, sprains and strains involving multiple regions of lower limb(s) <5	<5
slocations, sprains and strains involving multiple regions of upper limb(s) <5	0
sorder involving the immune mechanism, unspecified <5	<5
sorder of adrenal gland, unspecified 6	<5
sorder of arteries and arterioles, unspecified 9	<5
sorder of autonomic nervous system, unspecified <5 sorder of bilirubin metabolism, unspecified 6	0 <5
sorder of binitability, unspecified, other site <	0
sorder of bone, unspecified, ankle and foot	0
sorder of bone, unspecified, lower leg 19	0
sorder of bone, unspecified, multiple sites <5	0
sorder of bone, unspecified, other site 5	<5

Provide of Least second diffed a state and which		0
Disorder of bone, unspecified, pelvic region and thigh	44	0
Disorder of bone, unspecified, shoulder region Disorder of bone, unspecified, upper arm	<5 <5	0
Disorder of boine, unspecified	22	<5
Disorder of central nervous system, unspecified	<5	<5
Disorder of choroid, unspecified	<5	0
Disorder of choijunctiva, unspecified	<5	0
Disorder of cornea, unspecified	<5	<5
Disorder of eye and adnexa, unspecified	<5	0
Disorder of eyelid, unspecified	<5	0
Disorder of facial nerve, unspecified	14	<5
Disorder of kidney and ureter, unspecified	10	<5
Disorder of ligament, shoulder region	<5	0
Disorder of lipoprotein metabolism, unspecified	137	47
Disorder of male genital organs, unspecified	<5	0
Disorder of middle ear and mastoid, unspecified	<5	0
Disorder of muscle tone of newborn, unspecified	<5	0
Disorder of muscle, unspecified, multiple sites	<5	<5
Disorder of orbit, unspecified	<5	0
Disorder of penis, unspecified	<5	0
Disorder of refraction, unspecified	<5	<5
Disorder of skin and subcutaneous tissue related to radiation, unspecified	<5	0
Disorder of skin and subcutaneous tissue, unspecified	13	<5
Disorder of synovium and tendon, unspecified, ankle and foot	<5	0
Disorder of synovium and tendon, unspecified, pelvic region and thigh	<5	0
Disorder of synovium and tendon, unspecified, shoulder region	<5	0
Disorder of teeth and supporting structures, unspecified	7	0
Disorder of thyroid, unspecified	5	<5
Disorder of tympanic membrane, unspecified	<5	0
Disorder of vein, unspecified	<5	0
Disorder of vestibular function, unspecified	<5	0
Disorder of white blood cells, unspecified	<5	0
Disorders of acoustic nerve	<5	0
Disorders of amino-acid transport	<5	0
Disorders of both aortic and tricuspid valves	9	<5
Disorders of both mitral and aortic valves	24	<5
Disorders of both mitral and tricuspid valves	19	5
Disorders of calcium metabolism	479	65
Disorders of diaphragm	<5	<5
Disorders of excessive somnolence [hypersomnias]	<5	0
Disorders of fatty-acid metabolism	<5	0
Disorders of glycine metabolism	<5	0
Disorders of initiating and maintaining sleep [insomnias]	112	13
Disorders of iron metabolism, unspecified	<5	0
Disorders of magnesium metabolism	778	111
Disorders of meninges, not elsewhere classified	<5	<5
Disorders of optic nerve, not elsewhere classified	<5	0
Disorders of other specified cranial nerves	<5	0
Disorders of phosphorus metabolism and phosphatases	537	118
Disorders of plasma-protein metabolism, not elsewhere classified	89	22
Disorders of tyrosine metabolism	<5	0
Disorders of urea cycle metabolism	<5	0
Disorders of vagus nerve	<5	0
Disorders of visual cortex	<5	<5
Disorientation, unspecified	822	101
Disruption of family by separation and divorce	13	0
Disruption of operation wound, not elsewhere classified	208	48
Disruption of perineal obstetric wound, postpartum condition or complication	<5	0
Dissection of aorta [any part]	51	7
Dissection of cerebral arteries, nonruptured Dissection of cerebral disease	<5	0
Disseminated herpesviral disease Disseminated intravacular coaculation (defibrination curdrame)	<5	<5
Disseminated intravascular coagulation [defibrination syndrome]	49	38
Disseminated mycobacterium avium-intracellulare complex [DMAC] infection	<5	<5
Disseminated zoster Dissocial personality disorder	<5 52	0 <5
Dissocial personality disorder Dissociative [conversion] disorder, unspecified	9	<5
Dissociative (conversion) disorder, unspecified Dissociative anaesthesia and sensory loss	<5	0
Dissociative anaestriesia and sensory ioss Dissociative convulsions	20	<5
Dissociative conversions	<5	0
Dissociative motor disorders Disturbance of activity and attention	67	<5
Disturbance of activity and attention Disturbance of temperature regulation of newborn, unspecified		0
	12	
Disturbances in tooth eruntion	12 <5	0
Disturbances in tooth eruption Disturbances of salivary secretion	<5	0
Disturbances of salivary secretion	<5 <5	0
Disturbances of salivary secretion Diverticular disease of both small and large intestine with perforation and abscess	<5 <5 5	0 0
Disturbances of salivary secretion Diverticular disease of both small and large intestine with perforation and abscess Diverticular disease of both small and large intestine without perforation or abscess	<5 <5 5 5	0 0 <5
Disturbances of salivary secretion Diverticular disease of both small and large intestine with perforation and abscess Diverticular disease of both small and large intestine without perforation or abscess Diverticular disease of intestine, part unspecified, with perforation and abscess	<5 <5 5	0 0 <5 <5
Disturbances of salivary secretion Diverticular disease of both small and large intestine with perforation and abscess Diverticular disease of both small and large intestine without perforation or abscess	<5 <5 5 5 38	0 0 <5

Diverticular disease of large intestine without perforation or abscess	398	27
Diverticular disease of small intestine with perforation and abscess	7	<5
Diverticular disease of small intestine without perforation or abscess Diverticulum of appendix	23 5	5
Diverticulum of bladder	5	0
Diverticulum of oesophagus	<5	<5
Diverticulum of oesophagus, acquired	6	0
Diving or jumping into water causing injury other than drowning or submersion	<5	0
Dizziness and giddiness	347	28
Dorsalgia, unspecified site	130	13
Double inlet ventricle	<5	0
Doubling of uterus with doubling of cervix and vagina	<5	C
Doubling of vagina	<5	0
Down's syndrome, unspecified	19	5
Dressler's syndrome Driver of car injured in collision with other and unspecified motor vehicles in traffic accident	5 <5	<5
Driver of other all-terrain or other off road motor vehicle injured in nontraffic accident	70	9
Driver of other all-terminer other off road motor vehicle injured in traffic accident	<5	<5
Driver of snowmobile injured in nontraffic land accident	14	<5
Driver of snowmobile injured in traffic accident	<5	<5
Driver of special agricultural vehicle injured in nontraffic accident	<5	<5
Drowning and nonfatal submersion	<5	<5
Drowning and submersion while in bath-tub	<5	<5
Drowning and submersion while in natural water	<5	C
Drowning and submersion while in swimming-pool	<5	C
Drug or medicament, unspecified, causing adverse effect in therapeutic use	43	6
Drug use	23	<5
Drug-induced acute pancreatitis	<5	C
Drug-induced adrenocortical insufficiency	<5	<5
Drug-induced aplastic anaemia	56	12
Drug-induced autoimmune haemolytic anaemia Drug-induced cataract	<5 <5	C
Drug-induced catalact	<5	C
Drug-induced Clobea	<5	0
Drug-induced dystonia	<5	0
Drug-induce fiver	41	5
Drug-induced gout, ankle and foot	<5	0
Drug-induced headache, not elsewhere classified	16	<5
Drug-induced hypoglycaemia without coma	7	<5
Drug-induced interstitial lung disorders, unspecified	<5	<5
Drug-induced myopathy	9	<5
Drug-induced nonautoimmune haemolytic anaemia	<5	0
Drug-induced osteoporosis	<5	C
Drug-induced osteoporosis with pathological fracture, lower leg	<5	C
Drug-induced osteoporosis with pathological fracture, pelvic region and thigh	<5	C
Drug-induced polyneuropathy	<5 <5	0 <5
Drug-induced thyroiditis Drug-induced tremor	10	<5
Dry mouth, unspecified	7	0
Dudenal ulcer, acute with haemorrhage	32	10
Duodenal ulcer, acute with perforation	12	5
Duodenal ulcer, acute without haemorrhage or perforation	<5	<5
Duodenal ulcer, chronic or unspecified with haemorrhage	90	16
Duodenal ulcer, chronic or unspecified with perforation	14	5
Duodenal ulcer, chronic without haemorrhage or perforation	<5	<5
Duodenal ulcer, unspecified as acute or chronic, without haemorrhage or perforation	40	12
Duodenitis	93	10
Duplication of ureter	<5	0
Dysarthria and anarthria	115	12
Dyskinesia of oesophagus	11	0
Dyslexia and alexia	<5 61	0
Dysmenorrhoea, unspecified Dyspareunia	7	0
Dyspareuna Dysphasia and aphasia	415	61
Dysphonia	24	9
Dysplasia of cervix uteri, unspecified	10	0
Dysplasia of vulva, unspecified	<5	C
Dyspnoea	528	91
Dysthymia	25	<5
Dysthyroid exophthalmos	<5	C
Dystonia, unspecified	12	<5
Dysuria	45	e
Early-onset cerebellar ataxia	<5	C
Eating disorder, unspecified	15	<5
Ebstein anomaly	<5	0
Eccrine sweat disorder, unspecified	<5	0
Eclampsia in the puerperium, delivered, with mention of postpartum complication	<5 <5	0
Ectopic ACTH syndrome	< 5	

ctroconvulsive therapy as the cause of abnormal reaction or later complication, without mention o ctroconvulsive therapy as the cause of abnormal reaction or later complication, without mention of misadve ctrolytic, caloric and water-balance agents causing adverse effect in therapeutic use vated blood-pressure reading, without diagnosis of hypertension vated erythrocyte sedimentation rate vation of levels of transaminase and lactic acid dehydrogenase [LDH] bolism and thrombosis of addominal aorta bolism and thrombosis of arteries of extremities, unspecified	<5 <5 <5 5 5 5 5 5 5 40 40 <5 5 5 5 5 5 5 5 30 <5 5 30 <5 5 104 9 109 109 109 109 109 30 26 14 37 97 <5 97 <5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ropion of eyelid vards'syndrome, unspecified sets of hunger sision of joint, ankle and foot sision of joint, forearm sision of joint, shoulder region trocordistive setal orientation ers-Danlos syndrome trive mutim tricocardiogram suggestive of ST segment elevation myocardial infarction [STEMI] 1 tricocardiogram suggestive of ST segment elevation or later complication, without mention or tricocardistive therapy as the cause of abnormal reaction or later complication, without mention or tricocardistive therapy as the cause of abnormal reaction or later complication, without mention or tricocardistive steage end static acid dehydrogenase [LDH] 1 tricocardistive sedimentation rate vated blod-pressure reading, without diagnosis of hypertension vated erythrocyte sedimentation rate vated erythrocyte sedimentation rate vation of levels of transaminase and lactic acid dehydrogenase [LDH] 1 bolism and thrombosis of ateries of lower extremities bolism and thrombosis of ateries of upper extremities bolism and thrombosis of ateries of upper extremities bolism and thrombosis of ateries of upper extremities bolism and thrombosis of other and unspecified pats of aorta bolism and thrombosis of other arteries bolism and thrombosis of other	<5 5 5 5 40 <5 40 <5 5 9 <5 5 30 <5 5 30 <5 104 9 10 109 109 109 109 30 26 14 37 97 <5 9 45 9 9 5 100 100 100 100 100 100 100	<5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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have a first and the second the second s	22	<5
bryonic cyst of broad ligament ergency use of U07.1	<5 14	<5
ergency use of U07.4	<5	<5
orgency use of U07.5	<5	<5
ergency use of U07.7	<5	0
otionally unstable personality disorder	184	8
physema (subcutaneous) resulting from a procedure	29	6
physema, unspecified	33 13	<5 <5
ephalitis, myelitis and encephalomyelitis in viral diseases classified elsewhere ephalitis, myelitis and encephalomyelitis, unspecified	6	<5
epinalmeti of other sites	<5	0
	181	35
ephalopathy, unspecified	40	18
locardial fibroelastosis	7	<5
locarditis, valve unspecified	19	5
locarditis, valve unspecified, in diseases classified elsewhere	<5	<5 <5
locrine disorder, unspecified locrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium, antepart	<5 6	<5
locrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium, and part	89	<5
lometrial adenomatous hyperplasia	13	0
lometrial glandular hyperplasia	27	<5
Iometriosis of fallopian tube	14	<5
lometriosis of intestine	<5	0
lometriosis of ovary	33 18	<5
lometriosis of pelvic peritoneum Iometriosis of rectovaginal septum and vagina	<5	0
lometriosis of rectovaginal septem and vaginal	99	0
lometriosis, unspecified	19	0
luring personality change, unspecified	<5	0
arged lymph nodes, unspecified	7	<5
phthalmos	<5	<5
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eroptosis	451 <5	0
	123	20
eroviral vesicular stomatitis with exanthem	<5	0
erovirus as the cause of diseases classified to other chapters	<5	0
erovirus infection, unspecified site	<5	0
hesopathy, unspecified site	<5	0
ropion and trichiasis of eyelid ymes, not elsewhere classified, causing adverse effect in therapeutic use	<5 <5	0 <5
inophilia	<5 8	<5
dermal cyst	12	<5
didymitis	11	<5
didymitis with abscess	<5	<5
didymo-orchitis	<5	0

pipelonpip	Epididymo-orchitis with abscess	<5	0
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jackarish43isplants43 <t< td=""><td>Epilepsy, unspecified, intractable</td><td>20</td><td><5</td></t<>	Epilepsy, unspecified, intractable	20	<5
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scaesse weight gain in pregnancy, delivered, with or without mention of antepartum condition\$scophthalmic conditions8scophthalmic conditions of resulticed tire, pipe or hose5spolosion and rupture of pressulticed tire, pipe or hose5sposure to controlled fire, in thi building or structure5sposure to scatsive natural cold11sposure to infino or mething of there dothing and apparel5sposure to other and unspecified animate mechanical forces6sposure to other and unspecified animate mechanical forces7sposure to other and unspecified animate mechanical forces7sposure to other and unspecified animate mechanical forces5sposure to other specified structure5sposure to other specified structure5sposure to other specified structure5sposure to unspecified forter causing fracture5sposure to unspecified structure5sposure to unspecified structure5sposure to unspecified structure5sposure to unspecified structure5structandoul Wy/Lang of the and unspecified injuy5sposure to unspecified structure5sposure to unspecified structure5structandoul Wy/Lang of the and unspecified injuy5structandoul Wy/Lang of the and unspecified injuy5structan	Excessive attrition of teeth	<5	0
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spinsion and rupture of gas cylinderspinsion and rupture of gas cylinderspinsion and rupture of gas cylindersponsion of ther materialssponsion to controlled fire in building or structuresponsore to controlled fire, in building or structuresponsore to controlled fire, in the building or structuresponsore to controlled fire, in the building or structuresponsore to ginition or highly flammable materialsponsore to ginition or highly flammable materialsponsore to ginition or highly flammable materialsponsore to other and unspecified animate mechanical forces6sponsore to other specified sinke, fire and flamessponsore to other specified sinke, fire and flamessponsore to other specified factor causing facturesponsore to unspecified factor causing after unspecified injurysponsore to unspecified factor causing after and musca-associated lymphoid tissue [MALT-tymphoma]stranadular plasses, unspecifiedstranadular plasses, unspecifiedstranadular plasses, unspecified factorstranadular plasses, unspecified factor associated lymphoid tissue [MALT-tymphoma]stranadular absces, unspecified atomater associated lymphoid tissue [MALT-tymphoma]stranadular plas	Excessive weight gain in pregnancy, delivered, with or without mention of antepartum condition		0
spiposion and nutpure of presurited tire, pipe or hose<spiposion of other materialsspopure to controlled fire in huilding or structurespopure to controlled fire, not in building or structurespopure to ionizing radiationspopure to other and unspecified animate mechanical forcesspopure to other specified factorsspopure to other specified factorsspopure to other specified factorsspopure to other specified factorsspopure to unspecified factor sung offset unspecified injuryspopure to unspecified factor causing other and unspecified injurystradacal and subural aboxes, unspecifiedstradacal and subural aboxes, unspecified, delivered, with or without mention of antepartumstradacal and unspecified in the unspecified in the unspecified in the unspecified in th	Exophthalmic conditions		<5
spinosion of other materialssposure to controlled fire, not in building or structuresposure to controlled fire, not in building or structuresposure to controlled fire, not in building or structuresposure to ginition or fighty flammable materialsposure to ginition or fighty flammable materialsposure to ginition or melting of other clothing and apparelsposure to to find or fighty flammable materialsposure to other and unspecified animate mechanical forcessposure to other and unspecified frammate mechanical forcessposure to other and unspecified frammate mechanical forcessposure to other specified factorssposure to other specified factor susing fracturesposure to unspecified factor causing facturestratacopallar)stratacopallar)stratacopallar)stratacopallar)stratacopallar)stratacopallar) <td></td> <td></td> <td>0</td>			0
sposure to controlled fire in building or structure<			<5
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propoure to excessive natural cold11sposure to ginition of mility of other clothing and apparel<5			0
sposure to ignition or melting of other clothing and apparel<5sposure to ignition or melting of other clothing and apparel<5	Exposure to excessive natural cold		<5
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Apposure to other and unspecified inanimate mechanical forces37Exposure to other specified factors58Suposure to other specified factors58Suposure to ther specified factor specified factor5Suposure to unchrolled fire in building or structure57Suposure to unspecified factor causing facture27Suposure to unspecified factor causing facture59Suposure to unspecified factor causing facture59Suposure to unspecified factor causing facture59Suposure to unspecified factor scausing facture59Suprave to unspecified factor scausing facture50Suprave to unspecified factor scausing facture50Suprave to unspecified factor scausing facture50Suprave to unspecified factor scausing the scale factor scale fact	Exposure to ionizing radiation		0
propoure to other specified factorsS8xpposure to other specified factors<5	Exposure to other and unspecified animate mechanical forces		<5
Apposure to other specified smoke, fire and flames<xposure to sunlight<5			6
Exposure to unsortielled fire in building or structure<			6
Apposure to unsortfolled fire in building or structure<5Exposure to unspecified factor causing fracture27Exposure to unspecified factor causing other and unspecified injury159Exposure to unspecified type radiation<5			0
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Exposure to unspecified factor causing other and unspecified injury159Exposure to unspecified type of radiation<5			<5
Attracapsular disorder of the temporomandibular joint<5Attracapsular disorder of the temporomandibular joint<5	Exposure to unspecified factor causing other and unspecified injury		13
Extracorporeal dialysis<5Extracorporeal dialysis<5	Exposure to unspecified type of radiation	<5	0
Extradural and subdural abscess, unspecified<5Extranedullary plasmacytoma<5	Extracapsular disorder of the temporomandibular joint	<5	<5
Extramedullary plasmacytoma<5Extramedullary plasmacytoma8Extranodal Mr/T-cell lymphoma, nasal type<5	Extracorporeal dialysis		<5
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]8Extranodal NK/T-cell lymphoma, nasal type<5			<5
Extranodal NK/T-cell lymphoma, nasal type<5			<5
Extrapyramidal and movement disorder, unspecified10Extrapyramidal and movement disorder, unspecified11Extrareal uraemia11Extravasation of urine5Extreme immaturity10Extreme obesity with alveolar hypoventilation86Extreme obesity with alveolar hypoventilation86Extreme ly low birth weight11actitial dermatitis5Faccal incontinence80Failed application of vacuum extractor and forceps, unspecified, delivered, with or without mention of antepar22Failed medical induction of labour, delivered, with or without mention of antepartum condition6Failed medical induction of labour, delivered, with or without mention of antepartum condition5Failed or difficult intubation15Failed or difficult intubation15Failed or difficult intubation15Failed trial of labour, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour,			0
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Extremely low birth weight11Factitial dermatitis<5	Extreme immaturity	10	0
Factitial dermatitis <5	Extreme obesity with alveolar hypoventilation	86	39
Faceal incontinence80Failed application of vacuum extractor and forceps, unspecified, delivered, with or without mention of antepar22Failed instrumental induction of labour, delivered, with or without mention of antepartum condition6Failed medical induction of labour, antepartum condition or complication5Failed medical induction of labour, delivered, with or without mention of antepartum condition43Failed medical induction of labour, delivered, with or without mention of antepartum condition15Failed or difficult intubation15Failed of labour following previous caesarean, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failed trial of labour, unspecified, delivered, with or without mention of antepart8Failed trial of labour, unspecified, delivered, with or without mention of antepart8Failure in dosage during other surgical and medical care8Failure in suture or ligature during surgical operation<5	Extremely low birth weight		0
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Failed medical induction of labour, antepartum condition or complication5Failed medical induction of labour, delivered, with or without mention of antepartum condition43Failed or difficult intubation15Failed trial of labour following previous caesarean, unspecified, delivered, with or without mention of antepartum condition21Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failure in dosage during other surgical and medical care8Failure in suture or ligature during surgical operation<5			<5
Failed medical induction of labour, delivered, with or without mention of antepartum condition43Failed or difficult intubation15Failed trial of labour, following previous caesarean, unspecified, delivered, with or without mention of antepartum21Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failure in dosage during other surgical and medical care8Failure in suture or ligature during surgical operation<5			0
Failed or difficult intubation15Failed trial of labour following previous caesarean, unspecified, delivered, with or without mention of antep21Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition8Failure in dosage during other surgical and medical care8Failure in suture or ligature during surgical operation<5			0
Failed trial of labour following previous caesarean, unspecified, delivered, with or without mention of antep 21 Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition 8 Failure in dosage during other surgical and medical care 8 Failure in suture or ligature during surgical operation <5	Failed or difficult intubation		g
Failure in dosage during other surgical and medical care 8 Failure in suture or ligature during surgical operation <5	Failed trial of labour following previous caesarean, unspecified, delivered, with or without mention of antep	21	0
Failure in suture or ligature during surgical operation <5	Failed trial of labour, unspecified, delivered, with or without mention of antepartum condition	8	0
	Failure in dosage during other surgical and medical care		<5
-allure of genital response <5	Failure in suture or ligature during surgical operation		0
	Failure of genital response	<5	0

To these set of the second set of these	.6	0
Failure of other transplanted tissue Failure of soft tissue (skin, muscle, fascia, tendon, mucosa) graft/flap	<5 13	0
Failure to introduce or to remove other tube or instrument	<5	<5
Fall from cliff	<5	0
Fall from tree	6	<5
Fall from, out of or through building or structure	29	<5
Fall involving adult walker	63	<5
Fall involving bed	120 90	8
Fall involving chair Fall involving ice skates	90	0
Fall involving other furniture	11	<5
Fall involving other specified sports equipment	8	0
Fall involving other specified walking devices	<5	0
Fall involving roller skates/in-line skates	<5	0
Fall involving shopping cart	<5	0
Fall involving skateboard	13	0
Fall involving skis Fall involving snowboard	5 <5	0
Fall involving snowboard	<5	0
Fall involving toboggan	<5	0
Fall involving trampoline	<5	0
Fall involving wheelchair	19	0
Fall on and from ladder	52	<5
Fall on and from scaffolding	11	<5
Fall on and from stars and steps	268	20
Fall on same level from or off toilet Fall on same level from slipping, tripping and stumbling	54 1145	6 41
Fail on same level from supping, tripping and stumbling Fail on same level in or from bathtub	1145	<5
Fall on same level in or from shower stall	10	<5
Fall on same level involving ice and snow	112	<5
Fall while being carried or supported by other person(s) in or from bathtub	<5	0
Fall while being carried or supported by other person(s) involving other specified level	6	0
Fall while being carried or supported by other person(s) onto or off bed	<5	0
Fall while being carried or supported by other person(s) onto or off chair	<5	0
Fall while being carried or supported by other person(s) onto or off toilet	<5 <5	0
Fall while being carried or supported by other person(s) onto or out of wheelchair Fall while being carried or supported by other person(s), unspecified	<5	0
Falling, jumping or pushed from a high place, undetermined intent	<5	0
Falling, lying or running before or into moving object, undetermined intent	<5	0
False labour at or after 37 completed weeks of gestation, antepartum condition or complication	9	0
False labour before 37 completed weeks of gestation, antepartum condition or complication	21	0
Family history of alcohol abuse	<5	0
Family history of diabetes mellitus	<5 35	0
Family history of ischaemic heart disease and other diseases of the circulatory system Family history of malignant neoplasm of breast	<5	0
Family history of malignant neoplasm of digestive organs	5	<5
Family history of malignant neoplasm of other genital organs	<5	0
Family history of malignant neoplasm of other organs or systems	<5	0
Family history of malignant neoplasm of ovary	<5	0
Family history of malignant neoplasm of prostate	<5	0
Family history of malignant neoplasm of trachea, bronchus and lung	<5	0
Family history of malignant neoplasm of urinary tract Family history of malignant neoplasm, unspecified	<5 <5	0
Family history of other psychoactive substance abuse	<5	0
Family history of other specified conditions	<5	0
Fasciculation	<5	<5
Fat embolism (traumatic)	<5	0
Fat necrosis of breast	<5	0
Fatigue fracture of vertebra, cervical region	<5	0
Fatigue fracture of vertebra, lumbar region	6 <5	<5
Fatigue fracture of vertebra, lumbosacral region Fatigue fracture of vertebra, multiple sites in spine	<5	0
Fatigue fracture of vertebra, thoracic region	6	0
Fatigue fracture of vertebra, thoracolumbar region	<5	0
Fatty (change of) liver, not elsewhere classified	71	12
Febrile convulsions, unspecified	5	0
Feeding difficulties and mismanagement	13	0
Feeding disorder of infancy and childhood	<5	0
Feeding problem of newborn, unspecified Feeling of incomplete bladder emptying	18	0 <5
Female genital prolapse, unspecified	<5	0
Female genital tract fistula, unspecified	<5	0
Female infertility associated with anovulation	<5	0
Female infertility, unspecified	<5	0
Female pelvic inflammatory disease, unspecified	17	0
Female value nexteened adhesions	404	<5
Female pelvic peritoneal adhesions	124	
Fernale pervic peritorieal adressions Female pelvic peritoritis, unspecified Fentanyl and derivatives causing adverse effect in therapeutic use	124 <5 9	0<5

Fetal acidaemia first noted at birth	11	0
Fetal acidaemia, unspecified when first noted Fetal alcohol syndrome (dysmorphic)	<5 <5	(<5
Fetal death of unspecified cause	14	<
Fetal malnutrition without mention of light or small for gestational age	<5	0
Fetus and newborn affected by breech delivery and extraction	7	C
Fetus and newborn affected by caesarean delivery	<5	C
Fetus and newborn affected by chorioamnionitis	<5	C
Fetus and newborn affected by complication of labour and delivery, unspecified	<5	C
Fetus and newborn affected by delivery by vacuum extractor [ventouse]	15	C
Fetus and newborn affected by forceps delivery	21	C
Fetus and newborn affected by malpresentation before labour	<5	0
Fetus and newborn affected by maternal anaesthesia and analgesia in pregnancy, labour and delivery	<5 <5	((
Fetus and newborn affected by multiple pregnancy Fetus and newborn affected by other compression of umbilical cord	21	0
Fetus and newborn affected by other compression of diminical cord	<5	
Fetus and newborn affected by other malpresentation, malposition and disproportion during labour and delivery	16	C
Fetus and newborn affected by other maternal conditions	<5	C
Fetus and newborn affected by other specified complications of labour and delivery	<5	C
Fetus and newborn affected by placenta praevia	<5	C
Fetus and newborn affected by polyhydramnios	<5	C
Fetus and newborn affected by precipitate delivery	<5	C
Fetus and newborn affected by premature rupture of membranes	<5	122
Fever, unspecified	956	122
Fibrosylagia Fibrosclerosis of breast	19 <5	
Fibrothorax	<5	0
Fibrous dysplasia (monostotic), other site	<5	C
Fibrous dysplasia (monostotic), pelvic region and thigh	<5	0
Finding of other specified substances, not normally found in blood	<5	<5
Finding of unspecified substance, not normally found in blood	<5	C
First degree haemorrhoids	<5	C
First degree perineal laceration during delivery, delivered, with or without mention of antepartum condition	387	C
First degree perineal laceration during delivery, postpartum condition or complication	<5	C
Fissured, notched and cleft nose	<5	0
Fistula of gallbladder Fistula of intestine	6 92	<5
Fistula of intestine Fistula of salivary gland	<5	<5
Fistula of stomach and duodenum	8	<5
Fistula of vagina to large intestine	33	<5
Fistula of vagina to small intestine	<5	C
Fitting and adjustment of ileostomy and other intestinal appliances	<5	C
Fitting and adjustment of urinary device	<5	C
Flaccid hemiplegia of dominant side	<5	C
Flaccid hemiplegia of non-dominant side	<5	C
Flaccid hemiplegia of unspecified [unilateral] side	8	<5
Flaccid neuropathic bladder, not elsewhere classified	6	<5
Flaccid paraplegia, incomplete, at thoracic level Flaccid guadriplegia, unspecified, at cervical spine level C5 to C7	<5 <5	0
Flail chest, closed	28	e
Flail joint, lower leg	<5	0
Flat foot [pes planus] (acquired)	<5	C
Flatulence and related conditions	28	<5
Flexion deformity	<5	C
Fluid overload	615	174
Flushing	<5	C
Focal brain injury without open intracranial wound	29	10
Folate deficiency anaemia, unspecified	131	20
Follicular cyst of ovary Follicular cyst of skin and subcutaneous tissue, unspecified	25 <5	<5
Follicular cyst of skin and subcutaneous tissue, unspecified Follicular disorder, unspecified	<5	<5
Follicular lymphoma grade I	<5	 C
Folicular lymphoma grade II	<5	(
Follicular lymphoma grade III, unspecified	5	C
Follicular lymphoma grade IIIa	8	<5
Follicular lymphoma, unspecified	39	5
Follow-up care involving plastic surgery of breast	18	C
Follow-up care involving plastic surgery of head and neck	<5	C
Follow-up care involving plastic surgery of other body part	<5	0
Follow-up care involving plastic surgery of upper extremity	<5	0
Follow-up care involving removal of fracture plate and other internal fixation device	7	0
Follow-up examination after surgery for malignant neoplasm	<5	C
Follow-up examination after surgery for other conditions Follow-up examination after treatment of fracture	<5	
Foodborne Bacillus cereus intoxication	<5	0
Foreign body accidentally left in body cavity or operation wound following a procedure, without ment	<5	
Foreign body accidentally left in body cavity or operation wound following a procedure, without mention of an	<5	<5

orego broke preduction of out source of a set of a	Foreign body granuloma of skin and subcutaneous tissue	<5	C
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invegnood in colorSsteps body in colorSstep body in colorSstep body in colorSstep body in	Foreign body in bladder	<5	<5
orightsole <tr< td=""><td>Foreign body in bronchus</td><td>13</td><td>9</td></tr<>	Foreign body in bronchus	13	9
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origin boyin in secondary inc1313origin boyin in secondary inc1313origin boyin in secondary inc1314origin boyin in secondary inc1414origin boyin in secondary inc	Foreign body in cornea	<5	0
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arregin body in programs fract, part ungended4545arregin body in strong hords in strong ho	Foreign body in oesophagus	27	<5
oring body in supprisely target product and unsequence of the supprise of the super su	Foreign body in other and multiple parts of respiratory tract	13	<5
oright point install intestine1414oright point small intestine3535oright point install3535oright point install3535oright point install3535oright point point install3535oright point point install3535oright point point install3535oright point point and oright	Foreign body in pharynx	<5	<5
sing hole is a transmsingsreage hole is a warkasingsreage hole is a warkasingsreage hole is a warkasingsreage hole is a warka or solution and spatasingsreage hole is a warka or solution aparaton, purcture and other cathetirationsingsreage hole is a warkasingsreage hole is a warkasing<	Foreign body in respiratory tract, part unspecified	68	28
'arg'mb by in trucha'arg'mb by in whis and wan'arg'mb by in whis and wan'arg'mb by or object accidentally left in body during septence, puncture and other catheterization'arg'mb by cathetic left in body during septence, puncture and other catheterization'arg'mb by cathetic left in body during renveal of catheter or accing'arg'mb by cathetic left in body during renveal of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during sequence of catheter or accing'arg'mb cathetic left in body during deliver, deliver, who arg'mb cathetic left in the cathetic left in the cathetic left in body during deliver, deliver, who arg'mb cathetic left in the cathetic left in the cathetic left in body during deliver, deliver, who arg'mb cathetic left in the cathetic left in the cathetic left in body during deliver, deliver, who arg'mb cathetic left in the cathetic left in the cathetic left in body during deliver, deliver	Foreign body in small intestine	14	<5
gregin body in within6Gregin body on view and wapan6Gregin body context antening trongh skin6Gregin body context antening trongh skin6Gregin body context and wapan6Gregin body context a	Foreign body in stomach	<5	C
sing body or block making mapping handssing body or block making mapping handssing body called making that mody during mapping of catheter or pakingssing body called making that mody during removal of catheter or pakingssing body called making that mody during mapping of catheter or pakingssing body called making that mody during mapping of catheter or pakingssing body called making that mody during mapping of catheter or pakingssing body called making that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that mody during mapping of catheter or pakingssing that during that that duri	Foreign body in trachea		<5
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regin piptic accidentally let in body using superator, puncture and other catheterizationregin piptic accidentally let in body using removal of catheter or pacingregin piptic accidentally let in body using superal operatorregin body accidental let in body using superal operatorregin body accidental let in body using superatorregin body accidental let in body using supera			0
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racture of calcaneus, open<5racture of capitate bone, open<5			<5
racture of clavicle due to birth injury<5racture of coracy, closed<5	Fracture of calcaneus, open	<5	C
racture of clavicle due to birth injury<5racture of corcyx, closed<5			C
racture of coronoid process of scapula, closed<5racture of coronoid process of ulna, closed<5	Fracture of clavicle due to birth injury	<5	0
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racture of distal phalanx, closed<5rracture of femur, part unspecified, closed35<1	Fracture of cuboid bone, closed	5	<5
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racture of fibula alone, closed37racture of first cervical vertebra, closed17racture of foot, unspecified, closed<5	Fracture of femur, part unspecified, closed	35	<5
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racture of foot, unspecified, closed<5racture of forearm, part unspecified, closed9-5racture of glenoid cavity and neck of scapula, closed9-9racture of great toe, closed9-5racture of great toe, closed5-5racture of great toe, open55-5racture of great tuberosity of humerus, closed55-5racture of great tuberosity of humerus, closed-5-5racture of handt bone, closed-5-5racture of handt palate, closed-5-5racture of had of radius, closed-5-5racture of had of radius, open-5-5racture of ilium, closed-5-5racture of ilium, open-5-5racture of ilium, open-5-5racture of ilium, open-5-5racture of lateral condyle of humerus, closed-5-5racture of lateral analleolus,	Fracture of fibula alone, closed	37	<5
racture of forearm, part unspecified, closed<5racture of glenoid cavity and neck of scapula, closed9racture of great toe, closed9racture of great toe, open<5	Fracture of first cervical vertebra, closed	17	<5
Fracture of glenoid cavity and neck of scapula, closed9Fracture of great toe, closed9Fracture of great toe, open<5	Fracture of foot, unspecified, closed	<5	C
racture of great toe, closed9racture of great toe, open<5	Fracture of forearm, part unspecified, closed	<5	C
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racture of greater tuberosity of humerus, open <5	Fracture of great toe, open		C
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racture of head of radius, closed 8 racture of head of radius, open <5	Fracture of hamate bone, closed		C
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Fracture of ilium, closed 13 Fracture of ilium, open <5	Fracture of head of radius, closed		C
racture of ilium, open <5	Fracture of head of radius, open		C
Fracture of lateral condyle of humerus, closed <5	Fracture of ilium, closed		<5
Fracture of lateral malleolus, closed 36 - Fracture of lateral malleolus, open <5	Fracture of ilium, open		C
Fracture of lateral malleolus, open <5 Fracture of lower (distal) end of tibia with or without fibula, closed 58	Fracture of lateral condyle of humerus, closed		0
racture of lower (distal) end of tibia with or without fibula, closed 58			<5
	Fracture of lateral malleolus, open		0
racture of lower (distal) end of tibla with or without fibula, open 14		58	<5

Frankruss of Javans and of bath vitro and and/or shared	15	~F
Fracture of lower end of both ulna and radius, closed Fracture of lower end of both ulna and radius, open	15 5	<5 0
Fracture of lower line, level unspecified, closed	<5	0
Fracture of lumbar vertebra, L1 level, closed	71	7
Fracture of lumbar vertebra, L2 level, closed	31	<5
Fracture of lumbar vertebra, L3 level, closed	19	6
Fracture of lumbar vertebra, L4 level, closed	15	0
Fracture of lumbar vertebra, L5 level, closed	10	<5
Fracture of lumbar vertebra, unspecified level, closed	<5	<5
Fracture of lumbar vertebra, unspecified level, open	<5	0
Fracture of lunate bone, closed	<5	0
Fracture of malar and maxillary bones, LeFort 1, closed	6	<5
Fracture of malar and maxillary bones, combined LeFort 1 with LeFort 2 (contralateral fractures), cl	<5	<5
Fracture of malar and maxillary bones, LeFort 2, closed	5	<5
Fracture of malar and maxillary bones, LeFort 3, unilateral, closed	<5	<5
Fracture of mandible, closed	20	<5
Fracture of mandible, open	<5	<5
Fracture of medial condyle of humerus, closed	<5	0
Fracture of medial malleolus, closed	35	<5
Fracture of medial malleolus, open	5	<5
Fracture of metatarsal bone(s), closed	32	7
Fracture of metatarsal bone(s), open	5	0
Fracture of middle or proximal phalanx of finger, closed	9	<5
Fracture of middle or proximal phalanx of finger, open	<5	0
Fracture of nasal bones, closed	63	16
Fracture of nasal bones, open	<5	<5
Fracture of navicular [scaphoid] bone of hand, closed	5	<5
Fracture of navicular (scaphoid) bone of hand, open	<5	0
Fracture of navicular bone, closed	<5	<5
Fracture of navicular bone, open	<5	0
Fracture of olecranon process of ulna, closed	29	<5
Fracture of olecranon process of ulna, open	<5	0
Fracture of orbital floor, closed	44	10
Fracture of other and unspecified parts of lumbar spine and pelvis, closed	31	6
Fracture of other and unspecified parts of lumbar spine and pelvis, open	<5	<5
Fracture of other and unspecified parts of wrist and hand, closed	10	<5
Fracture of other and unspecified skull and facial bones NEC, closed	29	13
Fracture of other part of lower end of humerus, closed	30	<5
Fracture of other part of scapula, closed	8	<5
Fracture of other part of upper end of humerus, closed	24 <5	<5
Fracture of other part of upper end of humerus, open		
Fracture of other parts of bony thorax, closed	<5	<5
Fracture of other parts of forearm, closed	14 <5	<5
Fracture of other parts of forearm, open	<5	<5
Fracture of other parts of neck, closed Fracture of other parts of thoulder and upper arm closed	<5	0
Fracture of other parts of shoulder and upper arm, closed	7	<5
Fracture of other toe, closed Fracture of other toe, open	<5	0
Fracture of patella, closed	62	6
Fracture of patella, closed	<5	0
Fracture of proximal phalanx, open	<5	0
		15
Fracture of pubis, closed Fracture of radius with ulna, upper end, closed	205 <5	0
Fracture of radius with ulna, upper end, closed	<5	0
Fracture of radius with unita, upper end, open	5	0
Fracture of rib, closed	69	9
Fracture of rib, open	<5	0
Fracture of sacrum, closed	64	8
Fracture of sacrum, open	<5	0
Fracture of second cervical vertebra, closed	25	<5
Fracture of shaft of clavicle, closed	17	<5
Fracture of shart of fewere, closed	55	9
Fracture of shaft of femur, open	<5	<5
Fracture of shaft of humerus, closed	23	<5
Fracture of shaft of humerus, open	<5	0
Fracture of shaft of other metacarpal bone, closed	<5	0
Fracture of shaft of other metacarpal bone, open	<5	0
Fracture of shaft of radius, closed	7	<5
Fracture of shaft of tibia with or without fibula, closed	15	0
Fracture of shaft of tibia with or without fibula, open	9	<5
Fracture of shaft of ulna, closed	5	0
Fracture of shaft of ulna, open	<5	C
Fracture of shafts of both ulna and radius, closed	6	0
Fracture of shoulder girdle, part unspecified, closed	5	0
Fracture of skull and facial bones, part unspecified, closed	<5	<5
Fracture of spine, level unspecified, closed	<5	<5
	-	
Fracture of spine, level unspecified, open	<5	0
Fracture of spine, level unspecified, open Fracture of sternal end of clavicle, closed	<5 <5	0

Fracture of sternum, closed	53	13
Fracture of sternum, closed	<5	0
Fracture of surgical neck of humerus, closed	51	<5
Fracture of talus, closed	12	<5
Fracture of talus, open	<5	0
Fracture of temporomandibular joint, closed	<5	0
Fracture of thoracic vertebra T1 - T6, closed Fracture of thoracic vertebra T7- T12, closed	46 89	13 10
Fracture of thoracic vertebra T7- T12, closed	<5	0
Fracture of tooth	11	<5
Fracture of trapezium bone, closed	<5	0
Fracture of trapezoid bone, closed	<5	0
Fracture of triquetral bone, closed	<5	0
Fracture of unspecified condyle of humerus, closed	<5	0
Fracture of unspecified part of clavicle, closed	39	11
Fracture of unspecified part of humerus, closed	12	5
Fracture of unspecified part of lower end of humerus, closed	<5 <5	0
Fracture of unspecified part of phalanx of finger, closed Fracture of unspecified part of scapula, closed	32	8
Fracture of unspecified part of upper end of humerus, closed	85	<5
Fracture of unspecified part of upper end of humerus, open	<5	0
Fracture of unspecified site of other metacarpal bone, closed	10	<5
Fracture of unspecified site of other metacarpal bone, open	<5	0
Fracture of unspecified tarsal bone, closed	5	0
Fracture of upper (proximal) end of tibia with or without fibula, closed	117	9
Fracture of upper (proximal) end of tibia with or without fibula, open	<5	<5
Fracture of upper femoral epiphysis (separation), closed	<5	0
Fracture of vault of skull, closed	16	10
Fracture of vault of skull, open Fractures involving multiple regions of both lower limbs, closed	<5 <5	<5 0
Fractures involving multiple regions of both lower limbs, closed	<5	<5
Fractures involving multiple regions of both upper limbs, closed	<5	0
Fractures involving other combinations of body regions, closed	<5	0
Fractures of other parts of femur, closed	17	<5
Frontal lobe dementia	19	0
Frostbite with tissue necrosis of ankle and foot	<5	0
Functional diarrhoea	<5	0
Functional dyspepsia	12	<5
Galactorrhoea, unspecified as to episode of care, or not applicable	<5	0
Gallbladder laceration without bile duct injury with open wound into cavity	<5	0
Gallbladder laceration without bile duct injury without open wound into cavity Gallstone ileus	<5 <5	0
Gambling and betting	<5	0
Gammaherpesviral mononucleosis	<5	<5
Gangrene and necrosis of lung	10	<5
Gangrene, not elsewhere classified	66	14
Gas gangrene	9	<5
Gastric diverticulum	<5	0
Gastric ulcer, acute with both haemorrhage and perforation	<5	0
Gastric ulcer, acute with haemorrhage	27	5
Gastric ulcer, acute with perforation	6	<5
Gastric ulcer, acute without haemorrhage or perforation	9	<5
Gastric ulcer, chronic or unspecified with both haemorrhage and perforation Gastric ulcer, chronic or unspecified with haemorrhage	<5 91	<5 21
Gastric ulcer, chronic or unspecified with hachoninge	7	<5
Gastric ulcer, chronic without haemorrhage or perforation	<5	<5
Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation	60	10
Gastric varices	11	<5
Gastritis, unspecified	116	10
Gastroduodenitis, unspecified	<5	0
Gastroenteritis and colitis due to radiation	7	0
Gastroenteritis and colitis of unspecified origin	922	114
Gastroenterology and urology devices associated with adverse incidents, miscellaneous devices, not elsewhere	<5	<5
Gastroenterology and urology devices associated with adverse incidents, prosthetic and other implant	8	<5
Gastroenterology and urology devices associated with adverse incidents, prosthetic and other implants, materi Gastroenterology and urology devices associated with adverse incidents, surgical instruments, materi	17 <5	<5 0
Gastroenterology and urology devices associated with adverse incidents, surgical instruments, materials and d	<5	0
Gastronterology and urology devices associated with adverse incidents, therapeutic (nonsurgical) and rehabil	<5	<5
Gastrointestinal haemorrhage, unspecified	397	71
Gastrojejunal ulcer, acute with haemorrhage	<5	0
Gastrojejunal ulcer, acute with perforation	<5	0
Gastrojejunal ulcer, chronic or unspecified with both haemorrhage and perforation	<5	<5
Gastrojejunal ulcer, chronic or unspecified with haemorrhage	<5	0
Gastrojejunal ulcer, unspecified as acute or chronic, without haemorrhage or perforation	<5	0
Gastro-oesophageal laceration-haemorrhage syndrome	30	7
Gastro-oesophageal reflux disease with oesophagitis	27	<5
Gastro-oeconhageal reflux disease without oeconhagitis	103	20
Gastro-oesophageal reflux disease without oesophagitis Gastrostomy malfunction, not elsewhere classified	193 <5	20 <5

rrostomy status der identity disorder, unspecified eral- and plastic-surgery devices associated with adverse incidents, prosthetic and other implant eral- and plastic-surgery devices associated with adverse incidents, prosthetic and other implants, materi eral- and plastic-surgery devices associated with adverse incidents, surgical instruments, materi eral- and plastic-surgery devices associated with adverse incidents, surgical instruments, materials and d		
eral- and plastic-surgery devices associated with adverse incidents, prosthetic and other implant eral- and plastic-surgery devices associated with adverse incidents, prosthetic and other implants, materi eral- and plastic-surgery devices associated with adverse incidents, surgical instruments, materi	<5	0
eral- and plastic-surgery devices associated with adverse incidents, prosthetic and other implants, materi eral- and plastic-surgery devices associated with adverse incidents, surgical instruments, materi	<5	0
eral- and plastic-surgery devices associated with adverse incidents, surgical instruments, materi	<5	0
	<5	0
	<5 <5	0
eral hospital and personal-use devices associated with adverse incidents, sugreat institutients, inaterials and d	<5	<5
eral psychiatric examination, not elsewhere classified	<5	
eral psychiatric examination, requested by authority	99	0
eralized and unspecified atherosclerosis	<5	<5
eralized anxiety disorder	103	<5
eralized enlarged lymph nodes	25	<5
eralized hyperhidrosis	<5	(
eralized idiopathic epilepsy and epileptic syndromes, not stated as intractable	13	<5
eralized oedema	162	35
eralized skin eruption due to drugs and medicaments	86	15
etic anomalies of leukocytes	<5	(
ital tract and pelvic infection following medical abortion	<5	(
tational [pregnancy-induced] hypertension, antepartum condition or complication	17	(
tational [pregnancy-induced] hypertension, delivered, with mention of postpartum complication	<5	(
ational [pregnancy-induced] hypertension, delivered, with or without mention of antepartum condition	112	(
tational oedema with proteinuria, delivered, with or without mention of antepartum condition	<5	(
tational oedema, delivered, with mention of postpartum complication	<5	<5
tational proteinuria, antepartum condition or complication	<5	(
tational proteinuria, delivered, with or without mention of antepartum condition	<5 <5	(
nt cell arteritis with polymyalgia rheumatica nt cell granuloma, central	<5	(
diasis [lambliasis]	<5	(
ert's syndrome	<5	<5
zival enlargement	<5	
coma in endocrine, nutritional and metabolic diseases	15	0
coma secondary to other eye disorders	<5	0
icoma suspect	8	<5
icoma, unspecified	15	<5
nerular disorders in blood diseases and disorders involving the immune mechanism	<5	C
nerular disorders in diabetes mellitus, chronic kidney disease, stage 1	6	<5
nerular disorders in diabetes mellitus, chronic kidney disease, stage 3	13	<5
nerular disorders in diabetes mellitus, chronic kidney disease, stage 4	26	7
nerular disorders in diabetes mellitus, chronic kidney disease, stage 5	517	107
nerular disorders in other diseases classified elsewhere	<5	C
nerular disorders in other endocrine, nutritional and metabolic diseases	<5	(
erular disorders in systemic connective tissue disorders	15	5
sitis	7	<5
sodynia	<5 81	(
cocorticoids and synthetic analogues causing adverse effect in therapeutic use ogen storage disease	<5	13
arthrosis, unspecified	647	5
ococcal infection, unspecified	<5	0
seccal meetion, anspectica	<5	
t due to impairment of renal function, ankle and foot		(
t due to impairment of renal function, ankle and foot t due to impairment of renal function, forearm	<5	
t due to impairment of renal function, forearm	<5 85	(
	<5 85 15	6
t due to impairment of renal function, forearm t, unspecified, ankle and foot	85	((<5
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm	85 15) 6 <5 (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand	85 15 11) 6 <5 ((
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg	85 15 11 47) 6 25 0 (25
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh	85 15 11 47 21) 6 5 0 (5 2 5 (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region	85 15 11 47 21 <5 <5 <5) ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site	85 15 11 47 21 <5 <5 <5 <5 32	() 6 () () () () () () () () () () () () ()
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, multiple sites t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, upper arm	85 15 11 47 21 <5 <5 <5 <5 32 <5) 9 () () () () () () () () () () () () ()
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, multiple sites t, unspecified, other site t, unspecified, shoulder region t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease	85 15 11 47 21 <5 <5 <5 32 <5 32 <5 12)) () () () () () () () () () () () ()
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease and mal seizures, unspecified (with or without petit mall), intractable	85 15 11 47 21 <5 <5 <5 32 <5 32 <5 12 7)) ())))))))))))))
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, nakle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, nutrple sites t, unspecified, other site t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease rd mal seizures, unspecified (with or without petit mal), not stated as intractable	85 15 11 47 21 <5 <5 32 <5 32 <5 12 7 90	() () () () () () () () () () () () () (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, not reg t, unspecified, multiple sites t, unspecified, other site t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unpereified site t, unspecified, upper arm t-versus-host reaction or disease nd mal seizures, unspecified (with or without petit mal), not stated as intractable nd mal status epilepticus	85 15 11 47 21 <5 <5 <5 32 <5 12 7 90 10	() () () () () () () () () () () () () (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, unspecified wite t, unspecified, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nd mal status epilepticus nulomatous disorder of skin and subcutaneous tissue, unspecified	85 15 11 47 21 <5 <5 <5 <5 32 <5 12 7 90 10 <5	() () () () () () () () () () () () () (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease and mal seizures, unspecified (with or without petit mal), intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures of skin and subcutaneous tissue, unspecified unuomatous disorder of skin and subcutaneous tissue, unspecified	85 15 11 47 21 <5 <5 <5 <5 32 <5 12 7 90 10 <5 <5	
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, pelvic region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease nd mal seizures, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nd mal seizures, unspecified site tus	85 15 11 47 21 <5 <5 <5 <5 32 <5 12 7 90 10 <5 <5 <5 <5 5 <5 5 5 5 5 5 5 5 5 5 5 5	C C C C C C C C C C C C C C C C C C C
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, pelvic region and thigh t, unspecified, pelvic region t, unspecified, pelvic region t, unspecified, unspecified site t, unspecified, unspecified (with or without petit mal), intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified site unodemote disorder of skin and subcutaneous tissue, unspecified unomatous hepatitis, not elsewhere classified as hematuria	85 15 11 47 21 <5 <5 <5 <5 32 <5 12 7 90 10 <5 <5	C C C C C C C C C C C C C C C C C C C
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, pelvic region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, upper arm t-versus-host reaction or disease nd mal seizures, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nd mal seizures, unspecified site tus	85 15 11 47 21 <5 <5 <5 <5 32 <5 12 7 90 10 10 5 <5 <5 <5 25 25 22	() () () () () () () () () () () () () (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, nand t, unspecified, hand t, unspecified, not leg t, unspecified, multiple sites t, unspecified, other site t, unspecified, other site t, unspecified, other site t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, unspecified (with or without petit mal), intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal status epilepticus unomatous disorder of skin and subcutaneous tissue, unspecified unomatous hepatitis, not elsewhere classified unomatous prostatitis as hematuria lain-Barré syndrome tate psoriasis	85 15 11 47 21 <5	(((((((((((()
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, nakle and foot t, unspecified, hand t, unspecified, lower leg t, unspecified, multiple sites t, unspecified, multiple sites t, unspecified, pelvic region and thigh t, unspecified, shoulder region t, unspecified, upper arm t- versus-host reaction or disease nd mal seizures, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nulomatous disorder of skin and subcutaneous tissue, unspecified nulomatous prostatitis es hematuria lain-Barré syndrome	85 15 11 47 21 <5 <5 32 <5 32 <5 32 <5 12 7 90 10 5 <5 <5 <5 <5 <5 22 20 <5	
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, forearm t, unspecified, hand t, unspecified, nultiple sites t, unspecified, other site t, unspecified, other site t, unspecified, other region t, unspecified, shoulder region t, unspecified, shoulder region t, unspecified, unpeer arm t-versus-host reaction or disease nd mal seizures, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nulomatous disorder of skin and subcutaneous tissue, unspecified nulomatous hepatitis, not elsewhere classified nulomatous prostatitis as hematuria lain-Barré syndrome tate psoriasis it and impulse disorder, unspecified	85 15 11 47 21 <5	() () () () () () () () () () () () () (
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, other site t, unspecified, other site t, unspecified, other site t, unspecified, shoulder region t, unspecified, shoulder region t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, unspecified with or without petit mall), intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, unspecified (with or without petit mall), not stated as intractable and mal seizures, not elsewhere classified anulomatous hepatitis, not elsewhere classified anulomatous forstattis as hematuria alian-Barré syndrome atte psoriasis it and impulse disorder, unspecified anulomatous prostatitis atte p	85 15 11 47 21 <5	
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, hand t, unspecified, lower leg t, unspecified, nultiple sites t, unspecified, other site t, unspecified, other site t, unspecified, soluder region t, unspecified, unspecified site t, unspecified, unspecified (with or without petit mal), intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures, unspecified site t, undomatous hepatitis, not elsewhere classified unlomatous prostatitis s hematuria lain-Barré syndrome tate psoriasis t t and impulse disorder, unspecified mangioma of digestive system mangioma of ear, nose, mouth and throat	85 15 11 47 21 <5	C C C C C C C C C C C C C C C C C C C
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, forearm t, unspecified, lower leg t, unspecified, lower leg t, unspecified, nultiple sites t, unspecified, multiple sites t, unspecified, pelvic region and thigh t, unspecified, unspecified site t, unspecified, unspecified (with or without petit mal), intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nd mal seizures, unspecified (with or without petit mal), not stated as intractable nulomatous disorder of skin and subcutaneous tissue, unspecified undenatus speliepticus s hematuria lain-Barré syndrome atta psoriasis it and impulse disorder, unspecified mangioma of digestive system mangioma of hepatobiliary system	85 15 11 47 21 <5	C C C C C C C C C C C C C C C C C C C
t due to impairment of renal function, forearm t, unspecified, ankle and foot t, unspecified, forearm t, unspecified, forearm t, unspecified, lower leg t, unspecified, lower leg t, unspecified, other site t, unspecified, pelvic region and thigh t, unspecified, pelvic region and thigh t, unspecified, unspecified site t, unspecified, unspecified site t, unspecified, uper arm t-versus-host reaction or disease and mal seizures, unspecified (with or without petit mal), intractable and mal seizures, unspecified (with or without petit mal), not stated as intractable and mal seizures unspecified (with or without petit mal), not stated as intractable anulomatous disorder of skin and subcutaneous tissue, unspecified anulomatous rostatitis as hematuria lain-Barré syndrome tate psoriasis it and impulse disorder, unspecified mangioma of digestive system mangioma of hepatobiliary system mangioma of intracranial structures	85 15 11 47 21 <5	

Haemarthrosis, lower leg	11	0
Haemarthrosis, shoulder region	<5	0
Haematemesis	185	38
Haematocolpos	<5	0
Haematoma NOS, laceration NOS, injury to spleen NOS with open wound into cavity	<5	<5
Haematoma NOS, laceration NOS, injury to spleen NOS without open wound into cavity	20	9
Haematoma of bladder, without open wound into cavity	<5	0
Haematoma of kidney, without open wound into cavity	<5	0
Haematoma of obstetric wound, delivered, with mention of postpartum complication	11	0
Haematoma of other intra-abdominal organs with open wound into cavity	<5	<5
Haematoma of other intra-abdominal organs without open wound into cavity	11	5
Haematoma of other pelvic organs, without open wound into cavity	<5	0
Haematoma of pancreas with pancreatic duct injury or laceration (without pancreatic duct injury) wit	<5	<5
Haematoma of small intestine, excluding duodenum with open wound into cavity	<5	0
Haematoma of small intestine, excluding duodenum without open wound into cavity	<5	<5
Haematoma of unspecified pelvic organ, without open wound into cavity	<5	0
Haematoma of urethra, without open wound into cavity	<5	0
Haematometra	<5	0
Haematosalpinx	6	0
Haemochromatosis	24	5
Haemolytic-uraemic syndrome	<5	<5
Haemopericardium as current complication following acute myocardial infarction	<5	<5
Haemopericardium, not elsewhere classified	<5	<5
Haemoperitorium	27	9
Haemophagocytic lymphohistiocytosis	7	<5
Haemophilic arthropathy	<5	0
Haemophilus influenzae [H. influenzae] as the cause of diseases classified to other chapters	7	<5
Haemophilus influenzae infection, unspecified site	<5	0
Haemoptysis	112	26
Haemorrhage and haematoma complicating a procedure, not elsewhere classified	575	142
Haemorrhage from colostomy stoma	<5	<5
Haemorrhage from enterostomy stoma	<5	0
Haemorrhage from other sites in respiratory passages	18	13
Haemorrhage from tracheostomy stoma	5	<5
Haemorrhage of anus and rectum	199	21
Haemorrhage, not elsewhere classified	49	26
Haemorrhagic disorder due to circulating anticoagulants	31	10
Haemorrhoids in pregnancy, antepartum condition or complication	<5	0
Haemorrhoids in pregnancy, delivered, with or without mention of antepartum condition	<5	0
Haemorrhoids, unspecified	74	7
Haemothorax	37	9
Hairy-cell leukaemia	<5	0
Halitosis	<5	0
Hallucinations, unspecified	78	18
Hallux rigidus	<5	0
Hallux valgus (acquired)	<5	0
Headache	225	33
Health supervision and care of other healthy infant and child	6	0
Healthy person accompanying sick person	6	0
Hearing loss, unspecified	12	0
Heart disease, unspecified	<5	<5
Heart failure, unspecified	183	52
Heart transplant candidate	<5	<5
Heart transplant failure	<5	0
Heart transplant status	6	0
Heartburn	27	<5
Heat exhaustion, unspecified	<5	0
Hebephrenic schizophrenia	<5	0
Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters	62	6
HELLP syndrome, antepartum condition or complication	<5	0
HELLP syndrome, delivered, with or without mention of antepartum condition	5	0
Hemiplegia of unspecified type of dominant side	52	9
Hemiplegia of unspecified type of non-dominant side	65	12
Hemiplegia of unspecified type of unspecified [unilateral] side	366	45
Hepatic failure, unspecified	245	43
Hepatic fibrosis	6	<5
Hepatic veno-occlusive disease	<5	<5
Hepatitis A without hepatic coma	<5	0
Hepatomegaly with splenomegaly, not elsewhere classified	12	0
Hepatomegaly, not elsewhere classified	<5	0
Hepatorena syndrome	50	16
Hereditary ataxia, unspecified	7	0
Hereditary deficiency of other clotting factors	<5	0
Hereditary factor IX deficiency	<5	0
Hereditary factor VIII deficiency	5	0
Hereditary factor XI deficiency	<5	0
Hereditary haemolytic anaemia, unspecified	<5	0
	-5	0
Hereditary haemorrhagic telangiectasia	<5	0

Hereditary lymphoedema Hereditary motor and sensory neuropathy		
	<5	0
	9	<5
Hereditary retinal dystrophy	<5 <5	0 <5
lereditary spastic paraplegia	<5	<5
Herpes gestationis, delivered, with or without mention of antepartum condition Herpesviral encephalitis	7	<5
Herpesviral enceptions Herpesviral gingivostomatitis and pharyngotonsillitis	5	0
Ierpesviral infection of genitalia and urogenital tract	7	0
Ierpesviral infection, unspecified	21	5
Ierpesviral kirectori, and keratoconjunctivitis	<5	0
Herpesviral meningitis	<5	<5
Herpesviral ocular disease	<5	0
lerpesviral vesicular dermatitis	19	<5
esitancy of micturition	<5	0
teterophoria	<5	<5
liccough	22	C
idradenitis suppurativa	16	C
tilar vascular laceration resulting in completely shattered spleen (Grade V) with open wound into ca	<5	<5
tilar vascular laceration resulting in completely shattered spleen (Grade V) without open wound into	<5	<5
tirschsprung's disease	<5	C
firsutism	<5	<5
Histamine H2-receptor antagonists causing adverse effect in therapeutic use	<5	C
listiocytic and mast cell tumours of uncertain and unknown behaviour	<5	C
iit, struck, kicked, twisted, bitten or scratched by another person	8	C
-todgkin lymphoma, unspecified	19	<5
Holiday relief care	48	C
loloprosencephaly	<5	C
Iomelessness	395	17
-lordeolum and other deep inflammation of eyelid	5	C
-torner's syndrome	<5	<5
lostility	<5	0
Hourglass stricture and stenosis of stomach	<5	C
Human immunodeficiency virus [HIV] disease	22	<5
Huntington's disease	8	C
Hydantoin derivatives causing adverse effect in therapeutic use	8	<5
Hydrocele, unspecified	11	<5
Hydrocephalus in neoplastic disease	<5	<5
łydrocephalus, unspecified	23	6
Hydromorphone causing adverse effect in therapeutic use	51	7
Hydronephrosis with renal and ureteral calculous obstruction	139	6
Hydronephrosis with ureteral stricture, not elsewhere classified	60	0
Hydronephrosis with ureteropelvic junction obstruction	23	<5
Hydrops of gallbladder	5	0
Hydroureter	8	<5
Hydroxyapatite deposition disease, pelvic region and thigh	<5	C
Hyperaldosteronism, unspecified	6	0
Apperemesis gravidarum with metabolic disturbance, antepartum condition or complication	15	0
Hyperemesis gravidarum with metabolic disturbance, unspecified as to episode of care, or not applicable	<5	0
lypergammaglobulinaemia, unspecified	<5	0
lyperglycaemia, unspecified	36	
Hyperhidrosis, unspecified	<5	0
Hyperimmunoglobulin E [IgE] syndrome Hyperkalaemia	<5 721	189
	110	29
Hyperlipidaemia, unspecified Hyperosmolality and hypernatraemia	347	110
Hyperparathyroidism, unspecified	29	0
typerparatnyroioism, unspecified typerplasia of appendix	<5	0
Typerplasia of appendix	526	20
lyperprolactinaemia	<5	20
lypersensitivity anglitis	<5	<5
Hypersensitivity anglitis Hypersensitivity pneumonitis due to other organic dusts	<5	0
lypersensitivity pneumonitis due to other organic dust	6	<5
lypersplenism	<5	0
Typerspients in August Aug	<5	0
Hypertension secondary to endocrine disorders, benign or unspecified	<5	0
Hypertensive encephalopathy	26	13
lypertensive heart and renal disease	60	12
lypertensive heart disease	15	6
lypertensive renal disease	34	7
Apertonic, incoordinate, and prolonged uterine contractions, delivered, with or without mention of antepartu	47	
Apertophic scar	<5	0
	52	0
	<5	0
lypertrophy of breast Appertrophy of kidney		0
lypertrophy of breast	6	L L
Aypertrophy of breast Hypertrophy of kidney	6 10	
Aypertrophy of breast Hypertrophy of kidney Hypertrophy of nasal turbinates		0
Aypertrophy of breast Aypertrophy of kidney Aypertrophy of nasal turbinates Aypertrophy of tonsils	10	C

Hyperventilation	5 <5	0
Hypochondriacal disorder Hypoglycaemia, unspecified	<5 81	28
Hypokalaemia	1784	220
Hypokalaemia of newborn	<5	0
Hypomania	8	0
Hyponatraemia of newborn	5	0
Hypo-osmolality and hyponatraemia	1174	148
Hypoparathyroidism, unspecified	<5	0
Hypopituitarism	6 <5	<5 <5
Hypoplasia and dysplasia of lung Hypoplastic right heart syndrome	<5	<5
Hypospadias, balanic	<5	0
Hypospadias, penile	<5	0
Hypospadias, unspecified	<5	0
Hyposplenism	<5	0
Hypotension due to drugs	91	29
Hypotension, unspecified	1732	658
Hypothalamic dysfunction, not elsewhere classified	<5	<5
Hypothermia Hypothermia of newborn, unspecified	17	7
Hypothermia, not associated with low environmental temperature	20	8
Hypothyroidism, unspecified	231	35
Hypovolaemic shock	49	39
Ice hockey	<5	0
Ice skating	<5	0
Idiopathic acute pancreatitis	20	<5
Idiopathic aplastic anaemia	<5	0
Idiopathic aseptic necrosis of bone, pelvic region and thigh	6	0
Idiopathic aseptic necrosis of bone, shoulder region	<5 10	0 <5
Idiopathic gout, ankle and foot Idiopathic gout, hand	<5	<5
Idiopathic gout, lower leg	<5	0
Idiopathic gout, multiple sites	9	<5
Idiopathic gout, upper arm	<5	0
Idiopathic hypotension	<5	0
Idiopathic peripheral autonomic neuropathy	<5	0
Ileostomy status	31	<5
Ileus, unspecified	314	66
Imbalance of constituents of food intake	<5 <5	0
Iminostilbenes causing adverse effect in therapeutic use Immobility	69	8
Immune reconstitution syndrome	<5	<5
Immunodeficiency, unspecified	<5	0
Immunoglobulin causing adverse effect in therapeutic use	7	<5
Immunosuppressive agents causing adverse effect in therapeutic use	19	<5
Impacted cerumen	49	<5
Impacted teeth	36	0
Imperforate hymen	<5	0
Impetigo [any organism] [any site]	5	<5
Impingement syndrome of shoulder	12	0
Inadequate family support Inadequate housing	<5 37	<5
Inadequate notating	<5	0
Inadvertent exposure of patient to radiation during medical care	<5	0
Inappropriate temperature in local application and packing	<5	<5
Incisional hernia with gangrene	<5	0
Incisional hernia with obstruction, without gangrene	69	6
Incisional hernia without obstruction or gangrene	178	19
Incomplete uterovaginal prolapse	42	0
Indeterminate sex, unspecified	<5	0
Infarction of liver Infarction of spleen	6 44	<5 11
Infected hydrocele	<5	0
Infection and inflammatory reaction due to ankle and tarsal prosthesis	6	0
Infection and inflammatory reaction due to cardiac valve prosthesis	26	7
Infection and inflammatory reaction due to elbow prosthesis	<5	0
Infection and inflammatory reaction due to hip prosthesis	79	5
Infection and inflammatory reaction due to internal fixation device of bones at other site	6	<5
Infection and inflammatory reaction due to internal fixation device of bones of foot	6	0
Infection and inflammatory reaction due to internal fixation device of femur	15	<5
Infection and inflammatory reaction due to internal fixation device of radius and ulna Infection and inflammatory reaction due to internal fixation device of tibia and fibula	<5 13	<5
Infection and inflammatory reaction due to internal fixation device of tibla and fibula Infection and inflammatory reaction due to knee prosthesis	63	<5
Infection and inflammatory reaction due to knee prostness	88	19
	48	7
Infection and inflammatory reaction due to other and unspecified cardiac and vascular devices, implants and g		
Infection and inflammatory reaction due to other and unspecified cardiac and vascular devices, implants and g Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants a	7	<5

Infection and inflormentary practice due to other internal practication during implants and practic	87	13
Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts Infection and inflammatory reaction due to other joint prosthesis	<5	0
Infection and inflammatory reaction due to other joint prosthesis	5	0
Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system	91	13
Infection and inflammatory reaction due to shoulder prosthesis	<5	0
Infection and inflammatory reaction due to unspecified joint prosthesis	<5	0
Infection following a procedure, not elsewhere classified	817	164
Infection of above knee amputation stump	5	<5
Infection of amniotic sac and membranes, third trimester, delivered, with or without mention of antepartum co	22	0
Infection of below knee amputation stump	18	5
Infection of colostomy stoma	<5	<5
Infection of enterostomy stoma	<5	<5
Infection of external stoma of urinary tract	<5	0
Infection of gastrostomy stoma	<5	0
Infection of intervertebral disc (pyogenic), cervical region	<5	0
Infection of intervertebral disc (pyogenic), cervicothoracic region	<5	0
Infection of intervertebral disc (pyogenic), lumbar region	<5	0
Infection of obstetric surgical wound, postpartum condition or complication	<5	0
Infection of other amputation stump	20	0
Infection of other reattached body part	<5	0
Infection of tracheostomy stoma	<5	0
Infection specific to the perinatal period, unspecified	<5	0
Infections following infusion, transfusion and therapeutic injection	29	6
Infections of kidney in pregnancy, antepartum condition or complication	14	0
Infections of kidney in pregnancy, delivered, with or without mention of antepartum condition	<5	0
Infections of other parts of urinary tract in pregnancy, antepartum condition or complication	<5	0
Infections of the genital tract in pregnancy, delivered, with or without mention of antepartum condition	<5	0
Infectious mononucleosis, unspecified	5	<5
Infective dermatitis	<5	0
Infective myocarditis	15	<5
Infective myositis, other	<5	0
Infective myositis, pelvic region and thigh	26	<5
Infective myositis, unspecified site	<5	0
Infective pericarditis	11	5
Inferior dislocation of humerus, closed	<5	0
Inflammatory conditions of jaws	9	<5
Inflammatory disease of cervix uteri	82	<5
Inflammatory disease of prostate, unspecified	12	0
Inflammatory disease of uterus, unspecified	5	<5
Inflammatory disorders of breast	21	0
Inflammatory disorders of other specified male genital organs	<5	0
Inflammatory disorders of scrotum	33	8
Inflammatory liver disease, unspecified	27	5
Inflammatory myopathy, not elsewhere classified	6	0
Inflammatory polyarthropathy	5	<5
Inflammatory polyps	5	0
Inflammatory spondylopathy, unspecified, cervical region	<5	0
Inflammatory spondylopathy, unspecified, cervicothoracic region	<5	<5
Inflammatory spondylopathy, unspecified, lumbar region	<5	0
Influenza with other respiratory manifestations, virus not identified	<5	<5
Ingrowing nail	8	<5
Inhalation and ingestion of food causing obstruction of respiratory tract	161	29
Inhalation and ingestion of other objects causing obstruction of respiratory tract	574	179
Inhalation of gastric contents	125	39
Inhaled anaesthetics causing adverse effect in therapeutic use	<5	<5
Injuries of muscles and tendons involving multiple body regions	<5	0
Injury NOS of small intestine with open wound into cavity	<5	<5
Injury NOS of small intestine without open wound into cavity	<5	0
Injury NOS of unspecified pelvic organ, without open wound into cavity Injury NOS of colon with open wound into cavity	<5 <5	0
	<5	<5
Injury NOS of colon without open wound into cavity Injury NOS of other intra-abdominal organs with open wound into cavity	<5	<5
Injury NOS of other intra-abdominal organs with open wound into cavity	5	5
	<5	0
Injury NOS of other pelvic organs, with open wound into cavity Injury NOS of rectum with open wound into cavity	<5	0
Injury NOS of inspecified intra-abdominal organ, without open wound into cavity	<5	0
Injury NOS of unspecified initia-addominal organ, without open wound into cavity	<5	0
Injury NOS of urethra, without open wound into cavity	5	0
Injury NOS of dreina, without open wound into cavity	<5	0
Injury of (anterior) (posterior) tiplai artery Injury of abdominal aorta	<5	0
Injury of blood vessel(s) of other finger	<5	0
Injury of blood vessel(s) of other tinger Injury of blood vessels of head, not elsewhere classified	<5	<5
Injury of biolod vessels of nead, not elsewhere classified	<5	<5
Injury of carotid artery	<5	<5
Injury of coeliac or mesenteric artery	10	<5
Injury of conjunctiva and corneal abrasion without mention of foreign body	10	<5
Injury of external jugular vein	<5	<5
Injury of eye and orbit, unspecified	<5	0
	~ 5	0

mp<			
mapma	Injury of femoral artery	<5	<5 <5
app of a brat with harmoprotation, with open would into brack. cavity44opp of a brat with sequence and onto brack. cavity74opp of a brat with sequence and onto brack. cavity74opp of a brat week sequence74opp of a brat week sequence74			<5
app of a black worksaaapp of a black worksaa	Injury of heart with haemopericardium, with open wound into thoracic cavity		0
mapma	Injury of heart with haemopericardium, without open wound into thoracic cavity	<5	<5
mp <td>Injury of iliac blood vessels</td> <td>8</td> <td><5</td>	Injury of iliac blood vessels	8	<5
mapma	Injury of inferior vena cava	7	<5
mp<mpmpmpmpmpmp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp<mp< <t< td=""><td>Injury of innominate or subclavian artery</td><td></td><td><5</td></t<>	Injury of innominate or subclavian artery		<5
mapma			<5
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might			C <5
mody of multiple block vessies at schoolder and loganSsing of archite block vessies at archite and lo			<5
might of mithabit out so that and point leveldmight of due block vessels at and post leveldmight of due block vessels at and post leveldmight of due block vessels at and bedre and upper am leveldmight of due block vessels at and bedre and upper am leveldmight of due block vessels at and bedre and upper am leveldmight of due block vessels at and bedre and upper am leveldmight of due block vessels at and bedre and upper am leveldmight of due block vessels at and bedre and upper am leveldmight of due block vesselsdmight of due block vesselsdm			C
mip of part block vesch at blockmen, inver back ang barks invelmmip of of block vesch at blockmen (par vesch (p			C
njny of berb bod vessels at bodie and upper an level9njny of berb bod vessels of bodiar.6njny of berb bod vessels of bodiar.6njny of perb bod vessels of bodiar.6njny of perb bod vessels of bodiar.6njny of perb bodi vessels of bodiar.6njny of perb bodiar.6nj	Injury of other blood vessels at abdomen, lower back and pelvis level		C
mapma	Injury of other blood vessels at ankle and foot level	<5	C
mary of policial versionmary of policial version <td>Injury of other blood vessels at lower leg level</td> <td><5</td> <td>C</td>	Injury of other blood vessels at lower leg level	<5	C
mipmi	Injury of other blood vessels at shoulder and upper arm level	<5	C
"prov of potion of splexe vinit<	Injury of other blood vessels of thorax		<5
nipry of proti or splenic van ingry of prot or splenic van ingry of prot prot or sees.Image ingry of prot prot or sees.Image 	Injury of popliteal artery		<5
mpy of pail and splend splen			<5
market of addia arency at write and hand levelminy of versebsminy of versebs<			<5
jmpofofofinpry </td <td></td> <td></td> <td><5</td>			<5
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injury of transfersSinjury of transfersSinsulficet social injury of	Injury of superficial violation at shoulder and upper arm level		0
map </td <td>Injury of superior vena cava</td> <td></td> <td>0</td>	Injury of superior vena cava		0
jmp ipp ipp ipp ipp ippdeldelipp ippinspecified blood vessi at wrist and hand leveldelippinspecified blood vessi at wrist and hand leveldelippinspecified blood vessi at wrist and hand leveldelippinspecified herve of ipper limb, level unspecifieddelippinspecified for and wefare supportdelinspir to antiblobe structures of keendelinspir to antiblobe structures of keendelinspir to antiblobe structures of sensdelinspir to antiblobe structure and wefare supportdelinsufficient intake of solution or legining of motor vehicledelintentional self-harm by drowning and sufficiationdelintentional self-harm by sharp optectdelintentional self-poioning by and expoure to antible per limbdelintentional self-poioning by and expoure to antible poioning self-poioning by and expoure to antible poioning	Injury of thoracic aorta		5
njiny of unspecified blood vessal at abdomes, how back and pelvis level<	Injury of ulnar artery at forearm level	<5	0
Inpury of unspecified how sel at wrist and hand levelSinjury of unspecified nerve of upser limb, level unspecifiedSinjury of vertebral arterySinjury of vertebral arterySinjury of vertebral arterySinjury of unspecified NoS with open wound into cavitySinjury on unspecified NoS with open wound into cavitySinjury on unspecified NoS with open wound into cavitySinjury on unspecified NoS with open wound into cavitySinstructure of Intracterine) contracciptive deviceSinstructure of Intracterine) contracciptive deviceSintentional self-harm by changing and submersionSintentional self-harm by changing and submersionSintentional self-harm by intranging from a sufficiationSintentional self-harm by intranging from a sufficiationSintentional self-harm by intrage from a high placeSintentional self-harm by intrage from a high placeSintentional self-harm by intrage from and bigh placeSintentional self-placioning by and exposure to anticle hyperofic, antiparkinsniam and phychotSintentional self-placioning by and exposure to anticle hyperofic, antiparkinsniam and phychotSintentional self-placioning by and exposure to anticle hyperofic, antiparkinsniam and phychotS <td>Injury of ulnar artery at wrist and hand level</td> <td><5</td> <td>0</td>	Injury of ulnar artery at wrist and hand level	<5	0
jny of unspecified nerve of lower limb, level unspecified5injury of unspecified nerve of upper limb, level unspecified5injury of entraber al atery5injury of entraber al atery5injury of unspecified nerve of upper limb, level unspecified5injury of unspecified NOS with open wound into cavity5injury no unspecified5injury no unspecified5insufficient scale insufficient scale weifers support5insufficient scale insufficient scale weifers support5insufficient scale insufficient scale insuffi	Injury of unspecified blood vessel at abdomen, lower back and pelvis level		<5
jury of unspecified nerve of upper limb, level unspecified S jury of vertebral artery S S jury of wetebral artery S S jury or unlight structures of knee S S insertion of (intrauterine) contraceptive device S S insufficient intskef S S intentional self-harm by drowing and submersion S S intentional self-harm by infig, strangulation and suffication S S intentional self-harm by infig, strangulation and suffication S S intentional self-harm by infig, strangulation and suffication S S intentional self-poisoning by and exposure to anticeplieptic, sedative-hynotic, antiparkinsonism and prochot S S intentional self-poisoning by and exposure to anarotics and psychodyleptics (halluningens), not ell <td></td> <td></td> <td>0</td>			0
bit of vertabral artery<			0
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jury, unspecified555insertion of (intracterpite device45insufficient inske of food and water45insufficient inske of food and water45instendious efficient by drawning and submersion45intentional self-harm by drawning and submersion45intentional self-harm by drawning and sufficiation and sufficiation10intentional self-harm by drawning and sufficiation and sufficiation45intentional self-harm by drawning and sufficiation and sufficiation5intentional self-harm by tring ing ing a nager firearm discharge5intentional self-harm by specified means5intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by and exposure to anticpileptic, selative-hypnotic, antiparkinsonism and pxychor2intentional self-poisoning by			0
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insufficient social insurance and welfare support 35 insufin and oral hypoglyzemic [antidiabetic] drugs causing adverse effect in therapeutic use 25 intentional and oral hypoglyzemic [antidiabetic] drugs causing adverse effect in therapeutic use 25 intentional self-harm by crashing of motor vehicle 5 intentional self-harm by transping, strangulation and suffication 10 intentional self-harm by transping, strangulation and suffication 10 intentional self-harm by transping, strangulation and suffication 26 intentional self-harm by transping, strangulation and suffication 26 intentional self-harm by transping from a high place 5 intentional self-harm by shap object 26 intentional self-harm by shap object 26 intentional self-harm by shap object 26 intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and 29 intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and 29 intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and psychotr 27 intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and 29 intentional self-poisoning by and exposure to anacotics and psychodysleptics [hallucinogens], not el 9 intentional self-poisoning by and exposure to nancotics and psychodysleptics [hallucinogens], not el 9 intentional self-poisoning by and exposure to ongolici analgesics, antipyretics and antirheumatics 22 intentional self-poisoning by and exposure to ongolici analgesics, antipyretics and antirheumatics 27 intentional self-poisoning by and exposure to ongolici analgesics, antipyretics and antirheumatics 26 intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological subtan 23 intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological subtan 23 intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological subtan	Insertion of (intrauterine) contraceptive device		0
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Intentional production or feigning of symptoms or disabilities, either physical or psychological factitious<5<5Intentional self-harm by crashing of motor vehicle<5	Insufficient social insurance and welfare support	<5	0
intentional self-harm by crashing of motor vehicle <5	Insulin and oral hypoglycaemic [antidiabetic] drugs causing adverse effect in therapeutic use	25	8
Intentional self-harm by drowning and submersion<5Intentional self-harm by hanging, strangulation and suffocation10Intentional self-harm by ring from a high place5Intentional self-harm by ring from a high place5Intentional self-harm by sharp object26Intentional self-harm by sharp object26Intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and psychotr22Intentional self-poisoning by and exposure to anticpileptic, sedative-hypnotic, antiparkinsonism and psychotr22Intentional self-poisoning by and exposure to carbon monoxide from combustion engine exhaust<5			<5
Intentional self-harm by hanging, strangulation and suffocation10Intentional self-harm by ying, hotgun and larger firearn discharge<5			0
Intentional self-harm by jumping from a high place5<Intentional self-harm by rifle, shotgun and larger firearm discharge<5			0
Intentional self-harm by rifle, shotgun and larger firearm discharge<5Intentional self-harm by sharp object26<			6 <5
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Intentional self-poisoning by and exposure to alcohol 25 Intentional self-poisoning by and exposure to alcipileptic, sedative-hypnotic, antiparkinsonism and 49 1 Intentional self-poisoning by and exposure to antippileptic, sedative-hypnotic, antiparkinsonism and psychotr 22 3 Intentional self-poisoning by and exposure to antippileptic, sedative-hypnotic, antiparkinsonism and psychotr 9 9 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere c 15 15 Intentional self-poisoning by and exposure to nonpoidid analgesics, antipyretics and nuthreumatics 52 1 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and thei <5			<5
Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotr25Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotr2233Intentional self-poisoning by and exposure to arbon monexide from combustion engine exhaust55Intentional self-poisoning by and exposure to aracotics and psychodysleptics [hallucinogens], not elswhere c155Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elswhere c165Intentional self-poisoning by and exposure to onopoid analgesics, antipretics and antirheumatics521Intentional self-poisoning by and exposure to onoparid analgesics, antipretics and antirheumatics521Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan31Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system131Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system131Intertructar ophthalmoplegia551Intertructar ophthalmoplegia551Intertructar ophthalmoplegia551Intertructarter, closed551Intertructarter, closed551Intertructarter, closed551Intertructarter, closed55		_	<5
Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotr9233Intentional self-poisoning by and exposure to carbon monoxide from combustion engine exhaust<5	Intentional self-poisoning by and exposure to alcohol		9
Intentional self-poisoning by and exposure to carbon monoxide from combustion engine exhaust<5Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not eleswhere c15Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens], not eleswhere c15Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and thei<5	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and	49	15
Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not el9Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere c15Intentional self-poisoning by and exposure to onopoioid analgesics, antipyretics and antirheumatics5211Intentional self-poisoning by and exposure to onopoioid analgesics, antipyretics and noxious substances161Intentional self-poisoning by and exposure to other and unspecified dremcials and noxious substances161Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan2311Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan2311Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan2311Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system1313Intertructar ophthalmoplegia<5	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotr	92	30
Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere c15Intentional self-poisoning by and exposure to onopoioid analgesics, antipyretics and antirheumatics521Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and thei<5	Intentional self-poisoning by and exposure to carbon monoxide from combustion engine exhaust		0
Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics521Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and thei<5	Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not el		7
Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and thei<5<Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biologica221Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system131Intentional self-poisoning by carbon monoxide from unspecified sources<5			8
Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances16Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan221Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system1313Intentional self-poisoning by carbon monoxide from unspecified sources<5			13
Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan221Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system1313Intentional self-poisoning by carbon monoxide from unspecified sources<5			<5
Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substan231Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system1313Intentional self-poisoning by carbon monoxide from unspecified sources<5			10
Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system13Intentional self-poisoning by carbon monoxide from unspecified sources<5			10
Intentional self-poisoning by carbon monoxide from unspecified sources<5Internuclear ophthalmoplegia<5			8
Interstitial cystitis (chronic)17<Interstitial emphysema18Interstitial emphysema96Interstitial pulmonary disease, unspecified96Interstitial pulmonary disease, unspecified502Intertrochanteric fracture, closed502Intertrochanteric fracture, open<5	Intentional self-poisoning by carbon monoxide from unspecified sources		C
Interstitial emphysema 18 Interstitial pulmonary disease, unspecified 96 Interstitial pulmonary disease, unspecified 502 22 Intertrochanteric fracture, closed 502 22 Intertrochanteric fracture, open <5	Internuclear ophthalmoplegia	<5	0
Interstitial pulmonary disease, unspecified96Interstitial pulmonary disease, unspecified50222Intertrochanteric fracture, losed50222Intertrochanteric fracture, open5524Intestinal adhesions [bands] with obstruction25422Intestinal bypass and anastomosis status724Intestinal malabsorption, unspecified5334Intra-abdominal and pelvic swelling, mass and lump5343Intracerebral haemorrhage in brain stem4311Intracerebral haemorrhage in cerebellum1644	Interstitial cystitis (chronic)	17	<5
Intertrochanteric fracture, closed5022Intertrochanteric fracture, open<5	Interstitial emphysema		9
Intertrochanteric fracture, open<5<Intestinal adhesions [bands] with obstruction25422Intestinal bypass and anastomosis status7<	Interstitial pulmonary disease, unspecified		8
Intestinal adhesions [bands] with obstruction2542Intestinal bypass and anastomosis status7<	Intertrochanteric fracture, closed		21
Intestinal bypass and anastomosis status7<Intestinal malabsorption, unspecified<5	Intertrochanteric fracture, open		<5
Intestinal malabsorption, unspecified <5 Intra-abdominal and pelvic swelling, mass and lump 53 Intracardiac thrombosis, not elsewhere classified 43 Intracerebral haemorrhage in brain stem 55 Intracerebral haemorrhage in cerebellum 16			27
Intra-abdominal and pelvic swelling, mass and lump 53 <			<5
Intracardiac thrombosis, not elsewhere classified 43 1 Intracerebral haemorrhage in brain stem <5 Intracerebral haemorrhage in cerebellum 16 <			<5
Intracerebral haemorrhage in brain stem <5 intracerebral haemorrhage in cerebellum 16 <	Intracardiac thrombosis, not elsewhere classified		11
intracerebral haemorrhage in cerebellum 16 <	Intracerebral haemorrhage in brain stem		0
Intracerebral haemorrhage in hemisphere, cortical 67 1	Intracerebral haemorrhage in cerebellum	16	<5
	Intracerebral haemorrhage in hemisphere, cortical	67	11

Intracerebral haemorrhage in hemisphere, subcortical Intracerebral haemorrhage in hemisphere, unspecified Intracerebral haemorrhage, intraventricular Intracerebral haemorrhage, multiple localized Intracerebral haemorrhage, unspecified Intracerebral haemorrhage, unspecified	36	7
Intracerebral haemorrhage, multiple localized Intracerebral haemorrhage, unspecified	8	<5
Intracerebral haemorrhage, unspecified	16	<5
	7	<5
intracramar abscess and granuloma	42 20	7 <5
Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere	<5	0
Intracranial and intraspinal phebitis and thrombophlebitis	8	<5
Intracranial haemorrhage (nontraumatic), unspecified	16	<5
Intracranial injury, unspecified	16	<5
Intracranial space-occupying lesion	<5	0
Intraductal carcinoma in situ of left breast	<5	0
Intraductal carcinoma in situ of right breast	<5	0
Intrahepatic bile duct carcinoma Intramural leiomyoma of uterus	72 22	5
Intrapartum fetal acidaemia first noted during labour and delivery	<5	0
Intrapartum haemorrhage, unspecified, delivered, with or without mention of antepartum condition	5	0
Intrasphincteric abscess	5	0
Intraspinal abscess and granuloma	32	9
Intraventricular (nontraumatic) haemorrhage, grade 4, of fetus and newborn	<5	0
Intussusception	13	<5
Invalid Code	<5	<5
Invasive pulmonary aspergillosis Involvement of eyelid in other infectious diseases classified elsewhere	<5 <5	0 <5
Iridocyclitis, unspecified	5	0
Iron deficiency	43	<5
Iron deficiency anaemia secondary to blood loss (chronic)	223	39
Iron deficiency anaemia, unspecified	924	100
Iron preparations and other anti-hypochromic-anaemia preparations causing adverse effect in therapeu	<5	0
Iron preparations and other anti-hypochromic-anaemia preparations causing adverse effect in therapeutic use	6	<5
Irradiation cystitis	25	0
Irregular menstruation, unspecified	17 8	0 <5
Irritability and anger Irritable bowel syndrome with diarrhoea	20	<5
Initiable bowel syndrome without diarhoea	19	<5
Irritant contact dermatitis due to detergents	<5	0
Irritant contact dermatitis due to other chemical products	<5	<5
Irritant contact dermatitis, unspecified cause	<5	0
Irritative hyperplasia of oral mucosa	<5	0
Ischaemia and infarction of kidney	28	8
Ischaemic cardiomyopathy	178 <5	71 0
Ischaemic infarction of muscle, ankle and foot Ischaemic infarction of muscle, forearm	5	<5
Ischaemic infarction of muscle, hand	<5	<5
Ischaemic infarction of muscle, lower leg	5	0
Ischaemic infarction of muscle, multiple sites	<5	<5
Ischaemic infarction of muscle, pelvic region and thigh	<5	0
Ischaemic infarction of muscle, upper arm	<5	0
Ischiorectal abscess	33	<5
Isolated myocarditis	<5 10	0 <5
Isolated proteinuria Isolation	<5	0
	<5	0
Joint disorder, unspecified, lower leg	<5	0
Joint disorder, unspecified, lower leg Joint disorder, unspecified, pelvic region and thigh	<5	0
	<5	0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization		
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site	<5	0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus	<5 <5	0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula	<5 <5 <5	0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis	<5 <5 <5 <5	0 0 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin	<5 <5 <5	0 0 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis	<5 <5 <5 <5 <5	0 0 <5 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified	<5 <5 <5 <5 <5 <5	0 0 <5 <5 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis	<5 <5 <5 <5 <5 <5 <5 <5	0 0 <5 <5 0 0 0 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratitis, unspecified Keratoconjunctivitis Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadven Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t	<5 <5 <5 <5 <5 <5 <5 <5 50 11	0 0 <5 0 0 0 0 12 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t	<5 <5 <5 <5 <5 <5 <5 50 11 18	0 0 <5 <5 0 0 0 12 <5 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t	<5 <5 <5 <5 <5 <5 50 111 18 <5	0 0 <5 0 0 0 0 12 <5 0 0 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadven Kidney donor Kidney transplant candidate Kidney transplant candidate	<5 <5 <5 <5 <5 <5 50 111 18 <5 17	0 0 <5 0 0 0 0 12 <5 0 0 <5 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile heumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadvenure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney donor Kidney transplant candidate Kidney transplant rapiection	<5 <5 <5 <5 <5 <5 50 11 18 <5 17 19	0 0 <5 0 0 0 0 12 <5 0 0 <5 0 0 <5
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney donor Kidney transplant candidate Kidney transplant failure	<5 <5 <5 <5 <5 <5 50 11 18 <5 17	0 0 <5 0 0 0 0 12 <5 0 0 <5 0 0 <5 8
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoonjunctivitis Keratoopiunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadvenure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney transplant candidate Kidney transplant tailure Kidney transplant tailure	<5 <5 <5 <5 <5 <5 50 11 18 <5 17 19 71	0 0 <5 5 0 0 0 0 5 0 0 <5 8 8
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoonjunctivitis Keratoonjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney transplant candidate Kidney transplant tandidate Kidney transplant rejection Kidney transplant status Kienböck's disease of adults	<5 <5 <5 <5 <5 50 11 18 <5 17 19 71 <5	0 0 <5 5 0 0 0 12 <5 0 0 <5 0 0 <5 8 8 0 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney transplant candidate Kidney transplant rejection Kidney transplant rejection Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant taitus Kienböck's disease of adults Kinking and stricture of ureter without hydronephrosis Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified to other chapters Klinefelter's syndrome, male with more than two X chromosomes	<5 <5 <5 <5 <5 50 11 18 <5 50 11 18 <5 17 19 71 <5 27 402 <5	0 0 5 5 0 0 0 12 5 0 5 0 5 8 8 0 0 6 8 8 0 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratits, unspecified Keratocnjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney transplant candidate Kidney transplant randidate Kidney transplant randidate Kidney transplant ratuus Kientopathy tause of adults Kikney transplant status Kientopathy tause of adults Kinking and stricture of ureter without hydronephrosis Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified to other chapters Klinefelter's syndrome, male with more than two X chromosomes Klinefelter's syndrome, unspecified	<5 <5 <5 <5 <5 50 11 18 <5 17 19 71 5 27 402 <5 <5	0 0 <5 <5 0 0 0 12 <5 0 0 <5 8 8 0 0 0 68 8 0 0
Joint disorder, unspecified, pelvic region and thigh Joint disorder, unspecified, shoulder region Junctional premature depolarization Juvenile arthritis, unspecified site Juvenile osteochondrosis of humerus Juvenile osteochondrosis of tibia and fibula Juvenile osteochondrosis of tibia and fibula Juvenile rheumatoid arthritis Kaposi's sarcoma of skin Keratitis, unspecified Keratoconjunctivitis Keratopathy (bullous aphakic) following cataract surgery Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney dialysis as the cause of abnormal reaction or later complication, without mention of misadventure at t Kidney transplant candidate Kidney transplant rejection Kidney transplant rejection Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant tailure Kidney transplant taitus Kienböck's disease of adults Kinking and stricture of ureter without hydronephrosis Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified to other chapters Klinefelter's syndrome, male with more than two X chromosomes	<5 <5 <5 <5 <5 50 11 18 <5 50 11 18 <5 17 19 71 <5 27 402 <5	0 0 <5 <5 0 0 0 12 <5 0 <5 0 <5 8 8 0 0 0 68

Labour and delivery complicated by cord around neck, with compression, delivered, with or without mention of	61	0
Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid, delivered, with	119	0
Labour and delivery complicated by fetal heart rate anomaly, delivered, with or without mention of antepartum	463	<5
Labour and delivery complicated by meconium in amniotic fluid, delivered, with or without mention of antepart	273	<5
Labour and delivery complicated by other cord complications, delivered, with or without mention of antepartum Labour and delivery complicated by other cord entanglement, with compression, delivered, with or without ment	7	0
Labour and delivery complicated by other cord entanglement, with compression, delivered, with or without ment Labour and delivery complicated by prolapse of cord, delivered, with or without mention of antepartum conditi	31 8	0
Labour and delivery complicated by photopic of early delivered, with or without mention of antepartum condition	<5	0
Labyrinthitis	6	0
Laceration and other and unspecified nerves of neck	<5	0
Laceration and puncture of heart with open wound into thoracic cavity	10	<5
Laceration and puncture of heart without open wound into thoracic cavity	8	6
Laceration and puncture of lung with open wound into thoracic cavity Laceration and puncture of lung without open wound into thoracic cavity	12	<5
Laceration and puncture of heira with open wound into thoracic cavity	<5	0
Laceration and puncture of pleura without open wound into thoracic cavity	<5	0
Laceration involving segmental or hilar vessels causing major devascularization > 25% of spleen (Gra	<5	<5
Laceration involving segmental or hilar vessels causing major devascularization > 25% of spleen (Grade IV) wi	<5	0
Laceration of (posterior) tibial nerve at lower leg level	<5	0
Laceration of bladder, with open wound into cavity	12	0 <5
Laceration of bladder, without open wound into cavity Laceration of colon with open wound into cavity	11 25	<5
Laceration of colon with open wound into cavity	25	5
Laceration of cutaneous sensory nerve at forearm level	<5	0
Laceration of diaphragm with open wound into thoracic cavity	5	<5
Laceration of diaphragm without open wound into thoracic cavity	<5	<5
Laceration of duodenum (without bile duct injury) with open wound into cavity	7	<5
Laceration of duodenum (without bile duct injury) without open wound into cavity	<5	<5
Laceration of duodenum with bile duct or duodenopancreatic complex injury with open wound into cavit Laceration of extensor muscle and tendon of other finger(s) at forearm level	<5 <5	0
Laceration of extensor muscle and tendon of thumb at wrist and hand level	<5	<5
Laceration of facial nerve	<5	0
Laceration of flexor muscle and tendon of other finger at wrist and hand level	<5	0
Laceration of kidney (without urinary extravasation) with open wound into cavity	<5	<5
Laceration of kidney (without urinary extravasation) without open wound into cavity	13	<5
Laceration of long extensor muscle and tendon of toe at ankle and foot level	<5	0
Laceration of long flexor muscle and tendon of other finger(s) at forearm level	<5 <5	0
Laceration of median nerve at upper arm level Laceration of median nerve at wrist and hand level	<5	0
Laceration of multiple extensor muscles and tendent at wrist and hand level	<5	0
Laceration of multiple flexor muscles and tendons at wrist and hand level	<5	0
Laceration of multiple muscles and tendons at hip and thigh level	<5	0
Laceration of muscle and tendon at neck level	<5	0
Laceration of muscle and tendon of abdomen, lower back and pelvis	<5	<5
Laceration of muscle and tendon of head	<5 7	0 <5
Laceration of muscle and tendon of hip Laceration of muscle and tendon of other parts of bicep	<5	0
Laceration of muscle and tendon of the posterior muscle and tendon (group) at thigh level	<5	0
Laceration of muscle(s) and tendon(s) of the rotator cuff of shoulder	11	0
Laceration of oesophagus with open wound into thoracic cavity	<5	<5
Laceration of oesophagus without open wound into thoracic cavity	6	<5
Laceration of other and unspecified nerves at abdomen, lower back and pelvis level	<5	0
Laceration of other cranial nerves Laceration of other flexor muscle and tendon at forearm level	<5	<5
Laceration of other nexor muscle and tendon at forearm level Laceration of other intra-abdominal organs with open wound into cavity	<5 8	<5
Laceration of other intra-abdominal organs without open wound into cavity	5	<5
Laceration of other muscles and tendons at shoulder and upper arm level	<5	0
Laceration of other pelvic organs, with open wound into cavity	<5	0
Laceration of other pelvic organs, without open wound into cavity	<5	0
Laceration of ovary, without open wound into cavity	<5	0
Laceration of quadriceps muscle and tendon Laceration of radial nerve at wrist and hand level	19 <5	0
Laceration of radial nerve at wrist and hand level Laceration of rectum with open wound into cavity	<5	0
Laceration of rectum without open wound into cavity	<5	<5
Laceration of small intestine, excluding duodenum with open wound into cavity	91	21
Laceration of small intestine, excluding duodenum without open wound into cavity	28	<5
Laceration of stomach with open wound into cavity	5	0
Laceration of stomach without open wound into cavity	<5	<5
Laceration of ulnar nerve at wrist and hand level Laceration of unspecified intra-abdominal organ, with open wound into cavity	<5 <5	0
Laceration of unspecified intra-addominal organ, with open wound into cavity Laceration of ureter, with open wound into cavity	7	<5
Laceration of ureter, without open wound into cavity	<5	0
Laceration of urethra, with open wound into cavity	<5	<5
Laceration of urethra, without open wound into cavity	<5	0
Laceration of uterus, without open wound into cavity	<5	0
Lack of adequate food	<5	0
Lack of expected normal physiological development, unspecified	18 <5	<5
Lack of food	< 5	<5

index programmeimage definitionimage definition </th <th></th> <th></th> <th></th>			
Landors Specify45Landors Specify44Landors Specify<	Lack of water	<5	0
increasing spann9increasing spann0increasing spann0increa			0
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Malignant melanoma of ar and external auricular canal<			0
Malignant melanoma of tower limb, including hip11Malignant melanoma of skalp and neck27Malignant melanoma of skih, unspecified25Malignant melanoma of skih, unspecified25Malignant melanoma of skih, unspecified25Malignant melanoma of upper limb, including shoulder5Malignant neoplasm accessory sins unspecified5Malignant neoplasm accessory sins unspecified5Malignant neoplasm accessory sins unspecified5Malignant neoplasm accessory sins unspecified5Malignant neoplasm acteric if noor for outh6Malignant neoplasm anterior for of mouth5Malignant neoplasm anterior if noor for fouth5Malignant neoplasm sinterior wall bladder10Malignant neoplasm sonterior accessory sins unspecified10Malignant neoplasm sonterior wall bladder10Malignant neoplasm sonterior wall bladder20Malignant neoplasm sonterior son ung, unspecified39Malignant neoplasm cortux card lago, unspecified39Malignant neoplasm cortux card lago of unspecified side39Malignant neoplasm cortux card accesphagus5Malignant neoplasm cortux card accesphagus5Malignant neoplasm cortux dare accesphagus5Malignant neoplasm medrast ung lagod5Malignant neop			
Malignant melanoma of skip and neck11Malignant melanoma of skip, unspecified2500Malignant melanoma of skip, unspecified1100Malignant melanoma of trunk1100Malignant melanoma of trunk500Malignant neoplasm accessory sinus unspecified500Malignant neoplasm accessory sinus unspecified500Malignant neoplasm accessory sinus unspecified500Malignant neoplasm accessory sinus unspecified500Malignant neoplasm anterior of wouth500Malignant neoplasm anterior of mouth500Malignant neoplasm anterior actilage of limb, unspecified0000Malignant neoplasm anterior actilage of limb, unspecified0000Malignant neoplasm bone and articular cartilage, unspecified0000Malignant neoplasm cervix ucir, unspecified0000Malignant neoplasm cervix ucir, unspecified0000Malignant neoplasm cervix ucir, unspecified0000Malignant neoplasm cortex adrenal gland0000Malignant neoplasm motorix000000Malignant neoplasm medrastinal tract, part unspecified0000M			
Malignant melanoma of scalp and neck76Malignant melanoma of skin, unspecified250Malignant melanoma of unk110Malignant neoplasm accessory sinus unspecified<5			0
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Malignant melanoma of upper limb, including shoulder<5<6Malignant neoplasm accessory sinus unspecified<5	-		0
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Malignant neoplasm anterior Boor of mouth<5<6Malignant neoplasm anterior Boor of mouth<5	Malignant melanoma of upper limb, including shoulder	<5	C
Malignant neoplasm ampulla of Vater66Malignant neoplasm anterior floor of mouth<5	Malignant neoplasm accessory sinus unspecified	<5	<5
Malignant neoplasm anterior floor of mouth<5<5Malignant neoplasm anterior wediastinum<5			0
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Malignant neoplasm bronchus or lung, unspecified, unspecified side33914Malignant neoplasm cervix uteri, unspecified<5			0
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Malignant neoplasm cervix uteri, unspecified7252Malignant neoplasm corpus uteri, unspecified143112Malignant neoplasm corpus uteri, unspecified560Malignant neoplasm cortex adrenal gland560Malignant neoplasm cortex adrenal gland560Malignant neoplasm dorsal surface of tongue560Malignant neoplasm extrahepatic bile duct1955Malignant neoplasm greater curvature of stomach, unspecified1065Malignant neoplasm greater curvature of stomach, unspecified1160Malignant neoplasm lateral wall bladder1160Malignant neoplasm letral wall bladder6560Malignant neoplasm letral wall oropharynx5560Malignant neoplasm letral wall oropharyns6560Malignant neoplasm letral wall oropharyns6560Malignant neoplasm letral wall oropharyns560Malignant neoplasm letral wall oropharyns5 <t< td=""><td></td><td></td><td><5</td></t<>			<5
Malignant neoplasm corpus uteri, unspecified<5<6Malignant neoplasm cortex adrenal gland<5	Malignant neoplasm cervical oesophagus	<5	<5
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Malignant neoplasm endocrine gland unspecified<5<6Malignant neoplasm extrahepatic bile duct19<5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified	72 143 <5	C
Malignant neoplasm extrahepatic bile duct19<Malignant neoplasm floor of mouth, unspecified<5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland	72 143 <5 <5	C C
Malignant neoplasm floor of mouth, unspecified<5<5Malignant neoplasm greater curvature of stomach, unspecified11<6	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue	72 143 <5 <5 <5	0 0 0
Malignant neoplasm greater curvature of stomach, unspecified <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified	72 143 <5 <5 <5 <5 <5	0 0 0 0
Malignant neoplasm intestinal tract, part unspecified 11 0 Malignant neoplasm latval unspecified 21 <	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct	72 143 <5 <5 <5 <5 <5 19	(((((((() ())))))))))))))))))))
Malignant neoplasm larynx unspecified 21 <	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm entrahepatic bile duct Malignant neoplasm floor of mouth, unspecified	72 143 <5 <5 <5 <5 19 <5	0 0 0 0 <5 <5
Malignant neoplasm lateral wall oropharynx <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct Malignant neoplasm floor of mouth, unspecified Malignant neoplasm greater curvature of stomach, unspecified	72 143 <5 <5 <5 19 <5 <5 <5	0 0 0 0 <5 <5 <5
Malignant neoplasm left bronchus or lung, unspecified 117 Malignant neoplasm lesser curvature of stomach, unspecified <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm floor of mouth, unspecified Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified	72 143 <5 <5 <5 <5 19 <5 <5 <5 <11	0 0 0 0 0 0 0 0 0 0 0
Malignant neoplasm lesser curvature of stomach, unspecified <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm extrahepatic bile duct Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm intestinal tract, part unspecified	72 143 <5 <5 <5 19 <5 <5 <5 11 21	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 5 5 5 5 5
Malignant neoplasm lip, unspecified, inner aspect<5<0Malignant neoplasm lower third of oesophagus62<5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm colon, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm extrahepatic bile duct Malignant neoplasm floor of mouth, unspecified Malignant neoplasm floor of mouth, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm lintestinal tract, part unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall oropharynx	72 143 <5 <5 <5 19 <5 <5 11 21 21 49 <5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Malignant neoplasm lower third of oesophagus62<2Malignant neoplasm major salivary gland, unspecified<5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall oropharynx Malignant neoplasm letrict bronchus or lung, unspecified	72 143 <5 <5 <5 19 <5 <5 11 21 21 49 <5 117	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Malignant neoplasm major salivary gland, unspecified <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct Malignant neoplasm floor of mouth, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified	72 143 <5 <5 <5 <5 <5 <5 11 21 21 49 <5 117 <5	C C C C C C C C C C C C C C C C C C C
Malignant neoplasm Meckel diverticulum <5	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung the sect Malignant neoplasm left bronchus or lung the sect	72 143 <5 <5 <5 (5 5 (5 5 (11 21 49 <5 (117 <5 <5	C C C C C C C C C C C C C C C C C C C
Malignant neoplasm mediastinum, part unspecified <5 (Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm largen unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm lateral wall oropharynx Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm left bronchus or lung, unspecified Malignant neoplasm lesser curvature of stomach, unspecified Malignant neoplasm lesser unspecified, inner aspect Malign	72 143 <5 <5 <5 19 <5 <5 11 21 49 <5 117 <5 <5 <5 62	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm extrahepatic bile duct Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm letstinal tract, part unspecified Malignant neoplasm leteral wall bladder Malignant neoplasm leteral wall oropharynx Malignant neoplasm leteral wall oropharynx Malignant neoplasm lesser curvature of stomach, unspecified Malignant neoplasm leteral wall oropharynx Malignant neoplasm lets bronchus or lung, unspecified Malignant neoplasm lesser curvature of stomach, unspecified Malignant neoplasm lets more und, unspecified Malignant neoplasm lateral wall oropharynx Malignant neoplasm lesser curvature of stomach, unspecified Malignant neoplasm lower third of oesophagus Malignant neoplasm mijor salivary gland, unspecified	72 143 <5 <5 <5 <5 <5 <5 11 21 49 <5 117 <5 <5 <5 62 <5	12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Malignant neoplasm cervix uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm corpus uteri, unspecified Malignant neoplasm cortex adrenal gland Malignant neoplasm dorsal surface of tongue Malignant neoplasm endocrine gland unspecified Malignant neoplasm extrahepatic bile duct Malignant neoplasm floor of mouth, unspecified Malignant neoplasm greater curvature of stomach, unspecified Malignant neoplasm intestinal tract, part unspecified Malignant neoplasm lateral wall bladder Malignant neoplasm lateral wall opoharynx Malignant neoplasm leteral wall opoharynx Malignant neoplasm lip, unspecified, inner aspect Malignant neoplasm lover third of oesophagus Malignant neoplasm major salivary gland, unspecified	72 143 <5 <5 <5 <5 <5 (5 (11) 21 49 <5 (117) <5 (117) <5 (5) (2) <5 (2) <5 (2) <5 (2) <5 (2) <5 (2) <5 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Malignant neoplasm middle lobe, bronchus or lung	34	0
Malignant neoplasm middle third of oesophagus	10	0
Malignant neoplasm nasopharynx unspecified	7	0
Malignant neoplasm of abdomen Malignant neoplasm of acoustic nerve	6 <5	<5 <5
Malignant neoplasm of anal canal	5	<5
Malignant neoplasm of anterior wall nasopharynx	<5	0
Malignant neoplasm of anus unspecified	11	0
Malignant neoplasm of appendix	39	5
Malignant neoplasm of ascending colon	89 <5	10 0
Malignant neoplasm of axillary tail of left breast Malignant neoplasm of axillary tail of right breast	<5	0
Malignant neoplasm of base of tongue	15	<5
Malignant neoplasm of bladder neck	20	0
Malignant neoplasm of bladder, unspecified	216	14
Malignant neoplasm of body of pancreas	11	<5
Malignant neoplasm of body of penis Malignant neoplasm of body of stomach	<5 13	0
Malignant neoplasm of border of tongue	13	8
Malignant neoplasm of brain stem	5	<5
Malignant neoplasm of brain unspecified	36	0
Malignant neoplasm of branchial cleft	<5	0
Malignant neoplasm of breast, part unspecified, unspecified side	82	<5
Malignant neoplasm of caecum Malignant neoplasm of cardia	126 56	11 6
Malignant neoplasm of carola Malignant neoplasm of central portion of left breast	<5	0
Malignant neoplasm of central portion of right breast	<5	0
Malignant neoplasm of cerebellum	<5	0
Malignant neoplasm of cerebral meninges	<5	<5
Malignant neoplasm of cerebral ventricle	<5	0
Malignant neoplasm of cerebrum, except lobes and ventricles Malignant neoplasm of cheek mucosa	6 7	0 <5
Malignant neoplasm of choroid	<5	0
Malignant neoplasm of clitoris	<5	0
Malignant neoplasm of connective and soft tissue of abdomen	<5	0
Malignant neoplasm of connective and soft tissue of head, face and neck	13	0
Malignant neoplasm of connective and soft tissue of lower limb, including hip	23	0
Malignant neoplasm of connective and soft tissue of pelvis Malignant neoplasm of connective and soft tissue of thorax	11 5	0
Malignant neoplasm of connective and soft tissue of triolax Malignant neoplasm of connective and soft tissue of trunk, unspecified	6	<5
Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	<5	0
Malignant neoplasm of connective and soft tissue, unspecified	18	0
Malignant neoplasm of craniofacial bones	<5	0
Malignant neoplasm of descended left testis	<5 <5	0
Malignant neoplasm of descended right testis Malignant neoplasm of descending colon	17	6
Malignant neoplasm of dome of bladder	14	<5
Malignant neoplasm of duodenum	13	<5
Malignant neoplasm of endocervix	7	0
Malignant neoplasm of endometrium	197	<5
Malignant neoplasm of ethnoidal sinus	<5 <5	0
Malignant neoplasm of exocervix Malignant neoplasm of external lower lip	<5	0
Malignant neoplasm of eye unspecified	5	0
Malignant neoplasm of fallopian tube, bilateral	<5	0
Malignant neoplasm of fallopian tube, unilateral	<5	0
Malignant neoplasm of female genital organ, unspecified	<5	0
Malignant neoplasm of frontal lobe Malignant neoplasm of frontal sinus	43 <5	<5 <5
Malignant neoplasm of fundus of stomach	<5	0
Malignant neoplasm of gallbladder	20	0
Malignant neoplasm of glans penis	<5	0
Malignant neoplasm of glottis	15	<5
Malignant neoplasm of head of pancreas	67	<5 0
Malignant neoplasm of head, face and neck Malignant neoplasm of heart	16 <5	<5
Malignant neoplasm of hepatic flexure	21	<5
Malignant neoplasm of ileum	19	<5
Malignant neoplasm of jejunum	<5	0
Malignant neoplasm of kidney, except renal pelvis	290	15
Malignant neoplasm of labium majus	<5	0
Malignant neoplasm of labium minus Malignant neoplasm of left breast, part unspecified	<5 94	0 <5
Malignant neoplasm of left breast, part unspecified Malignant neoplasm of left main bronchus	22	<5
Malignant neoplasm of left nipple and areola	<5	0
Malignant neoplasm of left testis, unspecified	<5	<5
Malignant neoplasm of lip unspecified	<5	0
Malignant neoplasm of liver unspecified	28	0

Malignant neoplasm of long bones of lower limb Malignant neoplasm of lower gum Malignant neoplasm of lower lobe, bronchus or lung, unspecified side Malignant neoplasm of lower lobe, ieft bronchus or lung Malignant neoplasm of lower lobe, ieft bronchus or lung Malignant neoplasm of lower-inner quadrant of right breast Malignant neoplasm of lower-outer quadrant of right breast Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified Malignant neoplasm of occipital lobe	17 <5 <5 94 336 <5 <5 <5 <5 <5 8 14 7
Malignant neoplasm of lower lobe, bronchus or lung, unspecified side Malignant neoplasm of lower lobe, left bronchus or lung Malignant neoplasm of lower-lobe, right bronchus or lung Malignant neoplasm of lower-inner quadrant of left breast Malignant neoplasm of lower-outer quadrant of right breast Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of mandible Malignant neoplasm of mandible Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mothul unspecified	<5 94 136 <5 <5 <5 <5 <5 <5 8 14
Malignant neoplasm of lower lobe, left bronchus or lung Image: State	94 136 <5 <5 <5 <5 <5 <5 8 14
Malignant neoplasm of lower lobe, right bronchus or lung 1 Malignant neoplasm of lower-inner quadrant of left breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of lower-outer quadrant of right breast 1 Malignant neoplasm of main bronchus, unspecified side 1 Malignant neoplasm of main bronchus, unspecified side 1 Malignant neoplasm of maxillary sinus 1 Malignant neoplasm of maxillary sinus 1 Malignant neoplasm of maxillofacial bones 1 Malignant neoplasm of middle ear 1 Malignant neoplasm of mouth unspecified 1	l36 <5 <5 <5 <5 <5 <5 8 14
Malignant neoplasm of lower-inner quadrant of left breast Malignant neoplasm of lower-inner quadrant of right breast Malignant neoplasm of lower-outer quadrant of left breast Malignant neoplasm of lower-outer quadrant of right breast Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of manible Malignant neoplasm of maxillary sinus Malignant neoplasm of middle ear Malignant neoplasm of middle ear	<5 <5 <5 <5 <5 8 14
Malignant neoplasm of lower-inner quadrant of right breast Malignant neoplasm of lower-outer quadrant of left breast Malignant neoplasm of lower-outer quadrant of right breast Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of manible Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear	<5 <5 <5 <5 8 14
Malignant neoplasm of lower-outer quadrant of right breast Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	<5 <5 8 14
Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of mandible Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	<5 8 14
Malignant neoplasm of main bronchus, unspecified side Malignant neoplasm of mandible Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	8 14
Malignant neoplasm of mandible Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	14
Malignant neoplasm of maxillary sinus Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	
Malignant neoplasm of maxillofacial bones Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	· ·
Malignant neoplasm of middle ear Malignant neoplasm of mouth unspecified	8
	<5
Malignant neoplasm of occipital lobe	<5
	6
Malignant neoplasm of orbit	5
Malignant neoplasm of other and unspecified cranial nerves Malignant neoplasm of other parts of nasal cavity	<5 5
Maignant neoplasm of other specified female genital organs	<5
Malignant neoplasm of ovary, bilateral	26
Malignant neoplasm of ovary, not specified whether unilateral or bilateral	93
Malignant neoplasm of ovary, unilateral	51
Malignant neoplasm of overlapping lesion of left bronchus and lung	<5
Malignant neoplasm of overlapping lesion of right bronchus and lung	6
Malignant neoplasm of pancreatic duct Malignant neoplasm of parametrium	6 <5
Malignant neoplasm of parametrium Malignant neoplasm of parathyroid gland	<5
Malignant neoplasm of parietal lobe	28
Malignant neoplasm of parotid gland	32
Malignant neoplasm of pelvis	8
Malignant neoplasm of penis unspecified	16
Malignant neoplasm of peripheral nerves of upper limb, including shoulder	<5
Malignant neoplasm of pineal gland Malignant neoplasm of pleura	<5 <5
Maignant neoplasm of posterior wall of bladder	22
Malignant neoplasm of prepuce	<5
Malignant neoplasm of prostate	190
Malignant neoplasm of pyloric antrum	13
Malignant neoplasm of pylorus	<5
Malignant neoplasm of pyriform sinus Malignant neoplasm of rectosigmoid junction	<5 206
	200
Malignant neoplasm of renal pelvis	15
Malignant neoplasm of retromolar area	<5
Malignant neoplasm of retroperitoneum	19
	L09
	158
Malignant neoplasm of right main bronchus Malignant neoplasm of right testis, unspecified	39 <5
Malignant neoplasm of scrotum	<5
Malignant neoplasm of sigmoid colon	122
Malignant neoplasm of skin of lip	<5
Malignant neoplasm of skin of trunk	18
Malignant neoplasm of skin, unspecified	5
Malignant neoplasm of soft palate Malignant neoplasm of specified parts of peritoneum	<5 6
Malignant neoplasm of spinal cord	<5
Malignant neoplasm of splenic flexure	13
Malignant neoplasm of subglottis	<5
Malignant neoplasm of supraglottis	<5
Malignant neoplasm of tail of pancreas	15
Malignant neoplasm of temporal lobe Malignant neoplasm of testis, unspecified, unspecified side	41 10
Malignant neoplasm of thorax	<5
Malignant neoplasm of thymus	11
	101
Malignant neoplasm of trachea	<5
Malignant neoplasm of transverse colon	63
Malignant neoplasm of trigone of bladder Malignant neoplasm of upper John branchur or Jung, upprocified ride	13 <5
Malignant neoplasm of upper lobe, bronchus or lung, unspecified side Malignant neoplasm of upper lobe, right bronchus or lung 2	<5 253
	<5
Malignant neoplasm of upper-inner quadrant of breast, unspecified side	
	<5
Malignant neoplasm of upper-inner quadrant of breast, unspecified side	<5 <5 6

Malignant neoplasm of upper-outer quadrant of right breast	15	ر ج
Malignant neoplasm of upper-outer quadrant of right oreast Malignant neoplasm of ureter	15 24	<5 <5
Malignant neoplasm of ureteric orifice	9	0
Malignant reoplasm of urethra	11	<5
Malignant neoplasm of uterine adnexa, unspecified	<5	0
Malignant neoplasm of uterus, part unspecified	29	0
Malignant neoplasm of vagina	13	0
Malignant neoplasm of vallecula	<5	0
Malignant neoplasm of vertebral column	<5	0
Malignant neoplasm of vestibule of nose	<5	0
Malignant neoplasm of vulva unspecified	18	0
Malignant neoplasm other parts pancreas	<5	0
Malignant neoplasm pancreas part unspecified	157	<5
Malignant neoplasm pelvic bones, sacrum and coccyx	10	<5
Malignant neoplasm peritoneum unspecfied	6	<5
Malignant neoplasm pharynx unspecified	10	<5
Malignant neoplasm posterior wall of nasopharynx	<5	0
Malignant neoplasm ribs sternum clavicle	<5	0
Malignant neoplasm scapula and long bones of upper limb	<5	0
Malignant neoplasm short bones of lower limb	6	0
Malignant neoplasm skin of ear and external auricular canal Malignant neoplasm skin of eyelid, including canthus	21	<5
Malignant neoplasm skin of eyelio, including canthus Malignant neoplasm skin of lower limb, including hip	<5	<5
Maignant neoplasm skin of other and unspecified parts of face	58	<5
Malignant neoplasm skin of scalp & neck	23	<5
Malignant neoplasm skin of upper limb, including shoulder	11	<5
Maignant neoplasm skin of upper liniti, including shoulder Malignant neoplasm stomach unspecified	60	<5
Maignant neoplasm stomath dispectined Malignant neoplasm submandibular gland	<5	0
Maignant neoplasm sudmandisula grand	13	<5
Malignant neoplasm torsil unspecified	20	0
Malignant neoplasm upper lobe, left bronchus or lung	169	8
Malignant neoplasm upper third oesophagus	7	0
Malignant neoplasm urinary organ unspecified	<5	0
Malignant neoplasm ventral surface of tongue	<5	<5
Malignant neoplasm, primary site unknown, so stated	91	<5
Malignant neoplasm, primary site unspecified	92	<5
Malignant neoplasms of independent (primary) multiple sites	11	0
Malignant neoplasms of other & ill-defined sites within the digestive system	7	0
Malignant neuroleptic syndrome	<5	<5
Malingerer [conscious simulation]	6	0
Malocclusion, unspecified	42	<5
Malposition of uterus	<5	0
Malunion of fracture, ankle and foot	<5	0
Malunion of fracture, forearm	<5	0
Malunion of fracture, hand	<5	0
Malunion of fracture, lower leg	<5	0
Malunion of fracture, pelvic region and thigh	<5	0
Malunion of fracture, shoulder region	<5	0
Malunion of fracture, upper arm	<5	0
Mandibular hyperplasia	<5	0
Mandibular prograthism	<5	0
	10	0
Mandibular retrognathism	27	
Mania with psychotic symptoms	27	
Mania with psychotic symptoms Manic episode, unspecified	25	0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma	25 44	0 <5
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome	25 44 <5	0 <5 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia	25 44 <5 <5	0 <5 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere	25 44 <5 <5 <5	0 <5 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified	25 44 <5 <5 <5 <5 6	0 <5 0 0 0 <5
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar	25 44 <5 <5 <5 6 <5	0 <5 0 0 0 0 <5
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified	25 44 <5 <5 <5 <5 6	0 <5 0 0 <5 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastoidits in infectious and parasitic diseases classified elsewhere Mastoidits, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality ant damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication	25 44 <5 <5 <5 6 <5 <5 <5	0 <5 0 0 0 <5 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoditis in infectious and parasitic diseases classified elsewhere Mastoditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o	25 44 <5 <5 6 <5 <5 <5 <5	0 <5 0 0 0 <5 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c	25 44 <5 <5 6 <5 <5 <5 <5 <5	0 <5 0 0 0 <5 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for abnormality of vagina, delivered, with or without mention of antepartum c	25 44 <5 <5 6 <5 <5 <5 <5 <5 <5 <5	0 <5 0 0 0 <5 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for abnormality of vagina, delivered, with or without mention of antepartum c Maternal care for breech presentation, antepartum condition or complication	25 44 <5 <5 6 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 5
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) chramosomal abnormality in fetus, delivered, with or without mention o Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for breech presentation, antepartum condition or complication Maternal care for breech presentation, delivered, with or without mention of antepartum condition	25 44 <5 <5 <6 <5 <5 <5 <5 <5 <5 <5 <5 <5 92	0 <5 0 0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for suspected) fetal with or without mention of antepartum c Maternal care for bnormality of vagina, delivered, with or without mention of antepartum condition Maternal care for breech presentation, antepartum condiction or complication Maternal care for breech presentation, delivered, with or without mention of antepartum condition Maternal care for cervical incompetence, antepartum condition or complication	25 44 <5 <5 6 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5	0 <5 0 0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastoditis in infectious and parasitic diseases classified elsewhere Mastoditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum condition Maternal care for presentation, antepartum condition or complication Maternal care for breech presentation, antepartum condition Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition	25 44 <5 5 6 6 <5 <5 <5 <5 <5 6 92 <5 <5	0 <5 0 0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastani care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepartum condition Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for breech presentation, alepartum condition or complication Maternal care for breech presentation, delivered, with or without mention of antepartum condition Maternal care for crvical incompetence, antepartum condition or complication Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepartum condition Maternal care for conspont presentation, delivered, with or without mention of antepart	25 44 <5 <5 6 <5 <5 <5 <5 <5 6 92 <5 <5 10	0 <5 0 0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Matrol coll lymphoma Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for (suspected) hereditary disease in fetus, delivered, with or antepartum condition Maternal care for suspected) hereditary disease in fetus, delivered, with or mention of antepartum c Maternal care for for suspected) hereditary disease in fetus, delivered, with or antepartum condition Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for companial malformation of uterus, antepartum condition or complication Maternal care for companial malformation of uterus, delivered, with or without mention of antepartum condition Maternal care for congenital malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, delivered, with or without mention of ant	25 44 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5	0 <pre><5 0 0 0 0 </pre> <pre></pre> <pre>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</pre>
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Mafan's syndrome Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) fetal ydisease in fetus, delivered, with or without mention of antepartum c Maternal care for (suspected) fetal ydisease in fetus, delivered, with or without mention of antepartum c Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for suspected) fetal hydrocephalus, delivered, with or without mention of antepartum condition Maternal care for for suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for componid presentation, delivered, with or without mention of antepartum condition Maternal care for congenital malformation of uterus	25 44 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepart Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or antepartum condition Maternal care for breech presentation, antepartum condition or complication Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for compound presentation, delivered, with or without mention of antepartum condition Maternal care for compound presentation of uterus, antepartum condition or complication Maternal care for compound presentation of uterus, antepartum condition or complication Maternal care for competing mathemation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, delivered, with or without mention of antepartum condition Maternal care for congenital malformation of uterus, delivered, with or without mention of antepartum conditio Maternal care for decreased fetal movements, third trimester, antepartum condition or complication Maternal care for decr	25 44 <5 5 5 6 6 5 <5 <5 6 92 <5 6 92 <5 10 <5 10 <5 14 <5 10 <5 10 <5 10 <5 5 10 5 5 5 10 5 5 5 10 5 5 5 5 5 5 5 5	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastodynia Mastoditis in infectious and parasitic diseases classified elsewhere Mastoditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum condition Maternal care for breech presentation, antepartum condition or complication Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for congonutal malformation of uterus, antepartum condition or complication Maternal care for congonutal malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, delivered, with or without mention of antepartum condition Maternal care for decongenital malformation	25 44 <5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Matral's syndrome Mastoiditis in infectious and parasitic diseases classified elsewhere Mastoiditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal hydrocephalus, antepartum condition or complication Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum c Maternal care for suspected) hereditary disease in fetus, delivered, with or antepartum condition Maternal care for breech presentation, antepartum condition or complication Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for congenital malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, antepartum condition Maternal care for congenital malformation of uterus, delivered, with or without mention of antepartum condition Maternal care for congenital malformation of uterus, antepartum condition or complication Maternal care for decreased fetal movements, third trimester, antepartum condition or complication Maternal care for decreased fetal movements, third trimester, antepartum condition or complication Maternal care for decreased fetal movements, third trimester, delivered, with or without mention of antepartu Maternal care for disproportion due to unusually large fetus, delivered, with or without mention of antepartu Maternal care for disproportion due to unusually large fetus, delivered, with or without mention of antepartu Materna	25 44 <5 <5 <5 <5 <5 <5 <5 <6 92 <5 <5 10 <5 14 <5 10 <5 11	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0
Mania with psychotic symptoms Manic episode, unspecified Mantle cell lymphoma Marfan's syndrome Mastodynia Mastodynia Mastodynia Mastoditis in infectious and parasitic diseases classified elsewhere Mastoditis, unspecified Maternal care for (suspected) chromosomal abnormality in fetus, delivered, with or without mention of antepar Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) fetal abnormality and damage, unspecified, delivered, with or without mention o Maternal care for (suspected) hereditary disease in fetus, delivered, with or without mention of antepartum condition Maternal care for breech presentation, antepartum condition or complication Maternal care for breech presentation, antepartum condition or complication Maternal care for cervical incompetence, antepartum condition or complication Maternal care for cervical incompetence, delivered, with or without mention of antepartum condition Maternal care for congonutal malformation of uterus, antepartum condition or complication Maternal care for congonutal malformation of uterus, antepartum condition or complication Maternal care for congenital malformation of uterus, delivered, with or without mention of antepartum condition Maternal care for decongenital malformation	25 44 <5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<5 0

Maternal care for bigh head at term delivered with or without mention of antenartum condition	7	0
Maternal care for high head at term, delivered, with or without mention of antepartum condition Maternal care for hydrops fetalis, third trimester, delivered, with or without mention of antepartum conditio	<5	0
Material care for intrauterine death, second trimester, delivered, with or without mention of antepartum condition	6	0
Maternal care for intrauterine death, third trimester, delivered, with or without mention of antepartum condi	7	0
Maternal care for malpresentation of fetus, unspecified, delivered, with or without mention of antepartum con	<5	0
Maternal care for multiple gestation with malpresentation of one fetus or more, antepartum condition or compl	<5	0
Maternal care for multiple gestation with malpresentation of one fetus or more, delivered, with or without me	<5	0
Maternal care for other (suspected) fetal abnormality and damage, unspecified as to episode of care, or not a	<5	0
Maternal care for other abnormalities of cervix, delivered, with or without mention of antepartum condition	5	0
Maternal care for other abnormalities of gravid uterus, delivered, with or without mention of antepartum cond	<5	0
Maternal care for other abnormalities of pelvic organs, antepartum condition or complication	<5	0
Maternal care for other abnormalities of pelvic organs, delivered, with or without mention of antepartum cond	<5	0
Maternal care for other isoimmunization, third trimester, delivered, with or without mention of antepartum co	<5	0
Maternal care for other malpresentation of fetus, antepartum condition or complication	<5	0
Maternal care for other malpresentation of fetus, delivered, with or without mention of antepartum condition	30	0
Maternal care for other specified fetal problems, third trimester, delivered, with or without mention of ante	<5	0
Maternal care for restricted fetal growth, third trimester, antepartum condition or complication	7	0
Maternal care for restricted fetal growth, third trimester, delivered, with or without mention of antepartum	102	0
Maternal care for restricted fetal growth, unspecified trimester, delivered, with or without mention of antep	<5	0
Maternal care for rhesus isoimmunization, third trimester, delivered, with or without mention of antepartum c	39	0
Maternal care for signs of fetal asphyxia, first trimester, antepartum condition or complication	<5	0
Maternal care for signs of fetal asphyxia, third trimester, antepartum condition or complication	<5	0
Maternal care for signs of fetal asphyxia, third trimester, delivered, with or without mention of antepartum	7	0
Maternal care for transverse and oblique lie, antepartum condition or complication	<5	0
Maternal care for transverse and oblique lie, delivered, with or without mention of antepartum condition	12	0
Maternal care for tumour of corpus uteri, antepartum condition or complication	<5	0
Maternal care for tumour of corpus uteri, delivered, with or without mention of antepartum condition	10	0
Maternal care for unstable lie, antepartum condition or complication	<5	0
Maternal care for unstable lie, delivered, with or without mention of antepartum condition	14	0
Maternal care for uterine scar due to other and unspecified previous surgery, delivered, with or without ment	<5	0
Maternal care for uterine scar due to previous caesarean section, antepartum condition or complication	7	0
Maternal care for uterine scar due to previous caesarean section, delivered, with or without mention of antep	348	<5
Maternal distress during labour and delivery, delivered, with or without mention of antepartum condition	<5	0
Mature T/NK-cell lymphoma, unspecified	<5	0
Maxillary alveolar ridge hypoplasia	<5	0
Maxillary and mandibular microgenia	5	<5
Maxillary hyperplasia	<5	0
	<5	0
Maxillary hypoplasia		
Maxillary prognathism	<5	0
Maxillary prognathism Maxillary retrognathism	<5 5	0 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis	<5 5 <5	0 <5 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant	<5 5 <5 5	0 <5 <5 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device	<5 5 <5 5 41	0 <5 <5 0 11
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts	<5 5 5 5 41 <5	0 <5 <5 0 11 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of elbow prosthesis	<5 5 5 41 <5 <5	0 <5 0 11 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery byass and valve grafts Mechanical complication of elbow prosthesis Mechanical complication of gastrointestinal prosthetic devices, implants and grafts	<5 5 5 41 <5 <5 <5 74	0 <5 0 11 <5 0 13
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gestrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ	<5 5 5 41 <5 <5 74 <5	0 <5 0 111 <5 0 13 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of heart valve prosthesis	<5 5 41 <5 <5 74 <5 74 <5 14	0 <5 <5 0 111 <5 0 133 0 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of heart valve prosthesis Mechanical complication of hip prosthesis, breakage and dissociation	<5 5 41 <5 74 <5 74 <5 14 <5	0 <5 <5 0 111 <5 0 0 133 0 0 <5 <5
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of heart valve prosthesis Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, instability	<5 5 5 41 <5 74 <5 74 <5 14 <5 14 <5 27	0 <5 <5 0 111 <5 0 0 133 0 0 <5 <5 <0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of for urinary organ Mechanical complication of heart valve prosthesis Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, instability Mechanical complication of hip prosthesis, loosening	<5 5 41 <5 41 <5 <5 74 <5 14 <5 14 <5 27 29	0 <5 <5 0 11 <5 0 0 13 0 0 <5 <5 <0 0 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of heart valve prosthesis Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, loosening Mechanical complication of hip prosthesis, osteolysis around joint prosthesis	<5 5 41 <5 74 5 74 5 14 <5 14 <5 27 29 <5	0 <55 <5 0 111 <55 0 0 133 0 0 <55 <5 0 0 0 0 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, instability Mechanical complication of hip prosthesis, osteolysis around joint prosthesis Mechanical complication of hip prosthesis, other	<5 5 41 <5 74 <5 74 <5 14 <5 27 29 <5 <5	0 <5 0 111 <5 0 0 13 13 0 <5 <5 0 0 0 0 0 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of graft of urinary organ Mechanical complication of heart valve prosthesis Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, losening Mechanical complication of hip prosthesis, other Mechanical complication of hip prosthesis, other	<5 5 41 5 74 5 74 5 74 5 27 29 5 5 5 14	0 <5 0 111 <5 0 0 133 0 0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of fart of urinary organ Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, loosening Mechanical complication of hip prosthesis, loosening Mechanical complication of hip prosthesis, osteolysis around joint prosthesis Mechanical complication of hip prosthesis, uspecified Mechanical complication of hip prosthesis, uspecified Mechanical complication of hip prosthesis, wear of articular bearing surface	<5 5 41 5 74 5 74 5 74 5 27 29 29 5 5 5 14 5	0 <5 <5 0 111 <5 0 0 133 0 0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Maxillary prognathism Maxillary retrognathism Mechanical complication of ankle and tarsal prosthesis Mechanical complication of breast prosthesis and implant Mechanical complication of cardiac electronic device Mechanical complication of coronary artery bypass and valve grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Mechanical complication of fart of urinary organ Mechanical complication of hip prosthesis, breakage and dissociation Mechanical complication of hip prosthesis, instability Mechanical complication of hip prosthesis, loosening Mechanical complication of hip prosthesis, osteolysis around joint prosthesis Mechanical complication of hip prosthesis, ouspecified Mechanical complication of hip prosthesis, wear of articular bearing surface Mechanical complication of hip prosthesis, wear of articular bearing surface	<5 5 41 5 74 5 74 5 74 5 27 29 5 5 5 14	0 <5 <5 0 111 <5 0 0 133 0 0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Mechanical complication of other urinary devices and implants	55	<5
Mechanical complication of other unitary devices and implants Mechanical complication of other vascular grafts	32	<5
Mechanical complication of shoulder prosthesis	7	0
Mechanical complication of urinary (indwelling) catheter	58	5
Mechanical complication of vascular dialysis catheter	13	<5
Mechanical complication of ventricular intracranial (communicating) shunt	21	<5
Meckel diverticulum	15	<5
Medical abortion, complete or unspecified, with other and unspecified complications	<5	0
Medical abortion, complete or unspecified, without complication	6	0
Medical abortion, incomplete, complicated by delayed or excessive haemorrhage	<5	0
Medical abortion, incomplete, without complication	<5	0
Medical procedure, unspecified, as the cause of abnormal reaction or later complication, without me	6	<5
Medical procedure, unspecified, as the cause of abnormal reaction or later complication, without mention of	<5	0
Medical services not available in home Medical services not available in home	<5 <5	0
Medullary cystic kidney Megacolon, not elsewhere classified	<5	<5
Megalouriter Megalouriter	<5	0
Melaena Melaena	352	74
Melanocytic naevi of scalp and neck	<5	0
Melancottic naevi of trunk	<5	0
Melanoma in situ of lower limb, including hip	<5	0
Melanoma in situ of other and unspecified parts of face	<5	0
Melanoma in situ of scalp and neck	<5	0
Mendelson's syndrome	<5	0
Ménière's disease	6	0
Meningismus	<5	0
Meningitis due to other specified causes	<5	0
Meningitis in bacterial diseases classified elsewhere	<5	<5
Meningitis in mycoses	<5	0
Meningitis in other specified infectious and parasitic diseases classified elsewhere	<5	0
Meningitis in viral diseases classified elsewhere	<5	<5
Meningitis, unspecified	12	<5
Meningococcal meningitis	<5	<5
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, acute	<5	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, acute intoxicat Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, depend	<5	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, dependence synd	14	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, dependence synd Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, harmfu	32	5
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, harmful use	72	13
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, other	<5	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, other mental an	9	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, psycho	16	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, psychotic disor	37	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, unspec	37	<5
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, unspecified men	26	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, withdr	14	0
Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, withdrawal stat	13	<5
Mental and behavioural disorders due to use of alcohol, acute intoxication	41	9
Mental and behavioural disorders due to use of alcohol, amnesic syndrome	18	<5
Mental and behavioural disorders due to use of alcohol, dependence syndrome	233	13
Mental and behavioural disorders due to use of alcohol, harmful use	397	52
Mental and behavioural disorders due to use of alcohol, other mental and behavioural disorders	14	0
Mental and behavioural disorders due to use of alcohol, psychotic disorder	10	0
Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder	32 185	<5 19
Mental and behavioural disorders due to use of alcohol, unspecified mental and behavioural disorder Mental and behavioural disorders due to use of alcohol, withdrawal state	1396	115
Mental and behavioural disorders due to use of alcohol, withdrawal state Mental and behavioural disorders due to use of alcohol, withdrawal state	113	30
Mental and behavioural disorders due to use of cannabinoids, acute intoxication	5	<5
Mental and behavioural disorders due to use of cannabinoids, dependence syndrome	17	0
Mental and behavioural disorders due to use of cannabinoids, harmful use	165	10
Mental and behavioural disorders due to use of cannabinoids, other mental and behavioural disorders	24	0
Mental and behavioural disorders due to use of cannabinoids, psychotic disorder	110	0
Mental and behavioural disorders due to use of cannabinoids, unspecified mental and behavioural diso	51	0
Mental and behavioural disorders due to use of cannabinoids, unspecified mental and behavioural disorder	35	0
Mental and behavioural disorders due to use of cannabinoids, withdrawal state	21	0
Mental and behavioural disorders due to use of cannabinoids, withdrawal state with delirium	<5	0
Mental and behavioural disorders due to use of cocaine, acute intoxication	<5	<5
Mental and behavioural disorders due to use of cocaine, dependence syndrome	27	<5
Mental and behavioural disorders due to use of cocaine, harmful use	142	17
Mental and behavioural disorders due to use of cocaine, other mental and behavioural disorders Mental and behavioural disorders due to use of cocaine, other mental and behavioural disorders	5	0
Mental and behavioural disorders due to use of cocaine, psychotic disorder	19	0
Mental and behavioural disorders due to use of cocaine, unspecified mental and behavioural disorder	63	<5
Mental and behavioural disorders due to use of cocaine, withdrawal state Mental and behavioural disorders due to use of cocaine, withdrawal state	156 <5	<5 <5
Mental and behavioural disorders due to use of cocaine, withdrawal state with delirium Mental and behavioural disorders due to use of hallucinogens, harmful use	<5	<5
increar and benavioural utsorders due to use or nandemogens, nannuu use	0	
Mental and behavioural disorders due to use of hallucinogens, psychotic disorder	6	0
Mental and behavioural disorders due to use of hallucinogens, psychotic disorder Mental and behavioural disorders due to use of hallucinogens, withdrawal state	6 <5	0
Mental and behavioural disorders due to use of hallucinogens, psychotic disorder Mental and behavioural disorders due to use of hallucinogens, withdrawal state Mental and behavioural disorders due to use of opioids, acute intoxication	6 <5 8	0 0 <5

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Mild vulvar dysplasia<5Miliaria rubra<5			0
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Mineralocorticoid antagonists [aldosterone antagonists] causing adverse effect in therapeutic use77Mineralocorticoids causing adverse effect in therapeutic use<5		<5	0
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Misplaced ear<5Missed abortion8Mitochondrial myopathy, not elsewhere classified<5	Mineralocorticoid antagonists [aldosterone antagonists] causing adverse effect in therapeutic use	7	<5
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Mixed asthma without stated status asthmaticus <5			C
Mixed cellularity (classical) Hodgkin lymphoma <5	Mixed anxiety and depressive disorder		14
Mixed conductive and sensorineural hearing loss, bilateral <5	Mixed asthma without stated status asthmaticus	<5	0
Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contral <5 <			
	Mixed cellularity (classical) Hodgkin lymphoma	<5	
Mixed cortical and subcortical vascular dementia <5	Mixed cellularity (classical) Hodgkin lymphoma Mixed conductive and sensorineural hearing loss, bilateral	<5 <5	0 <5 <5

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Mixed incontinence	9	0
Moderate cervical dysplasia Moderate depressive episode	5 11	0
Moderate depressive episode Monoarthritis, not elsewhere classified, ankle and foot	<5	0
Monoclonal gammopathy of undetermined significance (MGUS)	9	<5
Mononeuropathy, unspecified	<5	<5
Monoplegia of upper limb on non-dominant side	<5	0
Monoplegia of upper limb on unspecified [unilateral] side	8	<5
Monteggia's fracture, closed	<5	0
Monteggia's fracture, open	<5	0
Morbidly adherent placenta, delivered, with or without mention of antepartum condition	<5	0
Morphine causing adverse effect in therapeutic use	23 <5	<5 0
Motor neuron disease, unspecified Motorcycle rider [any] injured in other specified transport accidents	<5	0
Motorcycle rider [any] injured in other specified nontraffic accident	<5	<5
Motorcycle rider [any] injured in unspecified traffic accident	5	<5
Motorcycle rider injured in collision with car, pick-up truck or van, driver, traffic accident	13	<5
Motorcycle rider injured in collision with car, pick-up truck or van, passenger, traffic accident	<5	<5
Motorcycle rider injured in collision with fixed or stationary object, driver, nontraffic accident	<5	0
Motorcycle rider injured in collision with fixed or stationary object, driver, traffic accident	9	<5
Motorcycle rider injured in collision with heavy transport vehicle or bus, driver, nontraffic accide	<5	0
Motorcycle rider injured in collision with heavy transport vehicle or bus, driver, traffic accident	<5	<5
Motorcycle rider injured in collision with pedestrian or animal, driver, traffic accident	<5	<5
Motorcycle rider injured in collision with two- or three-wheeled motor vehicle, driver, traffic acci	<5	0
Motorcycle rider injured in noncollision transport accident, driver, nontraffic accident	13	0
Motorcycle rider injured in noncollision transport accident, driver, traffic accident	19 <5	<5 0
Motorized vehicle sports	<5	0
Mouth breathing Moyamoya disease	<5	0
Mucocele of salivary gland	<5	0
Mucopolysaccharidosis, type I	<5	<5
Mucopurulent conjunctivitis	<5	0
Mucositis (ulcerative) of the digestive system	<5	0
Multi-infarct dementia	<5	0
Multiple disorders of sexual preference	<5	0
Multiple fractures involving skull and facial bones, closed	15	9
Multiple fractures involving skull and facial bones, open	<5	0
Multiple fractures of 2 - 4 ribs, closed	141	21
Multiple fractures of 5 or more ribs, closed	73	19
Multiple fractures of cervical spine, closed	14	8
Multiple fractures of clavicle, scapula and humerus, closed	<5	<5
Multiple fractures of femur, closed Multiple fractures of femur, open	<5 <5	0 <5
Multiple fractures of fingers, closed	<5	0
Multiple fractures of foot, closed	<5	0
Multiple fractures of foot, open	<5	<5
Multiple fractures of forearm, closed	<5	<5
Multiple fractures of forearm, open	<5	0
Multiple fractures of lumbar spine and pelvis, closed	55	18
Multiple fractures of lumbar spine and pelvis, open	<5	<5
	<5	0
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Multiple fractures of multiple sites of other metacarpal bones, closed Multiple fractures of multiple sites of other metacarpal bones, open	<5	0
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yositis in bacterial diseases classified elsewhere		0
,	~F	<5
yositis unspecified, unspecified site	<5	0
	5	<5
yositis, unspecified, lower leg	5	<5
	<5	0
	<5 <5	0
	<5	0
yotonic disorders	6	<5
	<5	<5
·	<5	<5
ail disorder, unspecified	<5	0
arcolepsy and cataplexy	<5	0
asal polyp, unspecified	7	0
	20	6
	376	31 67
5	760 <5	67
	<5	<5
	<5	0
	<5	0
ecrotizing fasciitis, ankle and foot	<5	0
ecrotizing fasciitis, forearm	<5	0
ecrotizing fasciitis, lower leg	6	<5
ecrotizing fasciitis, multiple sites	6	<5
ecrotizing fasciitis, other site	8	<5
	11	<5
	<5	0
5 , H	<5 <5	<5 0
	<5 151	<5
	70	.5
eed for assistance with personal care	8	<5
	12	<5
eed for immunization against COVID-19	24	<5
	<5	0
	<5	0
-	<5	0
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eonatal aspiration of meconium eonatal aspiration of milk and regurgitated food	5 <5	0
	<5	0
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	17	0
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eonatal difficulty in feeding at breast	96	0
eonatal erythema toxicum	5	0
"	<5	0
eonatal hypomagnesaemia	<5	0

Name and prove one of a source of a so	Neonatal jaundice associated with preterm delivery	9	0
NetworkNoteNetwork<	Neonatal joundice due to bruising		0
NetworkNetw	Neonatal jaundice from other specified causes		0
Nontary functing functionIWootant withoway straptsm. from naturals and factor all defaultIWootant withoway straptsm. from naturals and factor all defaultIWootant withoway straptsm. from naturals and factor all defaultIWootant withoway straptsm. from naturals and handboot of age ontoIWootant withoway straptsm. from naturals and handboot of age ontoIWootant withoway straptsm. from naturals and handboot of age ontoIWootant withoway straptsm. from naturals and straptsm.IWootant withoway straptsm.I<	Neonatal jaundice, unspecified		0
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Neoplasm of uncertain or unknown behaviour of traches, bronchus and lung17<Neoplasm of uncertain or unknown behaviour of traches, bronchus and lung55Neoplasm of uncertain or unknown behaviour of ureter55Neoplasm of uncertain or unknown behaviour of uretus55Neoplasm of uncertain or unknown behaviour of uterus55Neoplasm of uncertain or unknown behaviour on unknown behaviour on unknown behaviour on uspecified55Neoplasm of uncertain or unknown behaviour on unspecified55Neophronethy induced by other drugs, medicament or biological substance55Nephronethy induced by unspecified drug, medicament or biological substance55Nephrotic syndrome, foral and segmental glomerular lesions55Nephrotic syndrome, foral and segmental glomerular lesions55Never to and plexus compressions in interverberal disc disorders755Nerve ro and plexus compressions in interverberal disc disorders755Nerver to and plexus compressions in neoplastic disease215Neuralgia and neuritis, unspecified, untiple ites55Neuralgia and neuritis, unspecified otter, prostentic and other implants, materials and75Neuralgica landeuritis, unspecifie	Neoplasm of uncertain or unknown behaviour of the colon		0
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Neoplasm of uncertain or unknown behaviour, unspecified5Neoplasm of uncertain or unknown behaviour, unspecified7<	Neoplasm of uncertain or unknown behaviour of ureter		0
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Nephrogenic diabetes insipidus7<Nephrogathy induced by other drugs, medicaments and biological substances15333Nephropathy induced by unspecified drug, medicament or biological substance55Nephrotic syndrome, diffuse membranous glomerulonephritis555Nephrotic syndrome, other55Nephrotic syndrome, other55Nephrotic syndrome, other55Nerve root and plexus compressions in intervertebral disc disorders755Nerve root and plexus compressions in neoplastic disease216Nerve root and plexus compressions in spondylosis955Neuralgia and neuritis, unspecified, multiple sites555Neuralgia and neuritis, unspecified, multiple sites555Neuralgia and neuritis, unspecified, site5555Neuralgia and neuritis, unspecified, site5555Neuralgia and neuritis, unspecified, multiple sites5555Neuralgia and neuritis, unspecified, site5555Neuralgia and neuritis, unspecified, site5555Neuralgia and neuritis, unspecified site5555Neuralgia and neuritis, unspecified, site5555Neuralgia and neuritis, unspecified, multiple sites5555Neuralgia and neuritis, unspecified site55555Neuralgia and neuritis, unspecified	Neoplasm of uncertain or unknown behaviour of uterus		0
Nephropathy induced by unspecified drug, medicaments and biological substances1533Nephropathy induced by unspecified drug, medicament or biological substance<5	Neoplasm of uncertain or unknown behaviour, unspecified		0
Nephropathy induced by unspecified drug, medicament or biological substance<<Nephrotic syndrome, diffuse membranous glomerulonephritis<			<5 36
Nephrotic syndrome, diffuse membranous glomerulan lesions<Nephrotic syndrome, focal and segmental glomerular lesions<			<5
Nephrotic syndrome, other<5Nephrotic syndrome, unspecified30<	Nephrotic syndrome, diffuse membranous glomerulonephritis		0
Nephrotic syndrome, unspecified30<Nerve root and plexus compressions in intervertebral disc disorders75<	Nephrotic syndrome, focal and segmental glomerular lesions	<5	0
Nerve root and plexus compressions in intervertebral disc disorders75<Nerve root and plexus compressions in neoplastic disease21Nerve root and plexus compressions in sther dorsopathies44<	Nephrotic syndrome, other		0
Nerve root and plexus compressions in neoplastic disease21Nerve root and plexus compressions in spondylosis9<			<5 <5
Nerver root and plexus compressions in other dorsopathies44<Nerve root and plexus compressions in spondylosis9<			0
Nerve root and plexus compressions in spondylosis9<Nerve root and plexus disorder, unspecified<5	Nerve root and plexus compressions in other dorsopathies		<5
Neuralgia and neuritis, unspecified, lower leg<5<Neuralgia and neuritis, unspecified, multiple sites<5	Nerve root and plexus compressions in spondylosis	9	<5
Neuralgia and neuritis, unspecified, multiple sites <5	Nerve root and plexus disorder, unspecified		0
Neuralgia and neuritis, unspecified, other site <5			<5
Neuralgia and neuritis, unspecified, unspecified site <5			0
Neurogenic bowel, not elsewhere classified 13 Neurological devices associated with adverse incidents, prosthetic and other implants, materials and 7 Neurological neglect syndrome 8 <	Neuralgia and neuritis, unspecified, unspecified site		0
Neurological devices associated with adverse incidents, prosthetic and other implants, materials and 7 Neurological neglect syndrome 8 <	Neurofibromatosis (nonmalignant)		<5
Neurological neglect syndrome 8 <	Neurogenic bowel, not elsewhere classified		0
Neurologically determined death 20 1 Neuroma of above knee amputation stump <5			0
Neuroma of above knee amputation stump <5			<5 19
Neuromuscular dysfunction of bladder, unspecified 52 Neuromyelitis optica [Devic] <5	Neuroma of above knee amputation stump		19
Neuropathic arthropathy 24 <	Neuromuscular dysfunction of bladder, unspecified		5
Neurosyphilis, unspecified <5 Neutropenia 385 4 Nightmares <5	Neuromyelitis optica [Devic]		0
Neutropenia 385 4 Nightmares <5	Neuropathic arthropathy		<5
Nightmares <5	Neurosyphilis, unspecified		0
			44 0
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	-	0
Nodular lymphocyte predominant Hodgkin lymphoma	<5	0
Nodular sclerosis (classical) Hodgkin lymphoma	<5 <5	0 <5
Nondiabetic hypoglycaemic coma Nonfamilial hypogammaglobulinaemia	<5	<5
Non-follicular (diffuse) lymphoma, unspecified	<5	0
Non-Hodgkin lymphoma, unspecified	92	<5
Noninfective gastroenteritis and colitis, unspecified	71	9
Noninflamatory disorder of cervix uteri, unspecified	<5	0
Noninflammatory disorder of ovary, fallopian tube and broad ligament, unspecified	7	<5
Noninflammatory disorder of uterus, unspecified	6	<5
Noninflammatory disorder of vulva and perineum, unspecified	<5	0
Non-neuropathic heredofamilial amyloidosis	<5	0
Nonorganic insomnia	<5	0
Nonorganic vaginismus	<5	0
Nonpurulent mastitis associated with childbirth, delivered, with or without mention of antepartum condition	<5	0
Nonpurulent mastitis associated with childbirth, postpartum condition or complication	<5	0
Nonpyogenic meningitis	<5	0
Nonpyogenic thrombosis of intracranial venous system	<5	<5
Nonrheumatic tricuspid (valve) insufficiency	<5	<5
Nonspecific intraventricular block	<5	<5
Nonspecific low blood-pressure reading	<5	0
Nonspecific lymphadenitis, unspecified	<5	0
Nonspecific mesenteric lymphadenitis	<5	0
Nonspecific reactive hepatitis	<5	0
Nonspecific symptoms peculiar to infancy	<5	0
Nonsuppurative otitis media, unspecified	<5	<5
Nontoxic goitre, unspecified	13	<5
Nontoxic multinodular goitre	26	<5
Nontoxic single thyroid nodule	68	5
Nontraumatic extradural haemorrhage	<5	0
Nonunion of fracture [pseudarthrosis], ankle and foot	6	0
Nonunion of fracture [pseudarthrosis], forearm	<5	0
Nonunion of fracture [pseudarthrosis], hand	<5	0
Nonunion of fracture [pseudarthrosis], lower leg	10	<5
Nonunion of fracture [pseudarthrosis], other site	6	0
Nonunion of fracture [pseudarthrosis], pelvic region and thigh	18	0
Nonunion of fracture [pseudarthrosis], shoulder region	7	0
Nonunion of fracture [pseudarthrosis], upper arm	13	0
Normal-pressure hydrocephalus	18	0
Nosocomial condition Nummular dermatitis	<5 <5	<5 <5
	38	<5
Nutritional anaemia, unspecified Nutritional and metabolic disorders in diseases classified elsewhere	58	<5
Nutritional deficiency, unspecified	6	<5
Nutritional marasmus	<5	0
Nystagmus and other irregular eye movements	12	<5
Obesity, unspecified	67	18
Observation for other suspected cardiovascular diseases	<5	<5
Observation for other suspected diseases and conditions	34	<5
Observation for suspected malignant neoplasm	<5	0
Observation for suspected mental and behavioural disorders	6	0
Observation for suspected toxic effect from ingested substance	<5	<5
Obsessive-compulsive disorder, unspecified	38	<5
Obstetric and gynaecological devices associated with adverse incidents, prosthetic and other implants, materi	<5	0
Obstetric and gynaecological devices associated with adverse incidents, therapeutic (nonsurgical) and rehabil	<5	0
Obstetric blood-clot embolism, postpartum condition or complication	<5	0
Obstetric damage to pelvic joints and ligaments, delivered, with or without mention of antepartum condition	7	0
Obstetric damage to pelvic joints and ligaments, postpartum condition or complication	<5	0
Obstetric haematoma of pelvis, delivered, with or without mention of antepartum condition	12	<5
Obstetric high vaginal laceration, delivered, with or without mention of antepartum condition	19	<5
Obstetric laceration of cervix, delivered, with or without mention of antepartum condition	9	<5
Obstetric trauma, unspecified, delivered, with or without mention of antepartum condition	<5	0
Obstructed labour due to abnormality of maternal pelvic organs, delivered, with or without mention of antepar	<5	0
Obstructed labour due to breech presentation, delivered, with or without mention of antepartum condition	20	0
Obstructed labour due to compound presentation, delivered, with or without mention of antepartum condition	5	0
Obstructed labour due to deformed pelvis, delivered, with or without mention of antepartum condition	<5	0
Obstructed labour due to face presentation, delivered, with or without mention of antepartum condition	~ 5	0
	<5	<5
Obstructed labour due to fetopelvic disproportion, unspecified, delivered, with or without mention of antepar	25	
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum	25 164	0
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of	25 164 <5	0
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of Obstructed labour due to maternal pelvic abnormality, unspecified, delivered, with or without mention of ante	25 164 <5 <5	0 0
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of Obstructed labour due to maternal pelvic abnormality, unspecified, delivered, with or without mention of ante Obstructed labour due to other malposition and malpresentation, delivered, with or without mention of antepar	25 164 <5 <5 20	0 0 0
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Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of Obstructed labour due to maternal pelvic abnormality, unspecified, delivered, with or without mention of ante Obstructed labour due to other malposition and malpresentation, delivered, with or without mention of antepar Obstructed labour due to shoulder dystocia, delivered, with or without mention of antepar Obstructed labour due to shoulder dystocia, delivered, with or without mention of antepartum condition Obstructed labour due to shoulder presentation, delivered, with or without mention of antepartum condition	25 164 <5 <5 20 124 6	0 0 0 0
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of Obstructed labour due to maternal pelvic abnormality, unspecified, delivered, with or without mention of ante Obstructed labour due to other malposition and malpresentation, delivered, with or without mention of antepar Obstructed labour due to other malposition and malpresentation, delivered, with or without mention of antepar Obstructed labour due to shoulder dystocia, delivered, with or without mention of antepartum condition Obstructed labour due to shoulder presentation, delivered, with or without mention of antepartum condition Obstructed labour due to unusually large fetus, delivered, with or without mention of antepartum condition	25 164 <5 20 124 6 <5	0 0 0 0 0
Obstructed labour due to incomplete rotation of fetal head, delivered, with or without mention of antepartum Obstructed labour due to malposition and malpresentation, unspecified, delivered, with or without mention of Obstructed labour due to maternal pelvic abnormality, unspecified, delivered, with or without mention of ante Obstructed labour due to other malposition and malpresentation, delivered, with or without mention of antepart Obstructed labour due to shoulder dystocia, delivered, with or without mention of antepart Obstructed labour due to shoulder presentation, delivered, with or mithout mention of antepartum condition Obstructed labour due to unusually large fetus, delivered, with or without mention of antepartum condition Obstructed labour, unspecified, delivered, with or without mention of antepartum condition	25 164 <5 20 124 6 <5 52	0 0 0 0 0 0 <5
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Obstruction of bile duct	156	12
Obstruction of duodenum	7	<5
Obstructive and reflux uropathy, unspecified	47	6
Obstructive hydrocephalus	14	6
Obstructive hypertrophic cardiomyopathy	18	<5
Occlusion and stenosis of anterior cerebral artery	<5	0
Occlusion and stenosis of basilar artery	<5	<5
Occlusion and stenosis of carotid artery	146	24
Occlusion and stenosis of cerebellar arteries	<5	0
Occlusion and stenosis of middle cerebral artery	11	5
Occlusion and stenosis of multiple and bilateral precerebral arteries Occlusion and stenosis of other cerebral artery	11 6	<5 0
Occlusion and stenosis of other cerebral artery Occlusion and stenosis of posterior cerebral artery	<5	0
Occlusion and stenosis of posterior cerebral artery Occlusion and stenosis of unspecified cerebral artery	12	<5
Occlusion and stenois of vertebral artery	11	<5
Occupant [any] of heavy transport vehicle injured in other specified transport accidents	<5	0
Occupant [any] of pick-up truck or van injured in other specified transport accidents	<5	0
Occupant of heavy transport vehicle injured in collision with car, pick-up truck or van, driver, tra	<5	0
Occupant of heavy transport vehicle injured in noncollision transport accident, driver, nontraffic accident	<5	0
Occupant of heavy transport vehicle injured in noncollision transport accident, driver, traffic accident	<5	0
Occupant of pick-up truck or van injured in collision with car, pick-up truck or van, driver, nontraffic acci	<5	0
Occupant of pick-up truck or van injured in collision with car, pick-up truck or van, driver, traffi	<5	<5
Occupant of pick-up truck or van injured in collision with fixed or stationary object, driver, nontraffic acc	<5	0
Occupant of pick-up truck or van injured in collision with fixed or stationary object, driver, traff	<5	0
Occupant of pick-up truck or van injured in collision with fixed or stationary object, driver, traffic accide Occupant of pick-up truck or van injured in collision with pedestrian or animal, driver, traffic acc	<5 <5	0
Occupant of pick-up truck of van injured in collision with pedestrian of animal, while boarding or a	<5	<5
Occupant of pick-up truck or van injured in noncollision transport accident, driver, traffic accident	<5	<5
Occupant of pick-up truck or van injured in noncollision transport accident, person on outside of ve	<5	<5
Occupant of pick-up truck or van injured in noncollision transport accident, while boarding or alighting	<5	0
Occupant of three-wheeled motor vehicle injured in noncollision transport accident, driver, nontraffic accide	<5	0
Occupational therapy and vocational rehabilitation, not elsewhere classified	583	49
Ocular laceration and rupture with prolapse or loss of intraocular tissue	5	0
Ocular laceration without prolapse or loss of intraocular tissue	7	<5
Ocular pain	7	0
Oedema of larynx	9	<5
Oedema, unspecified	46	10
Oesophageal obstruction	67	6
Oesophageal varices with bleeding	10	<5
Oesophageal varices with bleeding in diseases classified elsewhere Oesophageal varices without bleeding	53 16	21 <5
Oesophageal varices without bleeding in diseases classified elsewhere	69	12
Desophagtis	122	16
Old myocardial infarction	141	52
Olecranon bursitis	<5	0
Oligohydramnios, third trimester, delivered, with or without mention of antepartum condition	23	0
Oligohydramnios, unspecified trimester, delivered, with or without mention of antepartum condition	<5	0
Oligomenorrhoea, unspecified	<5	0
Onychogryphosis	<5	<5
Onycholysis	<5	0
Open wound involving larynx and trachea, uncomplicated	<5	<5
Open wound involving pharynx and cervical esophagus, uncomplicated	<5	<5
Open wound of ankle, complicated Open wound of ankle, uncomplicated	<5	0
Open wound of breast, uncomplicated	<5 <5	<5 0
Open wound of cheek and temporomandibular area, complicated	<5	<5
Open would of cheek and temporomandibular area, uncomplicated	<5	<5
Open wound of ear, uncomplicated	<5	<5
Open wound of elbow, complicated	<5	0
Open wound of elbow, uncomplicated	9	<5
Open wound of eyelid and periocular area, complicated	<5	0
Open wound of eyelid and periocular area, uncomplicated	19	<5
Open wound of finger(s) with damage to nail, uncomplicated	<5	0
Open wound of finger(s) without damage to nail, complicated	<5	0
Open wound of finger(s) without damage to nail, uncomplicated	6	0
Open wound of forearm, multiple, complicated Open wound of forearm, multiple, uncomplicated	<5 <5	<5 0
Open wound of forearm, part unspecified, uncomplicated	7	0
Open wound of front wall of thorax, uncomplicated	<5	<5
Open wound of head, part unspecified, uncomplicated	5	0
Open wound of hip, complicated	<5	<5
Open wound of hip, uncomplicated	<5	<5
Open wound of knee, complicated	8	<5
Open wound of knee, uncomplicated	13	<5
Open wound of lip and oral cavity, complicated	<5	<5
Open wound of lip and oral cavity, uncomplicated	6	<5
Open wound of lower abdominal wall, complicated Open wound of lower abdominal wall, uncomplicated	<5 5	0

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Open wound of vagina and vulva, uncomplicated 14 Open wound of wrist and hand, part unspecified, complicated 12 Open wound sinvolving multiple regions of upper limb(s), uncomplicated 45 Open wounds involving multiple regions of upper limb(s), uncomplicated 45 Open wounds involving multiple regions of lower limb(s), uncomplicated 45 Open wounds of multiple regions of lower limb(s), uncomplicated 45 Open wounds of other parts of head, complicated 45 Open wounds of other parts of head, uncomplicated 70 Open wounds of other parts of lower limb(s), uncomplicated 70 Open wounds of other parts of lower ling, uncomplicated 91 Open wounds of other parts of lower ling, uncomplicated 91 Open wounds of other parts of lower ling, uncomplicated 91 Optic neuritis 7 Optic neuritis 7 Optic neuritis 7 Optic neuritis 7 Oral mocalits (ulcrative) 91 Orchitis with abserse incidents, prosthetic and other implants, materials and accessory 55 Optic neuritis 7 Oral mocalifetant disorder 7 <t< td=""><td>an wound of upper arm, uncomplicated</td><td><5</td><td>0</td></t<>	an wound of upper arm, uncomplicated	<5	0
Open wound of wrist and hand, part unspecified, complicated 45 Open wounds involving multiple regions of upper limb(s), uncomplicated 45 Open wounds involving multiple regions of upper limb(s), uncomplicated 45 Open wounds involving multiple regions of upper limb(s), uncomplicated 45 Open wounds involving on the combinations of body regions, uncomplicated 45 Open wounds of multiple regions of lower limb(s), complicated 45 Open wounds of other parts of lower limb(s), uncomplicated 45 Open wounds of other parts of head, uncomplicated 100 Open wounds of other parts of lower limb(s), uncomplicated 100 Open wounds of other parts of lower limb(s), complicated 9 Ophich maching other parts of lower legu. complicated 9 Ophich maching other parts of lower legu. complicated 45 Opioid receptor antagonists causing adverse effect in therapeutic use 45 Opioid receptor antagonists causing adverse effect in therapeutic use 45 Oral mocnisti (ulcerative) 91 Orchitis 9 Orchitis with abscess 45 Organic catatonic disorder 45 Organic moci [feetivel disorder socident with adve	an wound of upper limb, level unspecified	<5	<5
Open wound of wrist and hand, part unspecified, uncomplicated 12 Open wounds involving multiple regions of upper limb(s), uncomplicated <5	en wound of vagina and vulva, uncomplicated	14	<5
Open wounds involving multiple regions of upper limb(s) with lower limb(s), uncomplicated <5	en wound of wrist and hand, part unspecified, complicated		0
Open wounds involving multiple regions of upper limb(s), uncomplicated<5			<5
Open wounds involving other combinations of body regions, uncomplicated<5Open wounds of multiple regions of lower limb(s), complicated<5			0
Open wounds of multiple regions of lower limb(s), complicated <5			0
Open wounds of multiple regions of lower limb(s), uncomplicated<			0
Open wounds of other parts of head, uncomplicated 100 Open wounds of other parts of head, uncomplicated 100 Open wounds of other parts of lower leg, uncomplicated 9 Ophthalmic devices associated with adverse incidents, prosthetic and other implants, materials and accessory <5			0
Open wounds of other parts of head, uncomplicated100Open wounds of other parts of lower leg, complicated11Open wounds of other parts of lower leg, uncomplicated9Ophthalmic devices associated with adverse incidents, prosthetic and other implants, materials and accessory<5			<5
Open wounds of other parts of lower leg, uncomplicated 11 Open wounds of other parts of lower leg, uncomplicated 9 Ophthalmic devices associated with adverse incidents, prosthetic and other implants, materials and accessory <5			15
Open wounds of other parts of lower leg, uncomplicated9Ophthalmic devices associated with adverse incidents, prosthetic and other implants, materials and accessory<5			<5
Ophthalmic devices associated with adverse incidents, prosthetic and other implants, materials and accessory<5			<5
Opioid receptor antagonists causing adverse effect in therapeutic use<5Oppositional defiant disorder<5			0
Oppositional defiant disorder <5			0
Optic neuritis7Oral contraceptives causing adverse effect in therapeutic use<5			0
Oral contraceptives causing adverse effect in therapeutic use<5Oral mucositis (ulcerative)91Orchitis9Orchitis9Orchitis with abscess<5			0
Oral mucositis (ulcerative)91Orchitis9Orchitis9Orchitis with abscess<5			0
Orchitis with abscess<5		91	12
Organic catatonic disorder<5Organic delusional [schizophrenia-like] disorder<5	hitis	9	0
Organic delusional [schizophrenia-like] disorder<5Organic mood [affective] disorders<5	hitis with abscess	<5	0
Organic mood [affective] disorders <5		<5	<5
Organic personality disorder <5	anic delusional [schizophrenia-like] disorder	<5	0
Organ-limited amyloidosis29Oropharyngeal dysphagia18Orthopaedic devices associated with adverse incidents, prosthetic and other implants, materials and14Orthopaedic devices associated with adverse incidents, prosthetic and other implants, materials and accessory16Orthopaedic devices associated with adverse incidents, surgical instruments, materials and devices (<5	anic mood [affective] disorders	<5	0
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Orthopaedic devices associated with adverse incidents, surgical instruments, materials and devices (<5			<5
Orthopaedic devices associated with adverse incidents, therapeutic (nonsurgical) and rehabilitative devices <5			0
Orthostatic hypotension 323 Osteochondritis dissecans, lower leg <5			0
Osteochondritis dissecans, lower leg <5			0
Osteogenesis imperfecta <5			23
Osteolysis, ankle and foot <5			0
Osteolysis, other site <5			0
Osteomyelitis of vertebra, cervical region <5			0
Osteomyelitis of vertebra, multiple sites in spine <5			<5
			<5
Tosteon years of vertebra, sacrar and sacrococetscal region A			<5
Osteomyelitis of vertebra, thoracolumbar region 17			<5
Osteomyelitis of vertebra, infractionnal region 17 Osteomyelitis of vertebra, unspecified site 7			0
Osteomyelitis, unspecified, ankle and foot 109			9
Osteomylitis, unspecified, hand 6			0

Determination of the design of the second of	0	.5
Osteomyelitis, unspecified, lower leg	8 <5	<5 0
Osteomyelitis, unspecified, multiple sites Osteomyelitis, unspecified, other site	21	<5
Osteomycina, impecance, other are Osteomycina, impecance, other are	20	<5
Osteomyelitis, unspecified, shoulder region	<5	0
Osteomyelitis, unspecified, unspecified site	5	0
Osteomyelofibrosis	26	5
Osteonecrosis due to drugs, shoulder region	<5	0
Osteonecrosis due to previous trauma, pelvic region and thigh	<5	0
Osteonecrosis, unspecified, ankle and foot	<5	<5
Osteonecrosis, unspecified, forearm	<5	0
Osteonecrosis, unspecified, lower leg	<5	0
Osteonecrosis, unspecified, other site	<5	0
Osteonecrosis, unspecified, pelvic region and thigh	36	<5
Osteophyte, ankle and foot	<5	0
Osteophyte, lower leg	79	<5
Osteophyte, pelvic region and thigh Osteoporosis in endocrine disorders	62 5	0 <5
Osteoporosis of disuse with pathological fracture, other site	<5	0
Osteoporosis, unspecified	598	17
Otalgia	10	<5
Other (classical) Hodgkin lymphoma	6	0
Other abnormal findings on antenatal screening of mother, delivered, with or without mention of antepartum co	<5	0
Other abnormal findings on diagnostic imaging of central nervous system	<5	0
Other abortion, incomplete, complicated by delayed or excessive haemorrhage	<5	0
Other abortion, incomplete, without complication	<5	0
Other abscess of pharynx	<5	<5
Other acquired deformities of ankle and foot	5	0
Other acute and transient psychotic disorders	<5	0
Other acute gastritis	20	<5
Other acute myocarditis	7	<5
Other acute osteomyelitis, ankle and foot	47	5
Other acute osteomyelitis, lower leg	5	<5
Other acute osteomyelitis, multiple sites	<5	0
Other acute osteomyelitis, other site	9	<5
Other acute osteomyelitis, pelvic region and thigh	<5	<5
Other acute pancreatitis	22	5
Other acute predominantly delusional psychotic disorders Other acute renal failure	37	13
Other acute renainance Other acute sinusitis	<5	0
Other adhesions and disruptions of iris and ciliary body	<5	0
Other adventure sports	<5	0
Other agents primarily affecting the gastrointestinal system causing adverse effect in therapeutic u	<5	0
Other agents primarily affecting the gastrointestinal system causing adverse effect in therapeutic use	<5	<5
Other agranulocytosis	15	<5
Other Alzheimer's disease	50	0
Other amnesia	9	<5
Other amyloidosis	<5	0
Other analgesics and antipyretics causing adverse effect in therapeutic use	<5	0
Other and unspecified abdominal pain	343	15
Other and unspecified abnormal findings in urine	<5	<5
Other and unspecified abnormal involuntary movements	14	<5
Other and unspecified abnormal results of cardiovascular function studies	204	56
Other and unspecified abnormalities of breathing	106	25
Other and unspecified abnormalities of gait and mobility	85	5
Other and unspecified abnormalities of heart beat	20	<5 11
Other and unspecified adrenocortical insufficiency Other and unspecified agents affecting blood constituents causing advance effect in the apeutic use	37 <5	<5
Other and unspecified agents affecting blood constituents causing adverse effect in therapeutic use Other and unspecified antidepressants causing adverse effect in therapeutic use	<5 40	<5
Other and unspecified anticipilessants causing adverse effect in therapeutic use	13	<5
Other and unspecified atelectasis of newborn	<5	0
Other and unspecified atrioventricular block	11	<5
Other and unspecified bacterial vaccines causing adverse effect in therapeutic use	<5	0
Other and unspecified cholangitis	71	5
Other and unspecified cirrhosis of liver	317	61
Other and unspecified complications of above knee amputation stump	<5	<5
Other and unspecified complications of below knee amputation stump	<5	<5
Other and unspecified complications of other amputation stump	<5	0
Other and unspecified convulsions	352	94
Other and unspecified difficulties of micturition	13	<5
Other and unspecified diseases of pulp and periapical tissues	<5	0
Other and unspecified disorders of breast associated with childbirth, delivered, with or without mention of a	<5	0
Other and unspecified disorders of circulatory system	20	10
Other and unspecified disturbances of skin sensation	36	<5
Other and unspecified disturbances of smell and taste	<5	<5
Other and unspecified drugs primarily affecting the autonomic nervous system causing adverse effect	<5 <5	<5 0
Other and unspecified drugs primarily affecting the autonomic nervous system causing adverse effect in therap Other and unspecified dysphagia	<5 968	150
Conter and any contex of spin type	500	100

Other and unspecified fall on same level	783	35
Other and unspecified gastroenteritis and colitis of infectious origin	69	<5
Other and unspecified general anaesthetics causing adverse effect in therapeutic use	33	9
Other and unspecified hematuria	203	28
Other and unspecified hormones and their synthetic substitutes causing adverse effect in therapeutic	5	<5
Other and unspecified hormones and their synthetic substitutes causing adverse effect in therapeutic use Other and unspecified hydronephrosis	<5 245	0 15
Other and unspecified infectious diseases	245	<5
Other and unspecified injury of Achilles tendon	<5	0
Other and unspecified injury of adductor muscle and tendon of thigh	<5	<5
Other and unspecified injury of brachial plexus	<5	<5
Other and unspecified injury of diaphragm without open wound into thoracic cavity Other and unspecified injury of extensor muscle and tendon of other finger at wrist and hand level	<5 <5	0
Other and unspecified injury of facial nerve	<5	<5
Other and unspecified injury of median nerve at wrist and hand level	<5	0
Other and unspecified injury of multiple muscles and tendons at hip and thigh level	<5	0
Other and unspecified injury of muscle and tendon at thorax level	<5 8	0
Other and unspecified injury of muscle and tendon of abdomen, lower back and pelvis Other and unspecified injury of muscle and tendon of head	<5	<5 0
Other and unspecified injury of muscle and tendon of hip	6	0
Other and unspecified injury of muscle and tendon of long head of bicep	<5	0
Other and unspecified injury of muscle and tendon of other parts of bicep	<5	0
Other and unspecified injury of muscle and tendon of the posterior muscle and tendon (group) at thigh level	<5	0
Other and unspecified injury of muscle(s) and tendon(s) of the rotator cuff of shoulder Other and unspecified injury of nerve root of cervical spine	16 <5	0
Other and unspecified injury of other and unspecified muscles and tendons at thigh level	<5	0
Other and unspecified injury of other and unspecified nerves of neck	<5	<5
Other and unspecified injury of other cranial nerves	<5	<5
Other and unspecified injury of other extensor muscle and tendon at forearm level	<5	<5
Other and unspecified injury of other muscles and tendons at ankle and foot level Other and unspecified injury of other muscles and tendons at lower leg level	<5 <5	0
Other and unspecified injury of other muscles and tendons at shoulder and upper arm level	<5	0
Other and unspecified injury of other nerves at ankle and foot level	<5	0
Other and unspecified injury of other specified intrathoracic organs with open wound into thoracic cavity	<5	0
Other and unspecified injury of other specified intrathoracic organs without open wound into thoraci	<5	<5
Other and unspecified injury of other specified intrathoracic organs without open wound into thoracic cavity Other and unspecified injury of peroneal nerve at lower leg level	<5 <5	0 <5
Other and unspecified injury of quadriceps muscle and tendon	20	<5
Other and unspecified injury of radial nerve at upper arm level	<5	0
Other and unspecified injury of unspecified muscle and tendon at shoulder and upper arm level	<5	0
Other and unspecified injury of unspecified nerves at wrist and hand level	<5	0
Other and unspecified intestinal obstruction Other and unspecified kyphosis, cervicothoracic region	740 <5	41 <5
Other and unspecified kyphosis, thoracic region	8	<5
Other and unspecified kyphosis, thoracolumbar region	<5	0
Other and unspecified kyphosis, unspecified site	<5	0
Other and unspecified lack of coordination	16 12	<5 0
Other and unspecified lesions of oral mucosa Other and unspecified medical devices associated with adverse incidents, diagnostic and monitoring devices	<5	0
Other and unspecified medical devices associated with adverse incidents, miscellaneous devices, not elsewhere	10	<5
Other and unspecified medical devices associated with adverse incidents, prosthetic and other implan	<5	<5
Other and unspecified medical devices associated with adverse incidents, prosthetic and other implants, mater	<5	<5
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Other and unspecified medical devices associated with adverse incidents, surgical institutients, materials and Other and unspecified medical devices associated with adverse incidents, therapeutic (nonsurgical) and rehabi	6	<5
Other and unspecified oedema specific to fetus and newborn	<5	0
Other and unspecified opioids and related analgesics causing adverse effect in therapeutic use	115	14
Other and unspecified volumin	94	0
Other and unspecified polyuria Other and unspecified premature depolarization	51 <5	8
Other and unspecified problems related to employment	<5	0
Other and unspecified right bundle-branch block	49	10
Other and unspecified skin changes	8	<5
Other and unspecified speech disturbances	47	8
Other and unspecified superficial injuries of throat Other and unspecified symptoms and signs involving cognitive functions and awareness	<5 188	0 40
Other and unspecified symptoms and signs involving cognitive functions and awareness Other and unspecified symptoms and signs involving general sensations and perceptions	<5	40
Other and unspecified symptoms and signs involving the nervous and musculoskeletal systems	15	0
Other and unspecified symptoms and signs involving the urinary system	<5	0
Other and unspecified unar nerve injury at forearm level	<5	0
Other and unspecified ventral hernia with gangrene Other and unspecified ventral hernia with obstruction, without gangrene	<5 61	<5
Other and unspecified ventral hernia with obstruction or gangrene	63	<5
Other and unspecified voice disturbances	<5	0
Other and unspecified water transport accident, fishing boat	<5	0
Other antacids and anti-gastric-secretion drugs causing adverse effect in therapeutic use	5	<5
Other antepartum haemorrhage, antepartum condition or complication	<5	0
Other antepartum haemorrhage, delivered, with or without mention of antepartum condition	<5	0

Other whethy and the owner of which a during a whore affect in three pools or a whore shall be accord on the owner of the owner	Other antidysrhythmic drugs, not elsewhere classified, causing adverse effect in therapeutic use	16	8
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One brachial det malformations-5Other burstic, others ite-5Other burstic, others enginating in the perinatal period-6Other cerebral pathy-6Other cerebral pathy-5Other cerebral inflatcion-5Other cerebral pathy-5Other cherebral path	Other boarder in health-care facility	30	<5
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Other cerebral paky 61 18 Other cerebral paky <5	Other cardiomyopathies	130	46
Other cereiral paixy<	Other cardiovascular disorders originating in the perinatal period	80	0
Other cerebrospinal fluid leak<			18
Other cervical disc displacment 9 Other cervical disc displacment 5 Other chervical disc displacment 5 Other chervical disc displacment 234 Other chorite stap 234 Other chorite stap 234 Other chorite chartic stap 25 Other chorite citis 7 Other chorite citis 7 Other chorite citis 21 Other			
Other cervical disc displacement \$ 0 Other chemotherapy <5			
Other chemotherapy <5			0
Other cholecystitis<		<5	0
Other cholelithiasis without mention of obstruction <5	Other chest pain	234	34
Other chondrocalcinosis, forearm<50Other chondrocalcinosis, ouspecified site<5	Other cholecystitis	<5	0
Other chondrocalcinosis, unspecified site<5			<5
Other chondrocalcinosis, unspecified site <5			
Other chorea<50Other chorioretinal inflammations<5			
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Other chronic osteomyelitis, lower leg<50Other chronic osteomyelitis, ther site50Other chronic osteomyelitis, pelvic region and thigh70Other chronic osteomyelitis, shoulder region<5	Other chronic diseases of tonsils and adenoids	6	0
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Other chronic osteomyelitis, pelvic region and thigh70Other chronic osteomyelitis, shoulder region<5			0
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Other complications following infusion, transfusion and therapeutic injection2455Other complications of anaesthesia2399Other complications of genitourinary prosthetic devices, implants and grafts40<55			
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Other complications of internal orthopaedic prosthetic devices, implants and grafts51<55Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified4814Other complications of obstetric surgery and procedures, delivered, with mention of postpartum complication<5			<5
Other complications of obstetric surgery and procedures, delivered, with mention of postpartum complication<5<5Other complications of obstetric surgery and procedures, delivered, with or without mention of antepartum con<5		51	<5
Other complications of obstetric surgery and procedures, delivered, with or without mention of antepartum con<50Other complications of procedures, not elsewhere classified15727Other complications of spinal and epidural anaesthesia during labour and delivery, delivered, with or without<5		48	14
Other complications of procedures, not elsewhere classified157277Other complications of spinal and epidural anaesthesia during labour and delivery, delivered, with or without<5			<5
Other complications of spinal and epidural anaesthesia during labour and delivery, delivered, with or without <5			0
Other complications of spinal and epidural anaesthesia during the puerperium, delivered, with mention of post <5			
Other complications specific to multiple gestation, delivered, with or without mention of antepartum conditio <5 0			0
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Deter entersophilation of lower limb, excluding foot4Deter entersophilation of lower and excluding toot5Deter entersophilation of lower anterparted meta enterted in therapeutic use5Deter faile faile induction of lower anterparted meta enterted in therapeutic use5Deter faile faile induction of lower anterparted meta enterted in therapeutic use6Deter faile faile induction of lower anterparted meta enterparted meta enterparted in a submet faile in therapeutic use7Deter faile faile induction of lower anterparted meta enterparted meta enterp	Other endometriosis	<5	0
Dher entropy. Detail and index advects of fect in througe. UseSDher entropy. Tot and progets gausing advects of fect in througe. UseSDher faller divects of abox, respecting by, another personTDher faller divect of abox with or publing by, another personSDher faller divect of abox with or publing by, another personSDher faller divect of abox with or publing by, another personSDher faller dive tot all divect of aboxSDher faller abo	Other enduring personality changes		C
Dher entrogens and proceedings advers effect in therapeutic use and the second secon	Other enthesopathies of lower limb, excluding foot		C
Dher drogens and progentagens causing adverse effect in herapeutic use<	Other enthesopathies, not elsewhere classified		0
Dher falle induction of labour, arthepartum condition or complication4Dher falle induction of labour, arthepartum condition or complication7Dher faller and event due to collision with, or pushing by, another person7Dher fanda genital prolass5Dher fanda genital prolass5Dher fanda genital prolass6Other fanda genital prolass6Other fanda genital tract fistulae6Other fanda genital tract fistulae6Other fanda bencher, power leg.6Other fanda bencher, power leg.7Other fanda bencher, power leg.	Other epilepsy, not stated as intractable		0
Ditter full norm elle vel to another with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with, or public by, another person10Ditter fuel que to coll son with another person10Ditter fuel que to coll son with another person10Ditter fuel que to coll son with a son with	Other estrogens and progestogens causing adverse effect in therapeutic use		0
Dher formal nerved due to collision with, or pushing by, another person7Dher fernal perival prolops5Dher fernal perival prolops5Dher fernal perival prolops6Dher fernal perival prolops6Dher farnal genital tract fistulae6Dher farnal perival prolops6Dher farnal perival prolops6Dher farnal sernitar perival tract fistulae6Dher farnal sernitar perival tract fistulae6Dher farbolastic diorders, oker region and thigh6Dher forbolastic diorders, perive region and thigh7Dher forbolastic diorders in device region7Dher forbolastic discheres here diverse7Dher forbolastic discheres here diverse7Dher forbolastic discheres diverse7Dher forbolastic diverse7Dher forbolastic discheres diverse7 <td>Other failed induction of labour, antepartum condition or complication</td> <td></td> <td>C</td>	Other failed induction of labour, antepartum condition or complication		C
Dher fernage print prophers of newborn10Dher fernage print tract fistule5Dher forbalstic disorders, oliver ig5Dher forbalstic disorders, oliver ig5Dher forbalstic disorders, prevince igon and tigh5Dher forbalstic disorders, anenias5Dher forbalstic disorders, prevince igon and subcutaneous tisue5Dher forbalstic disorders, prevince igon and subcutaneous tisue6Dher forbalstic disorders, prevince igon and subcutaneous tisue7Dher forms of acute pericarditis7Dher forms of systemic lupus erythematosus7Dher forms of systemic lupus erythematosus7Dher forms of systemic lupus erythematosus7Dher formal neck, open7Dher foractur of lower end of rad			<5
Other framale genital prolapseSDher framale genital tract fistulaeSDher framale unnargenital tract fistulaeSDher forbalstic disorders, oker region and thighSDher forbal scheme heart diseaseADher forbal scheme heart diseaseADher forbal scheme heart diseaseADher forbal scheme heart diseaseSDher forbal disease disease diseaseSDher forbal scheme heart diseaseSDher forbal disease disease diseaseSDher forbal disease disease	Other fall on same level due to collision with, or pushing by, another person		C
Dher fensel instituta-Dher fensel institutagenital tract fistulae-Dher fensel institutagenital tract fistulae-Dher fansel institutation-Dher fansel ins	Other feeding problems of newborn		0
Dher fennele intestinal-genital tract fistulaeDher fennele urinary genital tract fistulaeDher forbalstic disorders, lower legDher forbalstic disorders, on ther steDher forbalstic disorders, on ther steDher forbalstic disorders, on ther steDher forbalstic disorders, polity region and thighDher forbalstic disorders, polity region and thighDher forbalstic disorders, polity region and thighDher forms of acute ischemic heart disease31Dher forms of acute pericarditisDher forms of solis, thoracit regionDher forms of solis, duritic, closedDher forms of solis, duritic, closedDher facture of fenoral neck, openDher facture of fenoral neck, openDher facture of fenoral neck, openDher facture of nablar adi maxillary bones, closedDher facture of nablar adi maxillary bones, closedDher facture of nablar adi maxillary bones, closedDher generalized egilepsy and egileptic syndromes, instratableDher paralized egilepsy and egile			C
Dher feniku uninary genital tract. fisulaeDher fibroblastic disorders, oliver lagDher fibroblastic disorders, pelvic region and highDher fibroblastic disorders, pelvic region and highDher forboblastic disorders, pelvic region and highDher forboblastic disorders, pelvic region and subcutaneous tissueDher forboblastic disorders, pelvic region and subcutaneous tissueDher forms of acute pericarditisDher forms of noric ischaemic heart diseaseDher forms of noric ischaemic heart diseaseDher forms of socialis, function is the set diseaseDher forms of socialis, the set diseaseDher forms of socialis, the set diseaseDher forms of systemic lupus erythematosusDher forms of systemic lupus erythematosusDher forms of systemic socialis, closedDher facture of fornoral neck, openDher facture of lower end of radius, openDher facture of lower end of radius, openDher generalized epileps and epileptic syndromes, intractableDher generalized epileps and epileptic syndromes, intractableDher generalized epileps and epileptic syndromes, intractableDher handrand maxillar bhores of skin and subcutaneous tisseeDher handrand socialis in other infectionsDher ha	Other female genital tract fistulae		C
Dher finbibatic disorders, lower leg5Dher finbibatic disorders, polic region and thigh5Dher forbitatic disorders, polic region and thigh5Dher forms of actic lechaemic heart disease31Dher forms of actic lechaemic heart disease70Dher forms of actic lechaemic heart disease70Dher forms of actic lechaemic heart disease70Dher forms of chonic lechaemic heart disease70Dher forms of chonic lechaemic heart disease70Dher forms of chonic lechaemic heart disease70Dher forms of socialis, thoracit region70Dher forms of socialis, thoracit region70Dher forms of socialis, thoracit region70Dher forms of systemic lucus explematosus70Dher fracture of lemoral neck, copen75Dher fracture of nability, closed75Dher fracture of nability, closed76Dher fracture of nability, closed76Dher generalized epilepsy and epileptic syndromes, intractable75Dher generalized epilepsy and epileptic syndromes, intractable76Dher heart disorders76Dher heart disorders in other infectious and parasitic disease classified elsewhere76Dher heart	-		<5
Dher finoblastic disorders, phe's region and thigh<Dher filtorblastic disorders, phe's region and thighDher filtorblastic disorders, phe's region and subcutaneous tissueDher follicular cysts of skin and subcutaneous tissueDher follicular cysts of skin and subcutaneous tissueDher fons of acute pericarditisDher forms of acute pericarditisDher forms of anging pectorisDher forms of anging pectorisDher forms of singing pectorisDher forms of singing pectorisDher forms of singing pectorisDher forms of systemic lugues eythematosusDher forms of systemic lugues eythematosusDher forms of systemic sclerosisDher frature of femoral neck, cosedDher frature of lemoral neck, openDher frature of lemoral neck, openDher frature of lengs and geliptic syndromes, intractableDher generalized geliptic syndromes, intractableDher frature of lengs and geliptic syndromes, intractableDher halt and mulpue disorders of skin and subcutaneous tissueDher halt and inpulse indiversDher halt and in			0
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Dher forms of acute ischaemic heart disease3131Dher forms of angin apectoris70Other forms of angin apectoris70Other forms of nons (haamic heart disease71Dher forms of nonardiosis73Other forms of nonardiosis75Other forms of nonardiosis75Other forms of nonardiosis75Other forms of nonardiosis75Other forms of systemic lupus enythematosus75Other forms of systemic lupus enythematosus75Other forms of systemic luqus enythematosus75Other forms of systemic luqus enythematosus75Other facture of femoral neck, (osed75Other facture of femoral neck, (osed75Other facture of femoral neck, (osed75Other facture of lower end of radius, cosen75Other facture of lower end of radius, cosen75Other generalized epilepsy and epileptic syndromes, intractable75Other generalized epilepsy and epileptic syndromes, not stated as intractable75Other generalized epilepsy and epileptic syndromes, not stated as intractable75Other heart and in muglic disorders75Other heart and in muglic disorders of sin and subcutaneous tissue75Other heart and individer of sin and subcutaneous tissue75Other heart and individer of sin and subcutaneous tissue75Other heart disorders of sin in disbetes mellitus75Other heart disorders of sin in disbetes mellitus75Other heart and individer in oright is75Oth			<5
Dehe forms of agina pectoris34Other forms of chronic ischemic heart disease24Other forms of horpesviral infection17Other forms of horpesviral infection3Other forms of socilosis, thoraci region5Other forms of systemic kills exprematosus5Other forms of systemic kills exprematosus5Other forms of systemic kills exprematosus5Other fracture of femoral neck, copen5Other fracture of femoral neck, copen5Other fracture of lower end of radius, closed6Other gender identity disorders5Other hard indication apprastic diseases classified elsewhere5Other hard indication5Other hard indication5Other hard indication5Other hard indication apprastic diseases classified elsewhere5Other hard indication apprastic diseases classified elsewhere5Othe	·		0
Dher forms of angina pectoris0Other forms of tronc is shaemic heart disease24Other forms of nocardiosis5Dther forms of nocardiosis5Other forms of solosis, thoracic region5Other forms of solosis, thoracic region5Other forms of solosis, thoracic region5Other forms of systemic lupus expthematosus5Other forms of systemic scleosis5Other forms of systemic scleosis5Other form of systemic scleosis5Other form of encoral neck, closed375Other fracture of femoral neck, closed6Other fracture of lower end of radius, closed6Other fracture of lower end of radius, closed6Other fracture of lower end of radius, closed6Other facture of lower end of radius, closed6Other generalized epilepsy and epileptic syndromes, intractable5Other generalized epilepsy and epileptic syndromes, intractable5Other generalized epilepsy and epileptic syndromes, not stated as intractable5Other generalized epilepsy and epileptic syndromes, not stated as intractable5Other habit and impulse disorders65Other habit and impulse disorders65Other habit and impulse disorders65Other habit and impulse disorders55Other habit and impulse disorders55Other habit and impulse disorders55Other habit and impulse disorders55Other habit and impulse disord			11
Dther forms of chronic ischaemic heart disease24Dther forms of nocardiosis17Dther forms of nocardiosis5Dther forms of scollosis, thoracic region5Dther forms of stomatis8Other forms of stomatis5Dther forms of systemic lupus enthematosus5Dther forms of systemic lupus enthematosus5Dther forms of systemic sclerosis5Dther forms of systemic closed37Dther fracture of femoral neck, open5Dther fracture of lower and of radius, cogen5Dther fracture of lower and of radius, cogen5Dther fracture of noar an exk, open5Dther gender dentity disorders5Dther gender dentity disorders5Dther gender dentity disorders5Dther gender dentity disorders5Dther gender dentity disorders in diabetes mellitus33Dther gender denteritis5Dther gender denteritis5Dther gender denteritis5Dther harding in diabeters of skin and stubuctaneous tissue5Dther harding in diabeters of skin and stubuctaneous tissue5Dther harding in diabeters of skin and stubuctaneous tissue5Dther harding infants10Dther harding infants5Dther harding infants5Dther harding infa			<5
Dther forms of nocardiosis17Dther forms of scalosis, thoracic region<5			<5
Dther forms of socialosis<5			9
Dther forms of scoliosis, thoracic regionDther forms of stomatitis8Dther forms of systemic lups erythematosusDther forms of systemic sclerosisDther forms of systemic sclerosis37Dther fracture of femoral neck, closed37Dther fracture of femoral neck, openDther fracture of lower end of radius, closed6Dther fracture of lower end of radius, closedDther generalized epilepsy and epileptic syndromes, intractableDther generalized epilepsy and epileptic syndromes, intractableDther generalized epilepsy and epileptic syndromes, not stated as intractableDther generalized epilepsy and epileptic syndromes, not stated as intractableDther generalized epilepsy and epileptic syndromes, not stated as intractableDther formant endsDther hammer tock() (acquired)Dther hammer tock() (acquired)Dther hammer tock() (acquired)Dther hammer tock() (acquired)Dther hypertophic and age infantsDther hypertophic and age infantsDther hypertophic and age infants <t< td=""><td></td><td></td><td>5</td></t<>			5
Other forms of systemic lupus erythematosus84Other forms of systemic lupus erythematosus55Other forms of systemic sclerosis3755Other fracture of femoral neck, closed3755Other fracture of femoral neck, copen55Other fracture of lower end of radius, closed165Other fracture of or main and maxillary bones, closed655Other fracture of or adius, closed655Other fracture of maxillary bones, closed655Other generalized epilepsy and epileptic syndromes, intractable56Other generalized epilepsy and epileptic syndromes, intractable56Other generalized epilepsy and epileptic syndromes, intractable56Other generalized epilepsy and epileptic syndromes, not stated as intractable56Other generalized epilepsy and epileptic syndromes, not stated as intractable56Other generalized epilepsy and epileptic syndromes, not stated as intractable56Other generalized epilepsy and epileptic syndromes, not stated as intractable56Other generalized epilepsy and epileptic syndromes, not stated as intractable56Other habit and inpulse disorders566Other habit and inpulse disord			0
Other forms of systemic lupus erythematosus<			<5
Other forms of systemic sclerosis<			<5
Other fracture of femoral neck, dosed375Other fracture of femoral neck, dosed16Other fracture of lower end of radius, closed16Other fracture of lower end of radius, open5Other fracture of lower end of radius, open5Other fracture of malar and maxillary bones, closed5Other generalized oplieptic syndromes, intractable5Other generalized epliepsy and eplieptic syndromes, intractable5Other generalized epliepsy and eplieptic syndromes, not stated as intractable5Other generalized epliepsy and eplieptic syndromes, not stated as intractable33Other generalized epliepsy and eplieptic syndromes, not stated as intractable33Other generalized epliepsy and eplieptic syndromes, not stated as intractable5Other glomerular disorders in diabetes mellitus33Other solution and inpulse disorders of skin and subcutaneous tissue5Other halt and inpulse disorders of skin and subcutaneous tissue5Other halt idiorders in other infectious and parasitic diseases classified elsewhere5Other hart disorders in other infectious and parasitic diseases classified elsewhere5Other hart disorders in diabetic encopathies5Other hyperrophic disorders5Other hyperrophic disorders of skin5Other hyperrophic action spress5Other hyperrophic disorders5Other hyperrophic disorders5Other hyperrophic disorders5Other hyperrophic disorders5Other hyperrophic disorders of skin5 <td></td> <td></td> <td><5</td>			<5
Dther fracture of femoral neck, open<5			
Dther fracture of lower end of radius, closed16Dther fracture of lower end of radius, open<5			9
Dther fracture of lower end of radius, open<5Dther fracture of malar and maxillary bones, closed<5			0
Dther fracture of malar and maxillary bones, closed65Dther functional disturbances following cardiac surgery55Dther guestritis10Dther gender identity disorders55Dther generalized epilepsy and epileptic syndromes, intractable55Dther generalized epilepsy and epileptic syndromes, not stated as intractable55Dther generalized epilepsy and epileptic syndromes, not stated as intractable75Dther generalized epilepsy and epileptic syndromes, not stated as intractable75Dther giant cell arteritis17Dther giomerular disorders in diabetes mellitus33Dther guomerular disorders of skin and subcutaneous tissue55Dther habit and impulse disorders55Dther hallucinations11Dther hallucinations11Dther hallucinations168Dther hereditary and idiopathic neuropathies55Dther hardy for gestational age infants56Dther hydroccel55Dther hydroccel55Dther hydroccel55Dther hydroccel55Dther hydroccel55Dther hydrocrephalus51Dther hydrotyphic disorders of skin51Dther hydrotyphic disorders of skin51D			0
Other functional disturbances following cardiac surgery<5			15
Dther gastritis10Dther gender identity disorders<5			<5
Other gender identity disorders<5	Other gastritis		<5
Other generalized epilepsy and epileptic syndromes, intractable<5Other generalized epilepsy and epileptic syndromes, not stated as intractable<5	Other general identity disorders		0
Other generalized epilepsy and epileptic syndromes, not stated as intractable<5Other giant cell arteritis17Other glomerular disorders in diabetes mellitus33Other granulomatous disorders of skin and subcutaneous tissue5Other habit and impulse disorders<5			<5
Dther giant cell arteritis17Dther glomerular disorders in diabetes mellitus33Dther granulomatous disorders of skin and subcutaneous tissue<5			0
Dther glomerular disorders in diabetes mellitus33Dther granulomatous disorders of skin and subcutaneous tissue<5	Other giant cell arteritis		0
Other granulomatous disorders of skin and subcutaneous tissue<5	Other glomerular disorders in diabetes mellitus		6
Other habit and impulse disorders <5	Other granulomatous disorders of skin and subcutaneous tissue		<5
Other hammer toe(s) (acquired) <5	Other habit and impulse disorders		C
Other heart disorders in other infectious and parasitic diseases classified elsewhere <5	Other hallucinations	11	C
Dther heavy for gestational age infants 168 Dther hereditary and idiopathic neuropathies <5	Other hammer toe(s) (acquired)	<5	C
Other hereditary and idiopathic neuropathies <5	Other heart disorders in other infectious and parasitic diseases classified elsewhere	<5	0
Other hydrocele <5	Other heavy for gestational age infants	168	C
Other hydrocephalus <5	Other hereditary and idiopathic neuropathies		C
Other hyperlipidaemia <5	Other hydrocele		C
Other hyperparathyroidism <5	Other hydrocephalus	<5	<5
Other hypertrophic cardiomyopathy 31 Other hypertrophic disorders of skin 5 Other hypoglycaemia 7 Other hypoparathyroidism <5	Other hyperlipidaemia		<5
Other hypertrophic disorders of skin 5 - Other hypoglycaemia 7 - Other hypoparathyroidism <5	Other hyperparathyroidism		C
Other hypoglycaemia 7 Other hypograthyroidism <5	Other hypertrophic cardiomyopathy		7
Other hypoparathyroidism <5	Other hypertrophic disorders of skin		<5
	Other hypoglycaemia		C
Other hypospadias <5	Other hypoparathyroidism		C
	Other hypospadias	<5	0

Other hypotension	45	19
Other hypothermia of newborn Other idiopathic thrombocytopenic purpura	<5 42	0
Other ill-defined heart diseases	42	16
Other immediate postpartum haemorrhage, delivered, with mention of postpartum complication	298	5
Other immediate postpartum haemorrhage, postpartum condition or complication	<5	0
Other impaction of intestine	12	<5
Other infection during labour, delivered, with or without mention of antepartum condition	<5	C
Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth and the	<5	C
Other infectious mononucleosis	<5	0
Other infective (teno)synovitis, ankle and foot	<5	C
Other infective (teno)synovitis, forearm	<5	0
Other infective (teno)synovitis, hand	<5	0
Other infective (teno)synovitis, lower leg Other infective bursitis, lower leg	<5	0
Other infective bursitis, lower leg	<5	<5
Other infective outsits, upper ann	<5	(
Other infective spondylopathies, lumbar region	<5	0
Other infective spondylopathies, lumbosacral region	<5	0
Other infective spondylopathies, thoracic region	<5	C
Other inflammatory diseases of prostate	<5	C
Other inflammatory disorders of penis	<5	C
Other inflammatory polyneuropathies	<5	C
Other injuries of cervical spinal cord	5	<5
Other injuries of eye and orbit	5	<5
Other injuries of lumbar spinal cord	8	C
Other injuries of thoracic spinal cord	<5	<5
Other injuries of unspecified body region	<5	0
Other injury of lung with open wound into thoracic cavity	<5	0
Other instability of joint, ankle and foot	<5	0
Other instability of joint, forearm Other internal derangements of knee	<5 <5	0
Other Internal derangements of knee Other interstitial pulmonary diseases with fibrosis	164	28
Other interstual pumoraly upsates with infosts	<5	20
Other intestinal malabsorption	<5	0
Other intracerebral haemorrhage	19	6
Other intracranial injuries with open intracranial wound	10	<5
Other intracranial injuries without open intracranial wound	29	5
Other intrapartum haemorrhage, delivered, with or without mention of antepartum condition	10	0
Other iron deficiency anaemias	134	17
Other keratitis	<5	0
Other lack of expected normal physiological development	15	0
Other laxatives causing adverse effect in therapeutic use	<5	0
Other lipid storage disorders	<5	0
Other local lupus erythematosus	<5 148	0
Other low birth weight Other malformations of cerebral vessels	<5	0
Other malfunction of external stoma of urinary tract, NEC	<5	0
Other maintendor of external sona of unnary frace, Nee	<5	0
Other matreatment by unspecified person	<5	0
Other manic episodes	<5	0
Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium, antep	<5	0
Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium, deliv	<5	C
Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium, postp	<5	C
Other mature T/NK-cell lymphomas	<5	C
Other medical procedures as the cause of abnormal reaction or later complication, without mention of	445	178
Other medical procedures as the cause of abnormal reaction or later complication, without mention of misadven	157	55
Other megaloblastic anaemias, not elsewhere classified	<5	C
Other melanin hyperpigmentation	<5	0
Other mental retardation without mention of impairment of behaviour	<5	0
Other mental retardation, significant impairment of behaviour requiring attention or treatment	<5 9	0
Other migraine Other misshapen ear	<5	
Other mitral valve diseases	6	<5
Other mixed disorders of conduct and emotions	8	<5
Other mononeuropathies in diseases classified elsewhere	<5	0
Other motor neuron disease	<5	0
Other multiple injuries of abdomen, lower back and pelvis	<5	C
Other myelodysplastic syndromes	8	C
Other myositis, multiple sites	<5	<5
Other myositis, shoulder region	<5	C
Other myositis, unspecified site	<5	<5
Other negative life events in childhood	<5	C
Other recented cordina duarbuth mic	23	C
Other neonatal cardiac dysrhythmia	-	0
Other neonatal hypocalcaemia	<5	
Other neonatal hypocalcaemia Other neonatal hypoglycaemia	239	
Other neonatal hypocalcaemia		0 <5 0

Other noninflammatory disorders of ovary, fallopian tube and broad ligament	47	0
Other nonorganic psychotic disorders	21	<5
Other nonrheumatic mitral valve disorders	<5	<5
Other nonsteroidal anti-inflammatory drugs [NSAID] causing adverse effect in therapeutic use	53	7
Other nonthrombocytopenic purpura	5	<5
Other obesity Other obstetric injury to pelvic organs, delivered, with or without mention of antepartum condition	206 5	22 <5
Other obstructive and reflux uropathy	10	<5
Other obstructive defects of renal pelvis and ureter	<5	0
Other ocular manifestations of vitamin A deficiency	<5	0
Other orthopoxvirus infections	<5	0
Other ossification of muscle, multiple sites	<5	0
Other ossification of muscle, pelvic region and thigh	<5 20	<5 <5
Other osteomyelitis, ankle and foot Other osteomyelitis, lower leg	<5	<5
Other oscemyelitis, other sig	7	<5
Other osteomyelitis, pelvic region and thigh	9	<5
Other osteomyelitis, unspecified site	<5	0
Other osteomyelitis, upper arm	<5	0
Other osteoneorosis, ankle and foot	5 <5	<5 <5
Other osteonecrosis, forearm Other osteonecrosis, lower leg	<5	0
Other osciencerosis, other site	<5	0
Other osteonecrosis, pelvic region and thigh	10	0
Other osteoporosis	7	<5
Other osteoporosis with pathological fracture, other site	<5	0
Other osteoporosis with pathological fracture, pelvic region and thigh	<5	0
Other otitis externa	<5 <5	<5 0
Other paralytic strabismus Other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, not elsewhere clas	<5	0
Other parasympatholitics (anticholinergics) causing adverse effect in therapeutic use	<5	0
Other perforations of tympanic membrane	<5	0
Other peripheral vertigo	17	0
Other peritonitis	14	<5
Other persistent delusional disorders	<5	0
Other persistent mood [affective] disorders Other pervasive developmental disorders	7 <5	0
Other phobic anxiety disorders	<5	0
Other physical and mental strain related to work	<5	0
Other physical and mental strain related to work Other physical therapy	<5 1967	0 245
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified	1967 8 46	245 0 13
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax	1967 8 46 20	245 0 13 6
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyarthrosis	1967 8 46 20 <5	245 0 13 6 0
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyarthrosis Other polyglandular dysfunction	1967 8 46 20	245 0 13 6
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyarthrosis	1967 8 46 20 <5 <5	245 0 13 6 0
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyarthrosis Other polyglandular dysfunction Other polyp of sinus	1967 8 46 20 <5 <5 <5 13	245 0 13 6 0 0 0
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyglandular dysfunction Other polyp of sinus Other porphyria Other postprocedural disorders of circulatory system, not elsewhere classified Other postprocedural disorders of digestive system, not elsewhere classified	1967 8 46 20 <5 <5 13 9 11 25	245 0 13 6 0 0 0 0 0 6 <5
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyarthrosis Other polyglandular dysfunction Other polyp of sinus Other porphyria Other postprocedural disorders of circulatory system, not elsewhere classified Other postprocedural disorders of so fear and mastoid process	1967 8 46 20 <5 5 13 9 11 25 <5	245 0 13 6 0 0 0 0 0 0 6 <5 0
Other physical therapy Other plastic surgery for unacceptable cosmetic appearance Other pneumonia, organism unspecified Other pneumothorax Other polyglandular dysfunction Other polyglandular dysfunction Other porphyria Other postprocedural disorders of circulatory system, not elsewhere classified Other postprocedural disorders of ear and mastoid process Other postprocedural disorders of eye and adnexa	1967 8 46 20 <5 13 9 11 25 <5 <5 <5 <5	245 0 13 6 0 0 0 0 6 <5 0 0 0
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Other pulmonary collapse Other pulmonary haemorrhages originating in the perinatal period		
Other pulmonary haemorrhages originating in the perinatal period	17	8
Other sulmesses using diserters	<5 <5	0
Other pulmonary valve disorders Other reaction to spinal and lumbar puncture	7	0
Other reactions to severe stress	<5	0
Other reactive arthropathies, unspecified site	<5	0
Other reconstructive surgery as the cause of abnormal reaction or later complication, without mentio	24	0
Other reconstructive surgery as the cause of abnormal reaction or later complication, without mention of misa	20	<5
Other recurrent depressive disorders	<5	0
Other reduction deformities of brain	<5	0
Other respiratory distress of newborn	10	0
Other respiratory tuberculosis, confirmed bacteriologically and histologically Other restrictive cardiomyopathy	<5 <5	0
Other retinal artery occlusions	5	<5
Other retinal detachments	<5	0
Other rupture of muscle (nontraumatic), pelvic region and thigh	<5	0
Other rupture of muscle (nontraumatic), shoulder region	<5	0
Other rupture of uterus during labour, delivered, with or without mention of antepartum condition	<5	<5
Other sarcomas of liver	<5	0
Other schizophrenia	12	0
Other secondary arthrosis	<5	0
Other secondary coxarthrosis Other secondary coxarthrosis, bilateral	5 <5	0
Other secondary gonarthrosis	<5	0
Other secondary gonarthrosis, bilateral	<5	0
Other secondary gout, forearm	<5	<5
Other secondary gout, hand	<5	<5
Other secondary hypertension, benign or unspecified	<5	<5
Other secondary kyphosis, cervical region	<5	0
Other secondary osteonecrosis, other site	<5	<5
Other secondary osteonecrosis, pelvic region and thigh	<5	0 32
Other secondary pulmonary hypertension Other secondary scoliosis, thoracolumbar region	128 <5	32
Other secondary sychilis	<5	0
Other sedatives, hypnotics and antianxiety drugs causing adverse effect in therapeutic use	7	<5
Other serum reactions	10	<5
Other shock	13	12
Other shock therapy as the cause of abnormal reaction or later complication, without mention of misa	<5	0
Other shock therapy as the cause of abnormal reaction or later complication, without mention of misadventure	<5	<5
Other shoulder lesions	12	0
Other signs and symptoms in breast Other sleep apnoea	<5 48	11
Other sleep disorders	<5	0
Other somatoform disorders	6	<5
Other specific arthropathies, not elsewhere classified, lower leg	<5	0
Other specific arthropathies, not elsewhere classified, shoulder region	<5	0
Other specific joint derangements, not elsewhere classified, pelvic region and thigh	<5	0
Other specific personality disorders		
Other specific personality disorders	15	
Other specified abdominal hernia with obstruction, without gangrene	20	<5
Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene	20 6	<5 <5
Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene Other specified abnormal findings of blood chemistry	20 6 350	<5 <5 <5 69
Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene Other specified abnormal findings of blood chemistry Other specified abnormal immunological findings in serum	20 6 350 <5	<5 <5 69 <5
Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene Other specified abnormal findings of blood chemistry	20 6 350	<5 <5 69 <5 0
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Other specified abdominal hernia with obstruction, without gangrene Other specified abnormal findings of blood chemistry Other specified abnormal immunological findings in serum Other specified abnormal iuterine and vaginal bleeding Other specified abnormalities of plasma proteins Other specified acquired deformities of limbs, ankle and foot Other specified acquired deformities of limbs, forearm	20 6 350 <5 43 <5 <5 <5	<5 <5 69 <5 0 0 0 0 0
Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene Other specified abnormal findings of blood chemistry Other specified abnormal immunological findings in serum Other specified abnormal iuterine and vaginal bleeding Other specified active of plasma proteins Other specified acquired deformities of limbs, ankle and foot Other specified acquired deformities of limbs, forearm Other specified acquired deformities of limbs, pelvic region and thigh	20 6 350 <5 43 <5 <5 <5 <5 <5	<5 <5 69 <5 0 0 0 0 0 0
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Other specified abdominal hernia with obstruction, without gangrene Other specified abdominal hernia without obstruction or gangrene Other specified abnormal findings of blood chemistry Other specified abnormal immunological findings in serum Other specified abnormal uterine and vaginal bleeding Other specified abnormalities of plasma proteins Other specified acquired deformities of limbs, ankle and foot Other specified acquired deformities of limbs, forearm Other specified acquired deformities of limbs, pelvic region and thigh Other specified acute viral hepatitis Other specified anaemias	20 6 350 <5 43 <5 <5 <5 <5 <5 <5 <5 <5 38	<5 <5 69 <5 0 0 0 0 0 0 5 6 6
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other specified diseases and conditions complicating pregnancy, childbirth and the puerperium, postpartum con62Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium, postpartum con73Other specified diseases of auxs and rectum79Other specified diseases of puerperium, postpartum con76Other specified diseases of bilary trat12Other specified diseases of bilary trat12Other specified diseases of puerperium, postpartum con75Other specified diseases of digestive system75Other specified diseases of alloladder21Other specified diseases of net ear75Other specified diseases of net ear76Other specified diseases of net ear76Other specified diseases of net ear70Other specified diseases of net ear71Other specified diseases of puerperperperperperperperperperperperperpe	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium, antep	<5	C																																																																																				
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	Other specified disorders of bone, unspecified site	<5	C																																																																																				

Other specified disorders of bone, upper arm	<5	0
Other specified disorders of brain	32	8
Other specified disorders of breast	<5	0
Other specified disorders of central nervous system	<5	0
Other specified disorders of cornea	<5	0
Other specified disorders of external ear Other specified disorders of eye and adnexa	<5	0 <5
Other specified disorders of eye and adnexa in diseases classified elsewhere	9	0
Other specified disorders of eyelid	<5	0
Other specified disorders of gingiva and edentulous alveolar ridge	<5	<5
Other specified disorders of iris and ciliary body	<5	0
Other specified disorders of kidney and ureter	46	<5
Other specified disorders of male genital organs Other specified disorders of middle ear and mastoid	38 <5	5
Other specified disorders of middle ear and mastold Other specified disorders of muscle, ankle and foot	<5	0
Other specified disorders of muscle, forearm	<5	<5
Other specified disorders of muscle, hand	<5	0
Other specified disorders of muscle, lower leg	24	<5
Other specified disorders of muscle, multiple sites	516	86
Other specified disorders of muscle, other site	18	<5
Other specified disorders of muscle, pelvic region and thigh Other specified disorders of muscle, unspecified site	12 324	5 66
Other specified disorders of muscle, upper arm	6	00
Other specified disorders of nervous system in diseases classified elsewhere	<5	0
Other specified disorders of nose and nasal sinuses	40	<5
Other specified disorders of penis	11	<5
Other specified disorders of peritoneum	7	<5
Other specified disorders of prostate	<5	0
Other specified disorders of skin and subcutaneous tissue	13	0
Other specified disorders of skin and subcutaneous tissue in diseases classified elsewhere Other specified disorders of skin and subcutaneous tissue related to radiation	5 <5	<5 <5
Other specified disorders of synovium and tendon, lower leg	<5	0
Other specified disorders of teeth and supporting structures	10	<5
Other specified disorders of thyroid	<5	0
Other specified disorders of urethra	10	<5
Other specified disorders of veins	39	<5
Other specified disorders of white blood cells	135	18
Other specified effects of external causes Other specified effects of reduced temperature	<5	<5 0
Other specified epidermal thickening	<5	0
Other specified erythematous conditions	6	0
Other specified events, undetermined intent	5	<5
Other specified extrapyramidal and movement disorders	47	<5
Other specified female pelvic inflammatory diseases	7	<5
Other specified fever	50 <5	5
Other specified firearm discharge, undetermined intent Other specified forms of tremor	12	<5
Other specified functional intestinal disorders	<5	0
Other specified general symptoms and signs	47	15
Other specified haemorrhagic conditions	<5	0
Other specified haemorrhoids	81	<5
Other specified headache syndromes	<5	<5
Other specified heart block Other specified hypothyroidism	20	15 <5
Other specified immunodeficiencies	7	6
Other specified infections specific to the perinatal period	<5	0
Other specified inflammation of vagina and vulva	<5	<5
Other specified inflammatory liver diseases	98	18
Other specified injuries involving multiple body regions	161	58
Other specified injuries of abdomen, lower back and pelvis	<5	0
Other specified injuries of ankle and foot Other specified injuries of forearm	<5 <5	<5 0
Other specified injuries of head	<5	<5
Other specified injuries of hip and thigh	<5	0
Other specified injuries of lower leg	11	<5
Other specified injuries of lower limb, level unspecified	<5	0
Other specified injuries of neck	<5	<5
Other specified injuries of shoulder and upper arm	<5	0
Other specified injuries of wrist and hand Other specified interstitial pulmonary diseases	20	6
Other specified intervertebral disc degeneration	43	<5
Other specified intervertebral disc disorders	<5	0
Other specified intervertebral disc displacement	58	0
Other specified intestinal infections	6	<5
Other specified joint disorders, forearm	<5	0
		~
Other specified joint disorders, lower leg	<5	
		0

Other specified leukaemias Other specified local infections of skin and subcutaneous tissue	-	
	<5	<5
Other specified medical care NEC	125	16
Other specified mental disorders due to brain damage and dysfunction and to physical disease	20	0
Other specified metabolic disorders	11	<5
Other specified misadventures during surgical and medical care	37	15
Other specified mononeuropathies	12	0
Other specified mood [affective] disorders	<5	0
Other specified mycoses Other specified mycopathies	<5 8	<5
Other specified necrotizing vasculopathies	<5	0
Other specific recording backhopethic of the specific record of the	<5	0
Other specified neurotic disorders	<5	0
Other specified noninfective disorders of lymphatic vessels and lymph nodes	7	<5
Other specified noninfective gastroenteritis and colitis	33	<5
Other specified noninflammatory disorders of cervix uteri	19	0
Other specified noninflammatory disorders of uterus Other specified noninflammatory disorders of vagina	10	0
Other specified noninflammatory disorders of vagina Other specified noninflammatory disorders of vagina	<5	0
Other specified nontoxic goitre	<5	0
Other specified nutritional anaemias	<5	<5
Other specified nutritional deficiencies	<5	<5
Other specified obstetric trauma, delivered, with mention of postpartum complication	<5	<5
Other specified obstetric trauma, delivered, with or without mention of antepartum condition	12	C
Other specified obstructed labour, delivered, with or without mention of antepartum condition	<5	0
Other specified orthopaedic follow-up care Other specified paralutic syndromes	5 11	C <5
Other specified paralytic syndromes Other specified perinatal haematological disorders	<5	<5
Other specified peripheral vascular diseases	<5	0
Other specified place of occurrence	263	30
Other specified placental disorder, delivered, with or without mention of antepartum condition	5	0
Other specified pleural conditions	27	9
Other specified polyneuropathies	17	<5
Other specified postsurgical states	<5	0
Other specified pregnancy-related conditions, antepartum condition or complication	7	0
Other specified pregnancy-related conditions, delivered, with mention of postpartum complication Other specified pregnancy-related conditions, delivered, with or without mention of antepartum condition	<5 19	0
Other specified problems related to primary support group	10	0
Other specified problems related to psychosocial circumstances	5	0
Other specified puerperal infections, postpartum condition or complication	<5	<5
Other specified pulmonary heart diseases	<5	0
Other specified renal tubulo-interstitial diseases	<5	0
Other specified respiratory conditions of newborn	15 31	0
Other specified respiratory disorders Other specified rheumatic heart diseases	<5	0
Other specified rheumatic rear useases	7	<5
Other specified salmonella infections	<5	0
Other specified sepsis	84	40
Other specified soft tissue disorders, ankle and foot	5	C
Other specified soft tissue disorders, forearm	9	<5
Other specified soft tissue disorders, hand	5	<5
	23	<5
Other specified soft tissue disorders, lower leg	<f< td=""><td>0</td></f<>	0
Other specified soft tissue disorders, multiple sites	<5	
	<5 <5 <5	C
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site	<5	0 <5
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh	<5 <5	0 <5 <5
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations	<5 <5 5	0 <5 <5 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region	<5 <5 5 6 5 <5	0 <5 <5 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified specified specified examinations Other specified specified spondylopathies, cervical region Other specified spondylopathies, lumbar region	<5 <5 6 5 <5 <5	0 <5 <5 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified sports and recreational activity	<5 <5 6 5 <5 <5 <5 <5	0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified sports and recreational activity Other specified superficial mycoses	<5 <5 6 5 <5 <5 <5 <5 <5 <5	0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified superficial mycoses Other specified sugrifical follow-up care	<5 <5 6 5 <5 <5 <5 <5	0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified sports and recreational activity Other specified superficial mycoses	<5 5 6 5 <5 <5 <5 <5 <7	0 <5 <5 0 0 0 0 0 0 0 0 0 0 0 0 5
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified special examinations Other specified sports and recreational activity Other specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the digestive system and abdomen Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us	<5 5 6 5 <5 <5 5 5 7 8 11 7	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified specified specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use	<5 <5 5 <5 <5 <5 <5 7 8 11 7 9	0 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified special examinations Other specified spondylopathies, cervical region Other specified sports and recreational activity Other specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified systemic involvement of connective tissue	<5 <5 5 5 5 5 5 5 5 5 7 8 11 7 9 5 5 5 5 5 5 5 5 5 5 5 5 5	0 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified special examinations Other specified spondylopathies, cervical region Other specified sports and recreational activity Other specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic involvement of connective tissue Other specified systemic involvement of connective tissue Other specified transport accident	<5 5 6 5 5 5 5 5 5 5 7 8 11 7 9 <5 <5 5 5 5 5 5 5 5 5 5 5 5 5 5	C C C C C C C C C C C C C C
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, upper arm Other specified spondylopathies, cervical region Other specified spondylopathies, umbar region Other specified specified sponts and recreational activity Other specified superficial mycoses Other specified support for spondylopathies, involving the circulatory and respiratory systems Other specified symptoms and signs involving the digestive system and abdomen Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified systemic involvement of connective tissue Other specified transport accident Other specified transport accident	<5 5 6 5 <5 <5 <5 <5 7 8 11 7 8 11 7 9 <5 <5 <5	
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the circulatory and respiratory systems Other specified symptoms and signs involving the digestive system and abdomen Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic involvement of connective tissue Other specified systemic involvement of connective tissue Other specified types of non-Hodgkin lymphoma Other specified types of non-Hodgkin lymphoma	<5 5 6 5 5 5 5 5 5 5 7 8 11 7 9 <5 <5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified superficial mycoses Other specified sugical follow-up care Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified systemic involvement of connective tissue Other specified systemic involvement of connective tissue	<5 5 6 5 <5 <5 <5 <5 7 8 11 7 9 9 9 5 <5 <5 <2	0 <pre></pre>
Other specified soft tissue disorders, multiple sites Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified special examinations Other specified sports and recreational activity Other specified synthes, cervical region Other specified sports and recreational activity Other specified synthes, and signs involving the circulatory and respiratory systems Other specified synthes and signs involving the digestive system and abdomen Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified transport accident Other specified vaccines and biological substances causing adverse effect in therapeutic use	<5 5 6 5 <5 <5 <5 <5 7 8 11 7 9 <5 <5 <5 <5 <5 <24 7	0 <5 0 0 0 0 0 0 0 0 0 0 0 0 0
Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified spondylopathies, lumbar region Other specified superficial mycoses Other specified superficial mycoses Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparsitics causing adverse effect in therapeutic us Other specified systemic anti-infectives and antiparsitics causing adverse effect in therapeutic use Other specified transport accident Other specified transport accident Other specified transport accident Other specified transport accident Other specified vipes of non-Hodgkin lymphoma Other specified vipes of non-Hodgkin lymphoma Other specified virany incentinence Other specified vipes of non-Hodgkin lymphoma Other specified vipes of non-Hodgkin lymphoma Other specified vinal infections characterized by skin and mu	<5 5 6 5 5 5 5 5 5 5 7 8 11 7 9 5 5 24 7 5 24 7 5 25 25 25 25 25 25 25 25 25	0 5 5 5 5 5 5 5 5 5 5 5 5 5
Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, unspecified site Other specified soft tissue disorders, upper arm Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, lumbar region Other specified supgradial examinations Other specified spondylopathies, lumbar region Other specified supgradial examinations Other specified superial supcrases Other specified supgradial follow-up care Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic use Other specified transport accident Other specified transport accident Other specified transport accident Other specified viriary incontinence Other specified viriary infections characterized by skin and mucous membrane lesions Other specified virial infections characterized by skin and mucous membrane lesions Other specified virial infections characterized point Other specified virial infections characterized on Oth	<5 5 6 5 <5 <5 <5 <5 7 8 11 7 8 11 7 9 <5 <5 24 7 7 5 <5 24 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5
Other specified soft tissue disorders, other site Other specified soft tissue disorders, pelvic region and thigh Other specified soft tissue disorders, unspecified site Other specified special examinations Other specified spondylopathies, cervical region Other specified spondylopathies, unbar region Other specified spondylopathies, unbar region Other specified superical mycoses Other specified superical follow-up care Other specified symptoms and signs involving the circulatory and respiratory systems Other specified systemic anti-infectives and antiparasitics causing adverse effect in therapeutic us Other specified systemic involvement of connective tissue Other specified transport accident Other specified transport accident Other specified viral infectives and antiparasitics causing adverse effect in therapeutic use Other specified transport accident Other specified transport accident Other specified transport accident Other specified viral infections characterized by skin and mucous membrane lesions Other specified viral infections characterized by skin and mucous membrane lesion	<5 5 6 5 5 5 5 5 5 5 7 8 11 7 9 5 5 24 7 5 24 7 5 25 25 25 25 25 25 25 25 25	0 0 5 5 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	-	0
Other spondylosis with radiculopathy, lumbar region	5	0
Other spondylosis with radiculopathy, lumbosacral region	<5 <5	0 <5
Other spondylosis, cervical region Other spondylosis, lumbar region	<5	0
Other spondylosis, lumbosacral region Other spondylosis, lumbosacral region	<5	0
Other spontaneous disruption of unspecified ligament(s) of knee	<5	0
Other spontaneous pneumothorax	70	8
Other sprain and strain of anterior cruciate ligament of knee	<5	0
Other sprain and strain of cervical spine	<5	0
Other sprain and strain of elbow	<5	0
Other staphylococcus as the cause of diseases classified to other chapters	170	41
Other status epilepticus	<5	<5
Other streeptoccccal arthritis and polyarthritis, ankle and foot	<5	0
Other streptococcal arthritis and polyarthritis, lower leg	6	<5
Other streptococcal arthritis and polyarthritis, pelvic region and thigh	<5	0
Other streptococcal arthritis and polyarthritis, upper arm	<5	<5
Other streptococcal sepsis	40	11
Other streptococcus as the cause of diseases classified to other chapters	126	28
Other stressful life events affecting family and household	<5	C
Other subarachnoid haemorrhage	5	<5
Other superficial injuries of abdominal wall	7	<5
Other superficial injuries of ankle and foot	6	C
Other superficial injuries of back wall of thorax	<5	<5
Other superficial injuries of evelid and periocular area	6	<5
Other superficial injuries of forearm	<5	C
Other superficial injuries of front wall of thorax	<5	0
Other superficial injuries of hip and thigh	10	<5
Other superficial injuries of lower back and pelvis	5	<5
Other superficial injuries of lower leg	25	<5
Other superficial injuries of penis	<5	C
Other superficial injuries of scrotum and testes	<5	C
Other superficial injuries of shoulder and upper arm	<5	<5
Other superficial injuries of wrist and hand	7	C
Other surgical procedures as the cause of abnormal reaction or later complication, without mention o	400	62
Other surgical procedures as the cause of abnormal reaction or later complication, without mention of misadve	286	58
Other symptoms and signs concerning food and fluid intake	<5	<5
Other symptoms and signs involving appearance and behaviour	24	<5
Other symptoms and signs involving emotional state	127	7
Other synovitis and tenosynovitis, ankle and foot	<5	C
Other synovitis and tenosynovitis, hand	<5	0
Other synovitis and tenosynovitis, lower leg	10	0
Other synovitis and tenosynovitis, pelvic region and thigh	<5	0
Other synovitis and tenosynovitis, shoulder region	<5	<5
Other systemic antibiotics causing adverse effect in therapeutic use	50	7
Other systemic atrophy primarily affecting central nervous system in neoplastic disease	<5	<5
Other tetanus	<5	0
Other thrombophilia	17	5
Other thyrotoxicosis	5	<5
Other tick-borne viral encephalitis	<5	C
Other tick-borne viral encephalitis Other torsion of testis	<5	C C
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication	<5 <5	(((5
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes	<5 <5 7	((<5 <5
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism	<5 <5 7 <5	((<5 <5
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases	<5 <5 7 <5 9	0 0 <5 <5 0 0 <5
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system	<5 <5 7 <5 9 <5	0 0 <5 <5 0 0 <5 0
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis	<5 <5 7 <5 9 <5 7	0 0 <5 <5 0 <5 0 <5
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urethral stricture	<5 <5 7 <5 9 <5 7 <5 <5	0 0 <5 0 0 <5 0 0 <5 0 0 <5
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other trubuspid valve diseases Other tuberculosis of nervous system Other ucerative colitis Other urethral stricture Other urethritis	<5 <5 7 <5 9 <5 7 <5 <5 <5 <5	0 0 5 5 0 5 0 0 5 5 0 0 5 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urethral stricture Other urethritis Other urticaria	<5 <5 7 <5 9 <5 7 <5 <5 <5 <5 <7	0 0 5 5 0 5 0 0 5 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other utberculosis of nervous system Other ulcerative colitis Other urethral stricture Other urethritis Other urethritis Other urethritis Other uterine inertia, delivered, with or without mention of antepartum condition	<5 <5 7 9 <5 7 <5 <5 <5 7 27	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urethral stricture Other urethritis Other urethritis Other urethritia Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular dementia	<5 <5 7 <5 9 <5 7 <5 <5 <5 7 27 11	0 0 5 0 0 5 5 0 0 0 0 0 0 0 0 0 5 5 5 5
Other tick-borne viral encephalitis Other torsion of testis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urethrial stricture Other urethritis Other urethritis Other urethritis Other utciraia Other utciraia Other vascular dementia Other vascular disorders of intestine	<5 <5 7 <5 9 <5 7 <5 <5 7 27 27 11 <5	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tulcerative colitis Other ucterative colitis Other urethral stricture Other urethritis Other urethritis Other uticaria Other uticaria Other vascular dementia Other vascular disorders of intestine Other vascular disorders of intestine	<5 <5 7 <5 9 <5 7 <5 <5 7 27 11 11 <5 <5 <5	00000000000000000000000000000000000000
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other trucupid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urcentritis Other urcentritis Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intestine Other vascular disorders of intestine Other vascular syndromes of brain in cerebrovascular diseases	<5 <5 7 9 9 5 7 <5 7 27 27 11 11 5 <5 <5 <5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of nervous system Other ulcerative colitis Other ulcerative colitis Other urethral stricture Other urethral stricture Other urethritis Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular syndromes of brain in cerebrovascular diseases Other vasculitis limited to skin	<5 <5 7 9 9 <5 7 <5 7 27 11 11 <5 <5 <5 <7 7	0 0 <5 <5 0 0 0 0 5 <5 <5 <5 <5 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of relation and magnesium metabolism Other utberculosis of nervous system Other uterative colitis Other urethral stricture Other urethral stricture Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular dementia Other vascular disorders of intestine Other vascular syndromes of brain in cerebrovascular diseases Other vasculatis limited to skin Other vincent's infections	<5 <5 7 5 9 5 7 <5 7 27 11 11 <5 <5 <5 <5 7 25	0 0 0 5 5 0 0 0 0 5 5 5 5 5 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other utcerative colitis Other ulcerative colitis Other urethral stricture Other urethritis Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intestine Other vascular disorders of intestine Other vascular is infections Other viral agents as the cause of diseases classified to other chapters	<5 <5 7 5 9 <5 5 5 5 7 27 11 5 <5 <5 5 7 5	0 0 0 5 5 0 0 0 0 0 5 5 5 5 5 5 5 5 5 5
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tricuspid valve diseases Other uterative colitis Other uterthral stricture Other uterthritis Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intestine Other vascular disorders of intestine Other vascular is infections Other vascular is infections Other viral agents as the cause of diseases classified to other chapters Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat	<5 <5 7 <5 9 <5 5 <5 7 27 11 5 <5 <5 <5 <5 5 <5	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other ulcerative colitis Other ulcerative colitis Other urethrial stricture Other urethritis Other uretrine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intestine Other vascular disorders of brain in cerebrovascular diseases Other vincent's infections Other vincent's infections Other viral agents as the cause of diseases classified to other chapters Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat	<5 <5 9 3 5 7 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other turcuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other urethral stricture Other urethritis Other urethritis Other urethritis Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intestine Other vascular disorders of brain in cerebrovascular diseases Other vascular syndromes of brain in cerebrovascular diseases Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other viral diseases complicating pregnancy, childbirth and the puerperium, delivered, with or without mentio Other viral enteritis	<5 <5 7 9 9 5 <5 7 27 27 27 11 5 <5 <5 7 5 5 5 5 5 5 5 5 5 5 5	C C C C C C C C C C C C C C C C C C C
Other tick-borne viral encephalitis Other track-borne viral encephalitis Other trackeostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other ulcerative colitis Other urethral stricture Other urethral stricture Other uteriaria Other vascular disorders of initiant Other vascular disorders of initiant Other uteriaria Other uterial stricture Other vascular disorders of initiant Other vascular disorders of initiant in cerebrovascular diseases Other vascular syndromes of brain in cerebrovascular diseases Other viral agents as the cause of diseases classified to other chapters Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other viral diseases complicating pregnancy, childbirth and the puerperium, delivered, with or without mentio Other viral diseases complicating streaming the puerperium, delivered, with or without mentio	<5 <5 7 9 5 7 <5 7 27 27 27 27 11 11 5 <5 <5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	C C C C C C C C C C C C C C C C C C C
Other tick-borne viral encephalitis Other tracheostomy complication Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other truberculosis of nervous system Other ucerative colitis Other urethral stricture Other urethral stricture Other uteria inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of inis and cliary body Other viral agents as the cause of diseases classified to other chapters Other viral agents as the cause of diseases classified to other chapters Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other viral infections of unspecified site Other viral infections of unspecified site	<5 <5 7 9 9 5 <5 7 27 27 27 11 5 <5 <5 7 5 5 5 5 5 5 5 5 5 5 5	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other track-borne viral encephalitis Other trackeostomy complication Other transitory complication Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other tuberculosis of nervous system Other ulcerative colitis Other ulcerative colitis Other urethral stricture Other uterine inertia, delivered, with or without mention of antepartum condition Other vascular disorders of intestine Other vascular disorders of intis and ciliary body Other vascular disorders of inis and ciliary body Other vascular diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other viral diseases complicating pregnancy, childbirth and the puerperium, delivered, with or without mentio Other viral diseases complicating pregnancy, childbirth and the puerperium, delivered, with or without mentio Other viral infections of unspecified site	<5 <5 7 9 5 7 5 5 5 5 5 5 5 5 7 7 5 5 5 5 5	0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other truberculosis of nervous system Other ulcerative colitis Other urethral stricture Other urethral stricture Other urethral, delivered, with or without mention of antepartum condition Other vascular dementia Other vascular disorders of intestine Other vascular disorders of iniciany body Other viral agents as the cause of diseases classified to other chapters Other viral diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other viral infections of unspecified site Other viral infections of unspecified site	<5 <5 7 9 5 7 5 5 5 5 5 5 5 7 7 5 5 5 5 5 5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other tick-borne viral encephalitis Other tick-borne viral encephalitis Other torsion of testis Other trachestomy complication Other transitory neonatal disorders of calcium and magnesium metabolism Other transitory neonatal disorders of calcium and magnesium metabolism Other trackpid valve diseases Other truckpid valve diseases Other tuberculosis of nervous system Other uterative colitis Other vacular disorders of intestine Other vascular disorders of insteme <tr< td=""><td><5 <5 7 3 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</td><td>0 0 0 5 5 0 0 0 0 0 5 5 5 5 5 5 0 0 0 0</td></tr<>	<5 <5 7 3 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 0 0 5 5 0 0 0 0 0 5 5 5 5 5 5 0 0 0 0
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other uteranisity neonatal disorders of calcium and magnesium metabolism Other transient cerebral ischaemic attacks and related syndromes Other utertaries Other urethritis Other urethritis Other urethritis Other vascular disorders of intestine Other vascular disorders of intis and ciliary body Other vascular disorders of firis and ciliary body Other vascular syndromes of brain in cerebrovascular diseases Other vascular syndromes of brain in cerebrovascular diseases Other vinal diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicat Other virial diseases complicating pregna	<5 <5 7 3 5 9 <5 7 <5 <5 7 7 27 11 1 5 <5 5 <5 7 7 <5 5 <5 7 25 5 5 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7	0 0 0 5 5 0 0 0 5 5 0 0 0 0 0 0 5 5 5 5
Other tick-borne viral encephalitis Other torsion of testis Other tracheostomy complication Other transient cerebral ischaemic attacks and related syndromes Other transitory neonatal disorders of calcium and magnesium metabolism Other tricuspid valve diseases Other truberculosis of nervous system Other underrative colitis Other vascular dementia Other vascular disorders of intestine Other vascular disorders of intestine Other vascular syndromes of brain in cerebrovascular diseases Other vascular syndromes of brain in cere	<5 <5 7 9 9 5 7 27 27 11 5 <5 <5 7 5 5 5 5 5 5 5 5 5 5 7 7 3 5 5 5 5 5	0 0 0 5 5 0 0 0 0 0 0 0 5 5 5 5 5 0

Other/multiple fractures of upper end of ulna, closed Otitis externa in mycoses Otitis externa, unspecified Otitis media, unspecified Otorhinolaryngological devices associated with adverse incidents, prosthetic and other implants, mat		0
Otitis externa, unspecified Otitis media, unspecified Otorhinolaryngological devices associated with adverse incidents, prosthetic and other implants, mat	5 <5	0
Otorhinolaryngological devices associated with adverse incidents, prosthetic and other implants, mat	6	0
	26	<5
	<5	<5
Otorrhoea	<5	0
Otosclerosis, unspecified	<5	0
Ovarian pregnancy	<5	0
Overdose of radiation given during therapy Overexertion and strenuous or repetitive movements	<5 64	<5
Overlapping malignant lesion of accessory sinuses	<5	0
Overlapping malignant lesion of bladder	31	<5
Overlapping malignant lesion of brain	13	0
Overlapping malignant lesion of cervix uteri	<5	C
Overlapping malignant lesion of colon	<5	C
Overlapping malignant lesion of digestive system	<5	C
Overlapping malignant lesion of female genital organs	5	0
Overlapping malignant lesion of larynx	<5	0
Overlapping malignant lesion of left breast	13 <5	0
Overlapping malignant lesion of oesophagus Overlapping malignant lesion of oropharynx	<5	0
Overlapping maignant lesion of other and ill-defined sites	<5	0
Overlapping malignant lesion of other and unspecified parts of mouth	<5	0
Overlapping malignant lesion of pancreas	<5	0
Overlapping malignant lesion of penis	<5	C
Overlapping malignant lesion of rectum, anus and anal canal	<5	C
Overlapping malignant lesion of right breast	22	C
Overlapping malignant lesion of stomach	<5	C
Overlapping malignant lesion of tongue	<5	0
Overlapping malignant lesion of tonsil	<5	0
Oxycodone causing adverse effect in therapeutic use	<5 <5	0
Oxytocic drugs causing adverse effect in therapeutic use Paget's disease of other bones	6	0
Page s disease of other bolies Pain in joint, ankle and foot	11	<5
Pain in joint, forearm	7	<5
Pain in joint, hand	<5	0
Pain in joint, lower leg	72	<5
Pain in joint, multiple sites	14	0
Pain in joint, pelvic region and thigh	109	9
Pain in joint, shoulder region	91	6
Pain in joint, unspecified site	<5	0
Pain in joint, upper arm	<5	0
Pain in lower limb Pain in thoracic spine	134	17
Pain in throat	5	0
Pain in upper limb	22	<5
Pain management planning	261	12
Pain, unspecified	28	~
	<5	< >
Painful micturition, unspecified		
Painful micturition, unspecified Palindromic rheumatism, multiple sites	<5	0
Palindromic rheumatism, multiple sites Palliative care	<5 5193	C C
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren]	5193 <5	0 0 716 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations	5193 <5 24	0 0 716 0 <5
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze	5193 <5 24 <5	0 0 716 0 <5 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Pancreas transplant status	5193 <5 24 <5 <5	0 0 716 0 <5 0 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Pancreas transplant status Panic disorder [episodic paroxysmal anxiety]	5193 <5 24 <5	0 0 716 0 <5 0 0 0 0 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Pancreas transplant status	5193 <5 24 <5 <5 <5 41	0 0 716 0 <5 0 0 0 0 0 0 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Pancreas transplant status Panic disorder [episodic paroxysmal anxiety] Paniculitis, unspecified, other site	5193 <5 24 <5 <5 41 <5	0 0 716 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Palindromic rheumatism, multiple sites Palliative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Pancreas transplant status Panic disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site	5193 <5 24 <5 <5 41 <5 <5 <5	0 0 716 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Palindromic rheumatism, multiple sites Palinatromic rheumatism, multiple sites Palinatromic rheumatism, multiple sites Palinatromatosis [Dupuytren] Palmar fascial fibromatosis [Dupuytren] Palmar fascial fibromatosis [Dupuytren] Palpato disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site Panniculitis, u	5193 <5 24 <5 <5 41 <5 <5 <5 <5	0 716 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Palindromic rheumatism, multiple sites Palinative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palpitations Palsy of conjugate gaze Pance as transplant status Panic disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site Papilloedema, unspecified Papillomavirus as the cause of diseases classified to other chapters Papyraceous fetus, delivered, with or without mention of antepartum condition Paraesthesia of skin	5193 <5 24 <5 <5 41 <5 <5 <5 <5 <5 <5 38	C C C C C C C C C C C C C C C C C C C
Palindromic rheumatism, multiple sites Palinative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palpitations Palsy of conjugate gaze Pancreas transplant status Panic disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site Papilloedema, unspecified Papilloedema, uspecified Papilloedema, uspecified Papilsoeder (elisease classified to other chapters Paparaceus fetus, delivered, with or without mention of antepartum condition Paraelysis of vocal cords and larynx, bilateral	5193 <5 24 <5 <5 <1 41 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5	C C C C C C C C C C C C C C C C C C C
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Palindromic rheumatism, multiple sites Palinatione Palinative care Palinations Paliptations Palorge gaze Panceas transplant status Paniculitis, unspecified, other site Paniculitis, unspecified, unspecified site Papilloedema, unspecified Papiraceous fetus, delivered, with or without mention of antepartum condition Paraelysis of vocal cords and larynx, bilateral Paralysis of vocal cords and larynx, unspecified whether unilateral or bilateral	5193 <5 24 <5 41 <5 <5 <5 <5 <5 <5 38 6 8 8	C C C C C C C C C C C C C C C C C C C
Palindromic rheumatism, multiple sites Palination Palinative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Panceas transplant status Pancic disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site Papilloedema, unspecified Papillomavirus as the cause of diseases classified to other chapters Paparesus fetus, delivered, with or without mention of antepartum condition Paralysis of vocal cords and larynx, bilateral Paralysis of vocal cords and larynx, unspecified whether unilateral or bilateral Paralysis of vocal cords and larynx, unspecified whether unilateral or bilateral	5193 <5 24 <5 <5 41 <5 <5 <5 <5 <5 <5 38 6 8 8 <5 <5 <5	C C C C C C C C C C C C C C C C C C C
Palindromic rheumatism, multiple sites Palinative care Palmar fascial fibromatosis [Dupuytren] Palpitations Palsy of conjugate gaze Panceas transplant status Pancie disorder [episodic paroxysmal anxiety] Panniculitis, unspecified, other site Panniculitis, unspecified, unspecified site Papilloedema, unspecified Payraceous fetus, delivered, with or without mention of antepartum condition Paralysis of vocal cords and larynx, unilateral Paralysis of vocal cords and larynx, unspecified whether unilateral or bilateral Paralytic gait	5193 <5 24 <5 <5 <5 <5 <5 <5 <5 <5 38 6 6 8 8 <5 <5 28	0 716 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0
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Pedal cyclisi injured in noncollision transport accident, drive, traffic accident7Pedal cyclisi injured in noncollision with car, pick-up truck or van, nontraffic accident8Pedestrian injured in collision with car, pick-up truck or van, nortaffic accident30Pedestrian injured in collision with car, pick-up truck or van, nortaffic accident5Pedestrian injured in collision with teary transport vehicle or bus, traffic accident5Pedestrian injured in collision with teary transport vehicle, traffic accident5Pedestrian injured in collision with two- or three-wheeled motor vehicle, traffic accident5Pediculosis due to Pediculus humanus capitis5Pediculosis due to Pediculus humanus capitis5Pediculosis que to Pediculus humanus capitis5Pediculosis que to Pediculus humanus capitis5Penterating wound of orbit with or without foreign body5Penterating wound of orbit with or without foreign body5Peptic ulcer, accute with haemorrhage5Peptic ulcer, accute with haemorrhage5Peptic ulcer, accute with haemorrhage or perforation5Peptic ulcer, accute with haemorrhage or perforation5Perforation of Jingalia desces without sinsus9Perforation of Jingalia desces without sinsus6Perforation of Jingalia desces without sinsus6Perforation of Jingalia desces dasified elsewhere6Perioration of Jingalia desces dasified elsewhere5Perioration of Jingalia desces dasified elsewhere5Perioration disesse classified elsewhere5 </td <td>Pedal cyclist injured in collision with other pedal cycle, driver, traffic accident</td> <td></td> <td>(</td>	Pedal cyclist injured in collision with other pedal cycle, driver, traffic accident		(
Pedda cyclist injured in noncollision transport accident, unspecified pedal cyclist, traffic accident8Pedestrian injured in collision with car, pick-up truck or van, nortaff accident30Pedestrian injured in collision with car, pick-up truck or van, traffic accident<5			<5
Pedestrian injured in collision with car, pick-up truck or van, nortraffic accident8Pedestrian injured in collision with car, pick-up truck or van, traffic accident5Pedestrian injured in collision with heavy transport vehicle or bus, traffic accident5Pedestrian injured in collision with heavy transport vehicle or bus, traffic accident5Pedestrian injured in collision with heavy transport vehicle or bus, traffic accident5Pedestrian injured in collision with two- or three-wheeled motor vehicle, nontraffic accident5Pediculosis, unspecified5Pediculosis, unspecified5Pediculosis, unspecified5Pentrating wound of eryball with or without foreign body5Pentrating wound of orbit with or without foreign body5Pentrating wound of orbit with or without foreign body5Peptic ulcer, acute without haemorrhage30Peptic ulcer, acute without haemorrhage or perforation5Peptic ulcer, acute without haemorrhage or perforation5Perforation of bile duct5Perforation of bile duct5Perforation of bile duct5Perforation of bile duct5Perforation of losophagus9Perforation of losophagus6Perioal efficient server complication following acute myocardial infarction11Perioal alteriated server6Perioal alteriation during delivery, unspecified5Perforation of losophagus5Perforation of losophagus5Perforation of losophagus5Perioal d			с С
Pedestrian injured in collision with car, pick-up truck or van, traffic accidentSPedestrian injured in collision with heavy transport vehicle on bus, traffic accidentSPedestrian injured in collision with heavy transport vehicle on bus, traffic accidentSPedestrian injured in collision with heavy transport vehicle on bus, traffic accidentSPedestrian injured in collision with heavy transport vehicle on bus, traffic accidentSPediculosis due to Pediculus humanus capitisSPediculosis, unspecifiedSPediculosis due to Pediculus humanus capitisSPediculosis due to Pediculus humanus capitisSPediculosi due to Pediculus humanus capitisSPediculosi due to Pediculus humanus capitisSPediculosi due to Pediculus humanus capitisSPentrating wound of orbit with or without foreign bodySPentrating wound of orbit with or without foreign bodySPeptic ulcer, acute with haemorrhageSPeptic ulcer, acute withon themorrhageSPeptic ulcer, acute withon themorrhageSPerforation of galibiaderSPerforation of galibiaderSPerforation of intestine (nontraumatic)SPerforation of intestine (nontraumatic)SPeriapical abscress without sinusS <t< td=""><td></td><td></td><td><5</td></t<>			<5
Pedestrian injured in collision with car, pick-up truck or van, unspecified whether traffic arcident<5			2
Pedestrian injured in collision with heavy transport vehicle or bus, traffic accident<5Pedestrian injured in collision with two- or three-wheeled motor vehicle, nontraffic accident<5			(
Pedestrian injured in collision with two- or three-wheeled motor vehicle, traffic accident<5	Pedestrian injured in collision with heavy transport vehicle or bus, traffic accident	<5	<5
Pediculosis due to Pediculus humanus capitis<5	Pedestrian injured in collision with two- or three-wheeled motor vehicle, nontraffic accident	<5	(
Pediculosis, unspecified<5	Pedestrian injured in collision with two- or three-wheeled motor vehicle, traffic accident	<5	(
Pelvic and perineal pain63Penetrating wound of eyeball with foreign body<5			(
Penetrating wound of eyeball with foreign body<5Penetrating wound of orbit with or without foreign body<5			(
Penetrating wound of orbit with or without foreign bodyPenicallins causing adverse effect in therapeutic use30Peptic lucer, acute with haemorrhage or perforation<5			<5
Penciallins causing adverse effect in therapeutic use30Peptic ulcer, acute with hemorrhage<5			(
Peptic ulcer, acute with haemorrhage<5Peptic ulcer, acute without haemorrhage or perforation<5			<5
Peptic ulcer, acute without haemorrhage or perforation<5Peptic ulcer, chronic or unspecified with haemorrhage8Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation5Perforation of bile duct5Perforation of gallbladder30Perforation of antestine (nontraumatic)99Perforation of oesophagus9Perforation of oesophagus9Perforation of bile duct sinus43Periapical abscess without sinus43Periapical abscess without sinus114Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Perinatal intestinal perforation5Perinatal angiopathy in diseases classified elsewhere33Perinatal angiopathy in diseases classified isewhere33Peripheral angiopathy in diseases classified isewhere31Peripheral angiopathy in diseases classified elsewhere5Peripheral anteriovenous malformation of other site5Peripheral anteriovenous malformation of other site5Peripheral arteriovenous ma			<5
Peptic ulcer, chronic or unspecified with haemorrhage or perforation8Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation5Perforation of bile duct<5			(
Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation5Perforation of bile duct<5	Peptic ulcer, chronic or unspecified with haemorrhage		</td
Perforation of gallbladder30Perforation of intestine (nontraumatic)99Perforation of oesophagus9Perforation of tympanic membrane, unspecified10Periacial abscess without sinus43Pericardial effusion (noninflammatory)114Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Pericarditis in other diseases classified elsewhere6Pericarditis of external ear<5	Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation	5	<
Perforation of intestine (nontraumatic)99Perforation of esophagus9Perforation of tympanic membrane, unspecified10Periapical abscess without sinus43Pericardial effusion (noninflammatory)114Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Pericarditis in other diseases classified elsewhere6Pericarditis of external ear<5	Perforation of bile duct		</td
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Perforation of tympanic membrane, unspecified10Periapical abscess without sinus43Pericapical abscess without sinus114Pericardial effusion (noninflammatory)114Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Perichondritis of external ear5Perinatal intestinal perforation5Perinatal intestinal perforation5Perinatal disease, unspecified, delivered, with or without mention of antepartum condition5Periporal dermatitis5Peripheral angiopathy in diseases classified elsewhere335Peripheral arteriovenous malformation of digestive system vessel31Peripheral arteriovenous malformation of uper limb5Peripheral T-cell lymphoma, not elsewhere classified6Peripheral vascular disease, unspecified6Peripheral vascular disease, unspecified110	Perforation of intestine (nontraumatic)		3:
Periapical abscess without sinus43Pericardial effusion (noninflammatory)114Pericardidis as current complication following acute myocardial infarction17Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Pericarditis in other diseases classified elsewhere5Perinatal intestinal perforation5Perinatal intestinal perforation5Perinatal intestinal perforation5Perinatal disease, unspecified, delivered, with or without mention of antepartum condition5Perioral dermatitis5Perioral dermatitis5Peripheral angiopathy in diseases classified elsewhere335Peripheral angiopathy in diseases classified elsewhere5Peripheral arteriovenous malformation of other site5Peripheral arteriovenous malformation of upper limb5Peripheral arteriovenous malformation of upper limb5Peripheral arteriovenous malformation of upper limb5Peripheral vascular disease, unspecified6Peripheral vascular disease, unspecified110			<
Pericardial effusion (noninflammatory)114Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Perichordritis of external ear<5			</td
Pericarditis as current complication following acute myocardial infarction17Pericarditis in other diseases classified elsewhere6Perichondritis of external ear<5			<:
Pericarditis in other diseases classified elsewhere 6 Perichondritis of external ear <5			14
Perichondritis of external ear <5	Pericarditis in other diseases classified elsewhere		</td
Perineal laceration during delivery, unspecified, delivered, with or without mention of antepartum condition <5	Perichondritis of external ear		(
Periodontal disease, unspecified <5	Perinatal intestinal perforation	<5	(
Perioral dermatitis <5	Perineal laceration during delivery, unspecified, delivered, with or without mention of antepartum condition		(
Peripheral angiopathy in diseases classified elsewhere335Peripheral arteriovenous malformation of digestive system vessel31Peripheral arteriovenous malformation of other site<5	Periodontal disease, unspecified		<5
Peripheral arteriovenous malformation of digestive system vessel 31 Peripheral arteriovenous malformation of other site <5	Perioral dermatitis		(
Peripheral arteriovenous malformation of other site <5	Peripheral angiopathy in diseases classified elsewhere		2
Peripheral arteriovenous malformation of upper limb <5			7
Peripheral T-cell lymphoma, not elsewhere classified 6 Peripheral vascular disease, unspecified 110			0
Peripheral vascular disease, unspecified 110			<5
	Peripheral vascular disease, unspecified		15
	Peripheral vasodilators causing adverse effect in therapeutic use		(

Peritoneal adhesions	360	39
Peritonitis, unspecified	34	6
Peritonsillar abscess	13	<5
Periumbilical pain	6	0
Persistent atrial fibrillation Persistent delusional disorder, unspecified	28 <5	21
Persistent delusional disorder, dispectited	<5	0
Persistent left superior vena cava	<5	0
Persistent mood [affective] disorder, unspecified	<5	0
Persistent postoperative fistula	10	<5
Persistent somatoform pain disorder	<5	0
Person awaiting admission to adequate facility elsewhere	2330	99
Person injured in unspecified nontraffic motor-vehicle accident	<5	<5
Person injured in unspecified traffic motor-vehicle accident	11	<5
Person injured in unspecified vehicle accident Person injured while boarding or alighting from streetcar	<5 <5	0
Person on outside of special construction vehicle injured in nontraffic accident	<5	<5
Personal history of alcohol abuse	13	<5
Personal history of allergy to anaesthetic agent	<5	0
Personal history of benign neoplasms	5	0
Personal history of chemotherapy for neoplastic disease	<5	0
Personal history of COVID-19	31	<5
Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune	<5	0
Personal history of drug abuse	12 <5	<5
Personal history of in-situ neoplasms Personal history of irradiation	<5	0
Personal history of leukaemia	<5	0
Personal history of long-term (current) use of anticoagulants	24	0
Personal history of long-term (current) use of multiple prescription drugs [polypharmacy]	35	<5
Personal history of long-term (current) use of other drug therapy	42	<5
Personal history of major surgery, not elsewhere classified	<5	0
Personal history of malignant neoplasm of breast, unspecified side	95	6
Personal history of malignant neoplasm of bronchus and lung, unspecified side	42	<5
Personal history of malignant neoplasm of digestive organs	301	33
Personal history of malignant neoplasm of genital organs	228	15
Personal history of malignant neoplasm of left breast Personal history of malignant neoplasm of left bronchus and lung	68 15	6 <5
Personal history of malignant neoplasm of electronicities and long Personal history of malignant neoplasm of other respiratory and intrathoracic organs	22	<5
Personal history of malignant neoplasm of right beast	71	5
Personal history of malignant neoplasm of right bronchus and lung	33	5
Personal history of malignant neoplasm of urinary tract	133	8
Personal history of malignant neoplasm, unspecified	5	<5
Personal history of noncompliance with medical treatment and regimen	400	33
Personal history of other diseases of the circulatory system	27	6
Personal history of other diseases of the digestive system	<5	0
Personal history of other malignant neoplasms of lymphoid, haematopoietic and related tissues Personal history of other mental and behavioural disorders	19 <5	<5
Personal history of other physical trauma	7	0
Personal history of other specified conditions	<5	<5
Personal history of other specified risk-factors, not elsewhere classified	<5	0
Personal history of primary malignant neoplasms of other organs and systems	155	13
Personal history of secondary malignant neoplasms	12	<5
Personal history of self-harm	83	<5
Personal history of thromboembolic disease	8	<5
Personal history of tobacco abuse	21	<5
Personality disorder, unspecified Personality disorder, unspecified services in other specified circumstances	26 43	0 <5
Persons encountering health services in other specified circumstances Pertussis vaccine, including combinations with a pertussis component causing adverse effect in therapeutic us	43 <5	<5
Pervasive developmental disorder, unspecified	<5	0
Petit mal, unspecified, without grand mal seizures, not stated as intractable	<5	<5
Phakomatosis, unspecified	<5	<5
Phantom limb syndrome with pain	13	<5
Phenothiazine antipsychotics and neuroleptics causing adverse effect in therapeutic use	<5	0
Phimosis	19	<5
Phlebitis and thrombophlebitis of femoral vein	5	<5
Phlebitis and thrombophlebitis of lower extremities, unspecified	14	<5
Phlebitis and thrombophlebitis of other deep vessels of lower extremities Phlebitis and thrombophlebitis of other sites	258 52	45 13
Phlebitis and thrombophlebitis of superficial vessels of lower extremities	9	<5
Phlebitis and thrombophlebitis of unspecified site	9	<5
Physical abuse	<5	C
Physical violence	<5	<5
Pilonidal cyst with abscess	<5	C
Pilonidal cyst without abscess	11	<5
Pityriasis versicolor	<5	C
Place of occurrence, farm	8	0
Place of occurrence, home	2806	255
Place of occurrence, hospital	774	209

Place of occurrence, industrial and construction area	30	6
Place of occurrence, residential institution	463	19
Place of occurrence, school and other institutions and public areas	6	<5
Place of occurrence, sports and athletics area	53	<5
Place of occurrence, street and highway	98	14
Place of occurrence, trade and service area	85	5
Placenta praevia specified as without haemorrhage, delivered, with or without mention of antepartum condition	20	<5
Placenta praevia with haemorrhage, antepartum condition or complication	13	(
Placenta praevia with haemorrhage, delivered, with or without mention of antepartum condition	6	(
Placental disorder, unspecified, delivered, with or without mention of antepartum condition Plagiocephaly	<5 <5	(
Plantar fascial fibromatosis	<5	(
Plasma cell leukaemia	<5	(
Pleural effusion, not elsewhere classified	980	221
Pleural plaque with presence of asbestos	<5	C
Pleural plaque without asbestos	<5	(
Pleurisy	8	(
Pneumococcal arthritis and polyarthritis, multiple sites	<5	(
Pneumoconiosis due to asbestos and other mineral fibres	9	<5
Pneumoconiosis due to other dust containing silica	6	(
Pneumocystosis	15	5
Pneumomediastinum originating in the perinatal period	<5	(
Pneumonia due to Escherichia coli	8	5
Pneumonia due to Haemophilus influenzae	13	12
Pneumonia due to Klebsiella pneumoniae	17	5
Pneumonia due to other Gram-negative bacteria Pneumonia due to other specified infectious organisms	10 <5	7
Pneumonia due to other specified infectious organisms Pneumonia due to other streptococci	<5	<5
Pneumonia due to Steepfococci	28	16
Pneumonia due to staphylococcus	55	43
Preumonia due to Streptococcus preumoniae	12	
Pneumonia due to streptococcus, group B	<5	<5
Pneumonia in mycoses	21	e
Pneumonia in other diseases classified elsewhere	<5	C
Pneumonia in viral diseases classified elsewhere	<5	<5
Pneumonia, unspecified	2192	391
Pneumonitis due to food and vomit	856	251
Pneumonitis due to other solids and liquids	5	<5
Pneumothorax originating in the perinatal period	13	C
Pneumothorax originating in the perinatal period Pneumothorax, unspecified	48	19
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives	48 56	19 14
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists	48 56 <5	19 14 0
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent	48 56 <5 6	19 14 0 <5
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru	48 56 <5 6 <5	19 14 0 <5
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e	48 56 <5 6 <5 12	19 14 0 <5 <5 7
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e Poisoning by and exposure to carbon monoxide from other sources	48 56 <5 6 <5	19 14 0 <5 <5 7 0
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e	48 56 <5 6 <5 12 <5	19 14 0 <5 <5 7 0 0
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e Poisoning by and exposure to carbon monoxide from other sources Poisoning by and exposure to carbon monoxide from utility gas	48 56 <5 6 <5 12 <5 <5 <5	19 14 0 5 5 7 0 0 0 0 0 0 0
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drup Poisoning by and exposure to carbon monoxide from other sources Poisoning by and exposure to carbon monoxide from utility gas Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie	48 56 <5 6 <5 12 <5 <5 <5 <5	19 14 0 5 5 5 7 0 0 0 0 0 0 0 0 0 0 7 7
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e Poisoning by and exposure to carbon monoxide from other sources Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undete	48 56 <5 6 <5 12 <5 <5 <5 <5 <5 15	19 14 0 5 5 5 5 7 0 0 0 0 0 0 0 5 5 7 7 5 5 5 5
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e Poisoning by and exposure to carbon monoxide from utility gas Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undete Poisoning by and exposure to nancotics and psychodysleptics and antirheumatics, undetermined int	48 56 <5 12 <5 <5 <5 <5 5 5 <5	19 14 0 5 5 5 7 0 0 0 0 0 0 0 0 0 0 5 5 5 5 5
Pneumothorax originating in the perinatal period Pneumothorax, unspecified Poisoning by 4-Aminophenol derivatives Poisoning by analeptics and opioid receptor antagonists Poisoning by and exposure to alcohol, undetermined intent Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic dru Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not e Poisoning by and exposure to carbon monoxide from other sources Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to nancotics and psychodysleptics [hallucinogens], not elsewhere classifie Poisoning by and exposure to nanopoid analgesics, antipyretics and antirheumatics, undetermined intent Poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics, undetermined intent Poisoning by and exposure to onoppioid analgesics, antipyretics and antirheumatics, undetermined intent Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	48 56 <5 6 12 5 <5 5 5 5 5 5 5 5 5 5	19 14 () <5 <5 () () () () () () () () () () () () ()
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Poisoning by expectorants	.6	0
Poisoning by fentanyl and derivatives	<5 <5	0 <5
Poisoning by fibrinolysis-affecting drugs	<5	0
Poisoning by glucocorticoids and synthetic analogues	<5	0
Poisoning by hydantoin derivatives	<5	0
Poisoning by hydromorphone	8	<5
Poisoning by iminostilbenes	<5	0
Poisoning by inhaled anaesthetics	<5	C
Poisoning by insulin and oral hypoglycaemic [antidiabetic] drugs	9	5
Poisoning by loop [high-ceiling] diuretics	<5	<5
Poisoning by methadone	9	6
Poisoning by mineralocorticoids and their antagonists	<5	<5
Poisoning by morphine	8	<5
Poisoning by other agents primarily affecting the gastrointestinal system	<5	<5
Poisoning by other and unspecified agents primarily affecting the cardiovascular system	<5	<5
Poisoning by other and unspecified antidepressants	59	24
Poisoning by other and unspecified antipsychotics and neuroleptics	30	7
Poisoning by other and unspecified drugs primarily affecting the autonomic nervous system	<5	<5
Poisoning by other and unspecified drugs, medicaments and biological substances	11	<5
Poisoning by other and unspecified narcotics	7	<5
Poisoning by other antacids and anti-gastric-secretion drugs	<5	C
Poisoning by other antidysrhythmic drugs, not elsewhere classified	<5	<5
Poisoning by other antiepileptic and sedative-hypnotic drugs	44	17
Poisoning by other antihypertensive drugs, not elsewhere classified	<5	<5
Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified	<5	<5
Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID]	16	6
Poisoning by other opioids, not elsewhere classified	16	6
Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, not e	5	<5
Poisoning by other primarily systemic and haematological agents	<5	<5
Poisoning by other synthetic narcotics, not elsewhere classified	<5	<5
Poisoning by other systemic antibiotics	<5	<5
Poisoning by oxycodone	<5	<5
Poisoning by phenothiazine antipsychotics and neuroleptics	<5 <5	C
Poisoning by predominantly alpha-adrenoreceptor agonists, not elsewhere classified	11	0
Poisoning by psychostimulants with abuse potential		
Poisoning by salicylates	13	6 <5
Poisoning by skeletal muscle relaxants [neuromuscular blocking agents]	<5	<5
Poisoning by thyroid hormones and substitutes	<5	0
Poisoning by tramadol Poisoning by tricyclic and tetracyclic antidepressants	14	9
Polyarthritis, unspecified	9	<5
Polyarthrosis, unspecified	10	<5
Polycystic kidney, autosomal dominant	9	<5
Polycystic kidney, unspecified	41	<5
Polycytic ovarian syndrome	9	<5
Polycythaemia neonatorum	<5	0
Polycythaemia vera	<5	<5
Polydipsia	16	<5
Polyhydramnios, third trimester, antepartum condition or complication	<5	0
Polyhydramnios, third trimester, delivered, with or without mention of antepartum condition	43	0
Polymyalgia rheumatica	49	<5
Polymyositis	<5	<5
Polyneuropathy due to other toxic agents	<5	0
Polyneuropathy in infectious and parasitic diseases classified elsewhere	<5	0
Polyneuropathy in neoplastic disease	<5	<5
	<5	0
Polyneuropathy in nutritional deficiency	-	0
Polyneuropathy in nutritional deficiency Polyneuropathy in other endocrine and metabolic diseases	<5	<5
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Primary generalized (stee)arthrosis, bilateral<	Primary biliary cirrhosis	8	<5				
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Primary gonarthrosis, bilateral319<	Primary dysmenorrhoea		0				
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Prophylactic removal of breast		
	44 9	0
Prophylactic removal of other organ Prophylactic removal of ovary	7	0
Propionic acid derivatives causing adverse effect in therapeutic use	8	0
Proteus (mirabilis)(morganii) as the cause of diseases classified to other chapters	225	23
Protozoal diseases complicating pregnancy, childbirth and the puerperium, antepartum condition or complicatio	<5	0
Protozoal diseases complicating pregnancy, childbirth and the puerperium, delivered, with or without mention	<5	0
Protrusio acetabuli	5	0
Prurigo nodularis	<5	0
Pruritus vulvae	<5	0
Pruritus, unspecified	68	<5
Pseudarthrosis after fusion or arthrodesis	<5 31	0
Pseudocyst of pancreas Pseudomonas (aeruginosa) as the cause of diseases classified to other chapters	291	44
Pseudononas (aeruginosa) as the cause of diseases classified to other chapters	<5	44
Psoriasis vulgaris	<5	0
Psoriasis, unspecified	18	0
Psychodysleptics [hallucinogens] causing adverse effect in therapeutic use	11	<5
Psychostimulants with abuse potential causing adverse effect in therapeutic use	<5	C
Psychotropic drug, unspecified, causing adverse effect in therapeutic use	<5	C
Pterygium	<5	C
Ptosis of eyelid	5	<5
Puerperal sepsis, delivered, with mention of postpartum complication	<5	0
Puerperal sepsis, postpartum condition or complication	<5	C
Pulmonary candidiasis	<5	<5
Pulmonary embolism with mention of acute cor pulmonale	<5	0
Pulmonary embolism without mention of acute cor pulmonale	678	183
Pulmonary eosinophilia, not elsewhere classified	9	<5
Pulmonary heart disease, unspecified	9	<5
Pulmonary mycobacterial infection Pulmonary nocardiosis	<5	<5
Pulmonary oedema	207	67
Pulmonary valve insufficiency	<5	<5
Pulmonary vales stenosis	<5	0
Pulseless electrical activity, not elsewhere classified	<5	<5
Pupillary membranes	<5	0
Pure hypercholesterolaemia	15	<5
Pure hyperglyceridaemia	20	7
Pure motor lacunar syndrome	<5	0
Purulent endophthalmitis	8	0
Pyoderma	<5	0
Pyoderma gangrenosum	8	0
Pyogenic arthritis, unspecified, ankle and foot	11	0
Pyogenic arthritis, unspecified, forearm	8	<5
Pyogenic arthritis, unspecified, hand	7	0 <5
Pyogenic arthritis, unspecified, lower leg Pyogenic arthritis, unspecified, multiple sites	43 <5	0
Pyogenic arthritis, unspecified, pelvic region and thigh	18	0
Pyogenic arthritis, unspecified, shoulder region	10	<5
Pyogenic arthritis, unspecified, upper arm	7	<5
	228	28
ryunepinusis		
Pyonephrosis Pyothorax with fistula	20	8
	20 75	
Pyothorax with fistula		29
Pyothorax with fistula Pyothorax without fistula Pyrexia during labour, not elsewhere classified, delivered, with or without mention of antepartum condition Pyrexia of unknown origin following delivery, delivered, with mention of postpartum complication	75 23 <5	29 0 0
Pyothorax with fistula Pyothorax without fistula Pyrexia during labour, not elsewhere classified, delivered, with or without mention of antepartum condition Pyrexia of unknown origin following delivery, delivered, with mention of postpartum complication Pyrexia of unknown origin following delivery, postpartum condition or complication	75 23 <5 <5	29 0 0
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current dislocation and subluxation of joint, shoulder region7current dislocation of the temporomandibular joint<5	0 0 0 0 0 0 0 0 5 5 5 5 5 0 0 0 5 0 0 0 5 5 0 0 5 5 0 0 5 5 0 0 5
current dislocation of the temporomandibular joint<	0 <5 0 0 0 0 0 5 5 6 3 30 0 0 5 0 0 5 5 0 0 5 5 5 0 0 5 5 0 0 5
current oral aphthee12current valubuation of patella<5	<5 0 0 0 0 0 0 5 5 5 0 0 0 0 0 5 0 0 0 0
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rractory anaemia with ring sideroblasts <5	0 0 <5 0 63 30 0 0 <5 0 0 0 5 5
gurgitation and rumination in newborn5jection of Lung transplant<5	0 <5 <5 63 30 0 <5 0 0 <5
JerticityJection of Lung transplant<5	<5 <5 0 63 30 0 <5 0 0 <5
jection of soft issue (skin, muscle, fascia, tendon, mucosa) graft/flap<5lapsing polychondritis<5	<5 0 63 30 0 <5 0 0 5 5
lapsing polychondritismoval of other organ (partial) (total) as the cause of abnormal reaction or later complication, wi733moval of other organ (partial) (total) as the cause of abnormal reaction or later complication, without men295nal agenesis, unilateral7nal and perinephric abscess22nal dysplasia55nal tubulo-interstitial disease, unspecified55nal tubulo-interstitial disorders in infectious and parasitic diseases classified elsewhere16nal tubulo-interstitial disorders in systemic connective tissue disorders55sidual foreign body in soft tissue, lower leg55sidual foreign body in soft tissue, pelvic region and thigh55sidual foreign body in soft tissue, pelvic region and thigh55sidual shitags61sidual shitags63sidual shitags63sidual shitags64sistance to antineoplastic drugs34sistance to methicillin102sistance to methicillin102sistance to multiple antibiotics128	0 63 30 0 <5 0 0 0 0
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nal tubulo-interstitial disorders in systemic connective tissue disorders<5novascular hypertension, benign or unspecified<5	
novascular hypertension, benign or unspecified<5sidual foreign body in soft tissue, lower leg<5	0
sidual foreign body in soft tissue, lower leg <5	
sidual foreign body in soft tissue, other site<5	0
sidual foreign body in soft tissue, pelvic region and thigh<5sidual haemorrhoidal skin tags6sidual schizophrenia27sistance to antineoplastic drugs34sistance to betalactam antibiotics, unspecified<5	0
sidual haemorrhoidal skin tags 6 sidual shemorrhoidal skin tags 27 sidual schizophrenia 27 sistance to antineoplastic drugs 34 sistance to betalactam antibiotics, unspecified <5	0
sidual schizophrenia27sistance to antineoplastic drugs34sistance to betalactam antibiotics, unspecified<5	0
sistance to antineoplastic drugs34sistance to betalactam antibiotics, unspecified<5	0
sistance to betalactam antibiotics, unspecified <5	0
sistance to methicillin 102 sistance to multiple antibiotics 128	<5
sistance to multiple antibiotics 128	0
	21
	27
	<5
sistance to other betalactam antibiotics 8 8	<5
sistance to other single specified antibiotic 64	12
sistance to other specified antimicrobial drug <5	0
sistance to other specified extended spectrum betalactam antibiotics 29	7
istance to penicillin 16	<5
sistance to quinolones <5	0
sistance to unspecified antimicrobial drugs <5 sistance to vancomycin <5	0
sistance to vancomycin <5 spiratory arrest 18	13
spiratory condition of newborn, unspecified 15	0
spiratory condition of newdorn, unspecified external agents 5	<5
spiratory conductors due to other spectred external agents s	<5
spiratory disorders in other diffuse connective tissue disorders 6	<5
spiratory disorders in other dirise connective disorders and a spiratory disorders in other directive disorders and a spiratory disorders in other directive disorders and a spiratory disorders and a	<5
spiratory distress of newborn, unspecified 108	0
spiratory distress syndrome of newborn 35	0
spiratory failure of newborn 154	0
spiratory failure, unspecified, type I [hypoxic] 234	170
spiratory failure, unspecified, type II [hypercapnic] 174	106
spiratory failure, unspecified, type unspecified 141	98
spiratory syncytial virus pneumonia <5	<5
spiratory tuberculosis unspecified, without mention of bacteriological or histological confirmatio <5	<5
Itesness and agitation 617	193
tained (old) intracular foreign body, nonmagnetic <5	0
tained placenta without haemorrhage, delivered, with mention of postpartum complication 17	0
tained placenta without haemorrhage, postpartum condition or complication <5	
tained portions of placenta and membranes, without haemorrhage, delivered, with mention of postpartum compl <5	
tained portions of placenta and membranes, without haemorrhage, postpartum condition or complication <5	0
tention of urine 1001	0
tinal breaks without detachment <5	0

Retinal detachment with retinal break	9	0
Retinal haemorrhage Retinal vascular occlusion, unspecified	<5 <5	<5 0
Retingative decision, inspectice	<5	0
Retrobulbar neuritis in diseases classified elsewhere	<5	0
Retrograde amnesia	<5	0
Retroperitoneal fibrosis	5	<5
Retropharyngeal and parapharyngeal abscess	11 <5	<5 0
Rh isoimmunization of fetus and newborn Rheumatic heart disease, unspecified	<5	0
Rheumatic mitral insufficiency	<5	0
Rheumatoid arthritis with involvement of other organs and systems	<5	0
Rheumatoid arthritis, unspecified	79	8
Rheumatoid lung disease	<5	0
Rheumatoid vasculitis	<5	<5
Rhinophyma	<5	0
Rhinosporidiosis Riboflavin deficiency	<5 <5	0
Rickettsiosis, unspecified	<5	0
Right lower quadrant pain	31	<5
Right upper quadrant pain	53	<5
Rosacea, unspecified	<5	0
Rotator cuff syndrome	58	<5
Routine postpartum follow-up	<5	0
Rubella without complication	<5	0
Rupture of artery Rupture of bladder, nontraumatic	<5 <5	<5 0
Rupture of pladuer, nonradinatic Rupture of cardiac wall without haemopericardium as current complication following acute myocardial	<5	0
Rupture of chordae tendineae, not elsewhere classified	<5	0
Rupture of papillary muscle as current complication following acute myocardial infarction	<5	<5
Rupture of popliteal cyst	<5	0
Sacrococcygeal disorders, not elsewhere classified	<5	0
Sacroillitis, not elsewhere classified	6	<5
Salicylates causing adverse effect in therapeutic use Saline and osmotic laxatives causing adverse effect in therapeutic use	15 <5	<5 <5
Salme and osmolic faxatives causing adverse effect in therapedic use	18	0
Samonla cherta	<5	0
Salmonella sepsis	<5	0
Salpingitis and oophoritis, unspecified	8	<5
Sarcoidosis of lung	8	<5
Sarcoidosis of lung with sarcoidosis of lymph nodes	<5	0
Sarcoidosis of lymph nodes	<5	<5
Sarcoidosis of other and combined sites Sarcoidosis, unspecified	12 10	<5 0
Scabies	<5	0
Scar conditions and fibrosis of skin	20	0
Schizoaffective disorder, depressive type	17	0
Schizoaffective disorder, manic type	<5	0
Schizoaffective disorder, mixed type	160	0
Schizoaffective disorder, unspecified	64	<5
Schizoid personality disorder	<5 361	0 13
Schizophrenia, unspecified Schizotypal disorder	13	<5
Schmorl's nodes	<5	0
Sciatica	27	<5
Scoliosis unspecified, unspecified site	7	<5
Scoliosis, unspecified, lumbar region	<5	0
Seborhoea capitis	<5	<5
Seborrhoeic dermatitis, unspecified Seborrhoeic keratosis	7	<5 0
Second degree haemorrhoids, uncomplicated	<5	<5
Second degree perineal laceration during delivery, delivered, with or without mention of antepartum condition	725	<5
Second degree perineal laceration during delivery, postpartum condition or complication	<5	0
Secondary amenorrhoea	<5	0
Secondary biliary cirrhosis	<5	<5
Secondary dysmenorrhoea	<5	0
Secondary hyperparathyroidism, not elsewhere classified Secondary hypertension, benign or unspecified	6 <5	<5
Secondary nypertension, benign or unspectified Secondary malignant neoplasm lymph nodes of head, face and neck	117	11
Secondary malignant neoplasm of adrenal gland	143	7
		<5
Secondary malignant neoplasm of axillary and upper limb lymph nodes	80	
Secondary malignant neoplasm of axillary and upper limb lymph nodes Secondary malignant neoplasm of bladder and other and unspecified urinary organs	80 33	<5
Secondary malignant neoplasm of bladder and other and unspecified urinary organs Secondary malignant neoplasm of bone and bone marrow	33 835	38
Secondary malignant neoplasm of bladder and other and unspecified urinary organs Secondary malignant neoplasm of bone and bone marrow Secondary malignant neoplasm of brain and cerebral meninges	33 835 399	38 12
Secondary malignant neoplasm of bladder and other and unspecified urinary organs Secondary malignant neoplasm of bone and bone marrow Secondary malignant neoplasm of brain and cerebral meninges Secondary malignant neoplasm of breast	33 835 399 10	38 12 0
Secondary malignant neoplasm of bladder and other and unspecified urinary organs Secondary malignant neoplasm of bone and bone marrow Secondary malignant neoplasm of brain and cerebral meninges Secondary malignant neoplasm of breast Secondary malignant neoplasm of inguinal and lower limb lymph nodes	33 835 399 10 51	38 12 0 <5
Secondary malignant neoplasm of bladder and other and unspecified urinary organs Secondary malignant neoplasm of bone and bone marrow Secondary malignant neoplasm of brain and cerebral meninges Secondary malignant neoplasm of breast	33 835 399 10	<5 38 12 0 <5 16 <5

econdary malignant neoplasm of kidney and renal pelvis econdary malignant neoplasm of large intestine and rectum econdary malignant neoplasm of left lung econdary malignant neoplasm of liver and intrahepatic bile duct	41	
condary malignant neoplasm of left lung		<5
	59 236	<5 8
	992	ہ 45
condary malignant neoplasm of lung, unspecified side	349	14
econdary malignant neoplasm of lymph node, unspecified	132	7
condary malignant neoplasm of lymph nodes of multiple regions	69	<5
condary malignant neoplasm of mediastinum	57	<5
econdary malignant neoplasm of other and unspecified digestive organs	150	11
econdary malignant neoplasm of other and unspecified parts of nervous system econdary malignant neoplasm of other and unspecified respiratory organs	17	0 <5
econdary malignant neoplasm of other specified sites	269	21
condary malignant neoplasm of ovary	33	<5
econdary malignant neoplasm of pleura	246	14
econdary malignant neoplasm of retroperitoneum and peritoneum	405	27
ccondary malignant neoplasm of right lung	256	6
condary malignant neoplasm of skin	40	<5
econdary malignant neoplasm of small intestine	44	<5 12
econdary malignant neoplasm, unspecified site econdary polycythaemia	8	<5
econdary sclerosing cholangitis	5	<5
condary thrombocytopenia	61	17
condary uterine inertia, antepartum condition or complication	<5	0
condary uterine inertia, delivered, with or without mention of antepartum condition	99	0
edative, hypnotic and antianxiety drug, unspecified, causing adverse effect in therapeutic use	<5	<5
vizure disorder, so described	65	16
elective deficiency of immunoglobulin A [IgA] elective deficiency of immunoglobulin G [IgG] subclasses	<5	0
enile cataract, unspecified	<5	<5
nine detailed, provide the set of	<5	<5
enile nuclear cataract	<5	0
enility	14	0
ensorineural hearing loss, bilateral	<5	0
ensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side	6	<5
nsorineural hearing loss, unspecified	6	<5
eparation anxiety disorder of childhood epsis due to anaerobes	<5 29	<5 8
appis due to anacious	46	19
pris due to Escherichia coli [E.coli]	155	53
psis due to Haemophilus influenzae	<5	<5
spsis due to other Gram-negative organisms	63	20
spsis due to other specified staphylococcus	53	18
psis due to Pseudomonas	38	14
ppsis due to Serratia	5 126	<5 48
epsis due to Staphylococcus aureus epsis due to Streptococcus pneumoniae	5	40
pais due to streptococcus, proup A	5	<5
psis due to streptococcus, group B	13	<5
psis due to unspecified staphylococcus	7	<5
spsis, unspecified	816	336
ptic shock	311	267
equelae of adverse effects caused by drugs, medicaments and biological substances in therapeutic use	<5	0
equelae of adverse incidents associated with medical devices in diagnostic and therapeutic use equelae of cerebral infarction	<5 23	<5 <5
equelae of fracture of arm	<5	0
equelae of fracture of femur	<5	0
equelae of injury of spinal cord	<5	<5
equelae of intentional self-harm	<5	0
equelae of intracerebral haemorrhage	<5	0
squelae of intracranial injury	8	0
equelae of motor-vehicle accident	8	<5
equelae of other and unspecified cerebrovascular diseases equelae of other specified injuries of neck and trunk	<5 <5	0
guelae of total spectrae injuries of nection total totals	18	0
equelae of surgical and medical procedures as the cause of abnormal reaction of the patient, or of later com	<5	0
equelae of unspecified burn, corrosion and frostbite	<5	0
equelae of unspecified external cause	5	0
eropositive rheumatoid arthritis, unspecified site	<5	0
rous retinal detachment	<5	0
	<5	0
evere cervical dysplasia, not elsewhere classified	182	11
evere depressive episode with psychotic symptoms		
	<5	0
evere depressive episode with psychotic symptoms evere depressive episode without psychotic symptoms		0
evere depressive episode with psychotic symptoms evere depressive episode without psychotic symptoms evere mental and behavioural disorders associated with the puerperium, not elsewhere classified	<5	0
evere depressive episode with psychotic symptoms evere depressive episode without psychotic symptoms evere mental and behavioural disorders associated with the puerperium, not elsewhere classified evere mental retardation without mention of impairment of behaviour	<5 <5	

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disc. inspectiondisc.disc. inspecti	Shock during or following labour and delivery, delivered, with mention of postpartum complication	<5	<5																																																																								
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Spondyosa, unspectinea, iamosecuri egion Spondyosa, unspectinea, iamosecuri egion	<5	0
Spondylosis, unspecified, lumbar region	5	0
Spondylosis, unspecified, lumbosacral region	<5	0
Spontaneous abortion, complete or unspecified, without complication	5	0
Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage	<5	C
Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection	<5	C
Spontaneous abortion, incomplete, without complication	7	C
Spontaneous ecchymoses	12	<5
Spontaneous rupture of flexor tendons, upper arm Spontaneous rupture of other tendons, ankle and foot	<5 <5	0
Spontaneous rupture of other tendons, anne and root Spontaneous rupture of other tendons, pelvic region and thigh	<5	0
Spontaneous rupture of unspecified tendon, pelvic region and thigh	<5	0
Spontaneous tension pneumothorax	8	6
Sprain and strain of acromioclavicular joint	<5	C
Sprain and strain of ankle, unspecified	8	0
Sprain and strain of anterior cruciate ligament of knee, rupture	<5	<5
Sprain and strain of deltoid ligament, ankle	5	C
Sprain and strain of lateral collateral ligament of knee, rupture	<5	C
Sprain and strain of lumbar spine	<5	0
Sprain and strain of medial collateral ligament of knee, rupture	<5	<5
Sprain and strain of other and unspecified parts of knee	<5	0
Sprain and strain of other and unspecified parts of lumbar spine and pelvis Sprain and strain of other ligament of ankle	<5 <5	0
Sprain and strain of posterior cruciate ligament of knee, rupture	<5	<5
Sprain and strain of sacroiliac joint	<5	0
Sprain and strain of shoulder joint, NOS	<5	0
Sprain and strain of shoulder joint, rotator cuff capsule	<5	0
Sprain and strain of unspecified site of hip	<5	0
Stage I decubitus ulcer and pressure area	832	115
Stage II decubitus [pressure] ulcer	889	141
Stage III decubitus (pressure) ulcer	186	42
Stage IV decubitus [pressure] ulcer	56	12
Staphylococcal arthritis and polyarthritis, ankle and foot	5	0
Staphylococcal arthritis and polyarthritis, forearm	<5	0
Staphylococcal arthritis and polyarthritis, hand	<5	0
Staphylococcal arthritis and polyarthritis, lower leg Staphylococcal arthritis and polyarthritis, pelvic region and thigh	9 <5	<5
Staphylococcal arthrist and polyarthrists, shoulder region	<5	0
Staphylococcal infection, unspecified site	151	37
Staphylococcal meningitis	<5	0
Staphylococcus aureus as the cause of diseases classified to other chapters	482	97
Status epilepticus, unspecified	52	39
Stem cell transplant candidate	<5	0
Stem cell transplant status	19	<5
Stenosis and insufficiency of lacrimal passages	<5	C
Stenosis of anus and rectum	12	0
Stenosis of aorta	<5	0
Stenosis of larynx	/	0
Stenosis of pulmonary artery Sterilization	<5 144	<5
Stiffness of joint, not elsewhere classified, forearm	<5	0
		0
Stiffness of joint, not elsewhere classified, hand	<5	
Stiffness of joint, not elsewhere classified, hand Stiffness of joint, not elsewhere classified, lower leg	<5	U
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Stiffness of joint, not elsewhere classified, lower leg Stiffness of joint, not elsewhere classified, multiple sites Stiffness of joint, not elsewhere classified, other site Stiffness of joint, not elsewhere classified, shoulder region Stiffness of joint, not elsewhere classified, upper arm Stimulant laxatives causing adverse effect in therapeutic use Strabismus, unspecified	<5 <5 <5 <5 <5 <5 <5 <5	0 0 0 <5 0 0 0
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Stiffness of joint, not elsewhere classified, lower leg Stiffness of joint, not elsewhere classified, multiple sites Stiffness of joint, not elsewhere classified, shoulder region Stiffness of joint, not elsewhere classified, shoulder region Stiffness of joint, not elsewhere classified, upper arm Stiffness of joint, not elsewhere classified, upper arm Stimulant laxatives causing adverse effect in therapeutic use Strabismus, unspecified Straptococcal and enterococcal infection, unspecified site Streptococcal and enterococcal infection, unspecified site Streptococcal pharyngitis Streptococcal sepsis, unspecified Streptococcal sepsis, unspecified Streptococcus Group G, as the cause of diseases classified to other chapters Streptococcus, group A, as the cause of diseases classified to other chapters Streptococcus, group B, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other chapters Streptococcus, group D, as the cause of diseases classified to other c	<5 <5 <5 <5 <5 <63 <5 <63 <5 <6 <15 9 <13 <9 <7 <5 <5	0 0 0 0 0 0 0 0 9 9 5 5 5 5 5 5 5 5 5 5

Stressful work schedule	.5	0
Stricture and atresia of vagina	<5 <5	0
Stricture and stenosis of cervix uteri	<5	<5
Stricture of artery	59	6
Stridor	23	10
Striking against or bumped into by another person in football/rugby	<5	0
Striking against or bumped into by another person in non-sports	<5	0
Striking against or bumped into by another person in other sports/recreation	<5	0
Striking against or bumped into by another person in soccer	<5	0
Striking against or struck by ball	<5	0
Striking against or struck by hockey puck	<5	0 <5
Striking against or struck by other objects in non-sports Striking against or struck by other objects while engaged in other sports/recreation	16 <5	<5
Striking against of struck by other objects while eligaged in other sports/recreation Striking against or struck by other objects while playing hockey	<5	0
Striking against or struck by other objects while skiing/snowboarding	<5	0
Striking against or struck by other objects, unspecified	13	<5
Striking against or struck by other specified sport equipment	<5	0
Stroke, not specified as haemorrhage or infarction	45	5
Struck by thrown, projected or falling object(s)	24	<5
Stupor	<5	0
Stuttering [stammering]	<5	0
Subacute cutaneous lupus erythematosus	<5	0
Subacute osteomyelitis, ankle and foot Subarachnoid haemorrhage from anterior communicating artery	<5 9	0
Subarachnoid naemorrhage from basilar artery Subarachnoid haemorrhage from basilar artery	<5	<5
Subarachnoid haemorrhage from carotid siphon and bifurcation	<5	<5
Subarachnoid haemorrhage from intracranial artery, unspecified	5	<5
Subarachnoid haemorrhage from middle cerebral artery	<5	<5
Subarachnoid haemorrhage from other intracranial arteries	<5	<5
Subarachnoid haemorrhage from posterior communicating artery	8	<5
Subarachnoid haemorrhage from vertebral artery	<5	<5
Subarachnoid haemorrhage, unspecified	34	7
Subcapsular haematoma of spleen (less than 10% of surface area involvement) or capsular laceration o	<5	<5
Subcapsular haematoma of spleen involving > 50% of surface, or intraparenchymal haematoma > 5 cm, ca	9 <5	<5 0
Subcapsular haematoma of spleen involving > 50% of surface, or intraparenchymal haematoma > 5 cm, capsular la Subcapsular haematoma of spleen involving 10% to 50% of surface, or capsular laceration of 1 to 3 cm	8	<5
Subcapsular haematoma of spleen involving 10% to 50% of surface, or capsular laceration of 1 to 3 cm parenchy	<5	0
Subcapsular liver haematoma (less than 10% of surface area involvement) or capsular laceration of le	<5	<5
Subcapsular liver haematoma involving > 50% of surface, or intraparenchymal haematoma > 10 cm, capsu	<5	<5
Subcapsular liver haematoma involving 10% to 50% of surface, or capsular laceration of 1 to 3 cm par	8	<5
Subclinical iodine-deficiency hypothyroidism	9	<5
Subcorneal pustular dermatitis	<5	0
Subdural haemorrhage (acute)(nontraumatic)	84	10
Subjective visual disturbances	10	0
Subluxation of symphysis (pubis) in pregnancy, childbirth and the puerperium, delivered, with or without ment Submucous leiomyoma of uterus	<5 6	0
Subsequent myocardial infarction of anterior wall	<5	<5
Subsequent myocardial infarction of inferior wall	<5	<5
Subsequent myocardial infarction of other sites	<5	0
Subsequent myocardial infarction of unspecified site	16	9
Subserosal leiomyoma of uterus	15	0
Subtrochanteric fracture, closed	57	<5
Subtrochanteric fracture, open	<5	<5
	9	<5
Sudden cardiac death, so described	<5	0
Sudden idiopathic hearing loss		0
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use	<5	
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree	<5 <5	0
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s)	<5 <5 5	0
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s) Superficial injuries involving multiple regions of upper limb(s)	<5 <5 5 <5	0 0 0
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s)	<5 <5 5	0
Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving multiple regions of upper limb(s)	<5 <5 <5 <5 <5	0 0 0 0
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Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving other combinations of body regions Superficial injuries involving thorax with abdomen, lower back and pelvis	<5 <5 <5 <5 6 <5 9 6	0 0 0 0 0 0 0
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Sudden idiopathic hearing loss Sulfonamides causing adverse effect in therapeutic use Sunburn of second degree Superficial injuries involving multiple regions of lower limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving multiple regions of upper limb(s) Superficial injuries involving ther combinations of body regions Superficial injury of abdomen, lower back and pelvis Superficial injury of abdomen, lower back and pelvis Superficial injury of ankle and foot, unspecified Superficial injury of forearm, unspecified Superficial injury of hod, part unspecified Superficial injury of hip and thigh, unspecified	<5 <5 <5 <5 6 <5 9 6 <5 9 6 <5 8 7 21	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Thoracic aortic aneurysm, without mention of rupture 54 6	Thoracic aortic aneurysm, ruptured	<5	0																																																																																																								

Thoracoabdominal aortic aneurysm, ruptured	<5	0
Thoracoabdominal aortic aneurysm, ruptured Thoracoabdominal aortic aneurysm, without mention of rupture	<5	0
Thoracogenic scoliosis, thoracolumbar region	<5	0
Threatened abortion, antepartum condition or complication	<5	0
Thrombocytopenia, unspecified	301	77
Thrombolytic drugs causing adverse effect in therapeutic use	19	10
Thrombophlebitis migrans Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute my	<5 10	0 9
Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute my Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute my	<5	0
Thrombotic microangiopathy	15	7
Thyroid crisis or storm	<5	0
Thyroid hormones and substitutes causing adverse effect in therapeutic use	<5	0
Thyroiditis, unspecified	<5	0
Thyrotoxicosis factitia	<5	<5
Thyrotoxicosis with diffuse goitre Thyrotoxicosis with toxic multinodular goitre	20 9	<5 0
Thyrotoxicosis unspecified	25	<5
Tibial placed fracture of ankle with or without fibular/talar involvement closed	9	0
Tibial plafond fracture of ankle with or without fibular/tarsal involvement open	6	0
Tinea barbae and tinea capitis	<5	0
Tinea corporis	<5	0
Tinea inguinalis [Tinea cruris]	12	<5
Tinea pedis Tinea unguium	12 11	0 <5
Tinnitus	9	<5
Tobacco use	72	12
Toothache NOS	15	0
Topical or gastrointestinal neonatal candidiasis	<5	0
Torsion of appendix epididymis	<5	0
Torsion of ovary and ovarian pedicle	11	0
Torsion of ovary and ovarian pedicle with torsion of fallopian tube Torticollis	<5 5	0
Toxic effect of 2-Propanol	<5	0
Toxic effect of alcohol, unspecified	<5	<5
Toxic effect of carbon monoxide	<5	0
Toxic effect of corrosive alkalis and alkali-like substances	<5	<5
Toxic effect of corrosive substance, unspecified	<5	0
Toxic effect of ethanol	31	10
Toxic effect of gases, fumes and vapours, unspecified	<5 <5	0 <5
Toxic effect of ingested mushrooms Toxic effect of methanol	<5	<5
Toxic effect of noxious substance eaten as food, unspecified	<5	0
Toxic effect of organic solvent, unspecified	<5	0
Toxic effect of other metals	<5	<5
Toxic effect of other organic solvents	<5	<5
Toxic effect of other specified gases, fumes and vapours	<5	0
Toxic effect of other specified substances Toxic effect of unspecified substance	9 12	7 <5
Toxic effect of venom of other arthropods	<5	0
Toxic enced helphalpathy	<5	0
Toxic epidermal necrolysis [Lyell]	<5	0
Toxic erythema	<5	<5
Toxic gastroenteritis and colitis	109	10
Toxic liver disease with acute hepatitis	6	<5
Toxic liver disease with cholestasis Toxic liver disease with hepatic necrosis	<5 12	0 <5
Toxic liver disease with hepaticis, not elsewhere classified	<5	<5
Toxic liver disease with other disorders of liver	<5	<5
Toxic liver disease, unspecified	<5	0
Toxic nephropathy, not elsewhere classified	<5	<5
Toxic shock syndrome	<5	<5
Toxoplasmosis, unspecified	<5	0
Tracheo-esophageal fistula following tracheostomy Tracheostomy status	<5 8	<5 <5
Traction detachment of retina	<5	0
Tramadol causing adverse effect in therapeutic use	<5	<5
Transient alteration of awareness	347	124
Transient cerebral ischaemic attack, unspecified	200	12
Transient global amnesia	<5	0
Transient neonatal thrombocytopenia Transient supplities lower lag	<5 <5	0
Transient synovitis, lower leg Transient tachypnoea of newborn	<5 75	0
Transsexualism	<5	0
Traumatic amputation at level between knee and ankle	<5	<5
Traumatic amputation of ear	<5	<5
Traumatic amputation of one toe	<5	0
Traumatic amputation of other single finger (complete)(partial)	<5	0
Traumatic amputation of thumb (complete)(partial)	<5	0

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Transite strengthy, hend (respin file), held suggestion44Transite strengthy, hend (respin file)3Transite strengthy, held (respin file)3Transite strengthy, hel	Traumatic amputation of two or more fingers alone (complete)(partial)	<5	0
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Traumatic backTraumatic back2Traumatic back2Traumatic back33Traumatic back3	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)	<5	0
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Traumet subcataneous emplyemen22Traumet subcataneous heamorrhage364Traumet subcataneour hasemorrhage364Traumet subcataneour hasemorrhage351Tricagolf atoms of the subcataneous heamorrhage365Tricagolf atoms of the subcataneous heamorrhage365Tricagolf atoms of the subcataneous constraint of the subcataneous heamorrhage365Tricagolf atoms of the subcataneous constraint constraint of the subcataneous constraint constraint of the subcataneous constraint	Traumatic shock	<5	<5
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Type 1 diabetes mellitus without (mention of) complication Type 2 diabetes mellitus with advanced ophthalmic disease	253 13	12 0
Type 2 diabetes mellitus with autonomic neuropathy	72	8
Type 2 diabetes mellitus with background retinopathy	10	<5
Type 2 diabetes mellitus with certain circulatory complications	4595	948
Type 2 diabetes mellitus with coma	6	<5
Type 2 diabetes mellitus with established or advanced kidney disease	1488	290
Type 2 diabetes mellitus with foot ulcer (angiopathic) (neuropathic) with gangrene	144	13
Type 2 diabetes mellitus with foot ulcer (angiopathic)(neuropathic)	339	33
Type 2 diabetes mellitus with hypoglycaemia	222	30
Type 2 diabetes mellitus with incipient diabetic nephropathy	5	<5
Type 2 diabetes mellitus with ketoacidosis Type 2 diabetes mellitus with ketoacidosis Type 2 diabetes mellitus with lester added in the standard diabetes	121	62
Type 2 diabetes mellitus with ketoacidosis with lactic acidosis	6	<5
Type 2 diabetes mellitus with lactic acidosis Type 2 diabetes mellitus with mononeuropathy	14 20	11 6
Type 2 diabetes mellitus with multiple other complications	20	33
Type 2 diabetes mellitus with multiple other complications Type 2 diabetes mellitus with musculoskeletal and connective tissue complication	16	<5
Type 2 diabetes mellitus with other retinopathy	9	<5
Type 2 diabetes mellitus with other specified complication, not elsewhere classified	894	166
Type 2 diabetes mellitus with other specified kidney complication not elsewhere classified	1463	352
Type 2 diabetes mellitus with other specified ophthalmic complication not elsewhere classified	<5	0
Type 2 diabetes mellitus with periodontal complication	<5	<5
Type 2 diabetes mellitus with peripheral angiopathy	257	19
Type 2 diabetes mellitus with peripheral angiopathy with gangrene	29	<5
Type 2 diabetes mellitus with polyneuropathy	117	12
Type 2 diabetes mellitus with poor control, so described	702	132
Type 2 diabetes mellitus with preproliferative retinopathy	<5	<5
Type 2 diabetes mellitus with proliferative retinopathy	<5	0
Type 2 diabetes mellitus with skin and subcutaneous tissue complication	11	<5
Type 2 diabetes mellitus without (mention of) complications	3568	228
Typhoid fever	<5	0
Typical atrial flutter	12	5
Ulcer of anus and rectum Ulcer of intestine	14 16	<5 <5
Ulcer of lower limb, not elsewhere classified	188	19
Ulcer of oesophagus, acute with haemorrhage	9	0
Ulcer of oesophagus, acute with hachornage	5	<5
Ulcer of oesophagus, chronic or unspecified with haemorrhage	18	<5
Ulcer of oesophagus, chronic or unspecified with perforation	<5	0
Ulcer of oesophagus, chronic without haemorrhage or perforation	<5	0
Ulcer of oesophagus, unspecified as acute or chronic, without haemorrhage or perforation	24	<5
Ulcer of penis	<5	0
Ulceration of vulva in infectious and parasitic diseases classified elsewhere	5	0
Ulcerative (chronic) pancolitis	33	<5
Ulcerative (chronic) proctitis	6	<5
Ulcerative (chronic) rectosigmoiditis	7	0
Ulcerative colitis, unspecified	73	8
Umbilical hernia with gangrene	<5	<5
Umbilical hernia with obstruction, without gangrene	65	7
Umbilical hernia without obstruction or gangrene	140	13 0
Unavailability and inaccessibility of health-care facilities	12	0
Unavailability and inaccessibility of other helping agencies Underfeeding of newborn	12	0
Undescended testicle, bilateral	<5	0
Undescended testicle, unilateral	9	0
Undifferentiated schizophrenia	<5	0
Unemployment, unspecified	41	0
Unequal limb length (acquired)	<5	0
Unhappiness	<5	<5
Unicornate uterus	<5	0
Unifocal Langerhans-cell histiocytosis	<5	0
Unilateral or unspecified femoral hernia, with gangrene	<5	<5
Unilateral or unspecified femoral hernia, with obstruction, without gangrene	18	<5
Unilateral or unspecified inguinal hernia, with gangrene	<5	<5
Unilateral or unspecified inguinal hernia, with obstruction, without gangrene	63	5
Unilateral or unspecified inguinal hernia, without obstruction or gangrene	114	5
Unintentional cut, puncture, perforation or haemorrhage during aspiration, puncture and other cathet	11	<5
Unintentional cut, puncture, perforation or haemorrhage during aspiration, puncture and other catheterization	14	<5
Unintentional cut, puncture, perforation or haemorrhage during endoscopic examination Unintentional cut, puncture, perforation or haemorrhage during heart catheterization	12	<5 <5
Unintentional cut, puncture, perforation or haemorrhage during neart catheterization Unintentional cut, puncture, perforation or haemorrhage during infusion or transfusion	<5	<5
Unintentional cut, puncture, perforation or haemorrhage during kidney dialysis or other perfusion	<5	<5
Unintentional cut, puncture, perforation or haemorrhage during stoney dialysis of other perfosion	19	10
Unintentional cut, puncture, perforation or haemorrhage during surgical operation	448	92
Unintentional cut, puncture, perforation or haemorrhage during balgeau operation	<5	0
Unspecified abdominal hernia with obstruction, without gangrene	<5	<5
Unspecified abdominal hernia without obstruction or gangrene	9	0
Unspecified acute lower respiratory infection	37	0

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Unspecified fracture of neck of femur, closed2781Unspecified fracture of upper end of radius, open<5			-
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Unspecified lesion of cervical spinal cord <5	Unspecified jaundice	43	7
Unspecified lesion of lumbar spinal cord 5 <			11
Unspecified lesion of thoracic spinal cord <5			0
Unspecified lump in breast 13			<5
			<5
	Unspecified malaria	<5	<5

Unspecified maternal hypertension, antepartum condition or complication		
	<5	0
Unspecified maternal hypertension, delivered, with or without mention of antepartum condition Unspecified mental disorder due to brain damage and dysfunction and to physical disease	16	0
Unspecified mental retardation without mention of impairment of behaviour	30 6	<5
	5	0
Unspecified mental retardation, other impairments of behaviour	<5	<5
Unspecified misadventure during surgical and medical care Unspecified mood [affective] disorder	58	<5
	<5	0
Unspecified motor and non-motored transport sports and recreational activity Unspecified multiple injuries	<5	0
		<5
Unspecified mycosis		
Unspecified nephritic syndrome, diffuse membranous glomerulonephritis	<5	<5
Unspecified nephritic syndrome, diffuse mesangiocapillary glomerulonephritis	<5	0
Unspecified nephritic syndrome, focal and segmental glomerular lesions	<5	C
Unspecified nephritic syndrome, other	<5	0
Unspecified nephritic syndrome, unspecified	7	<5
Unspecified nonorganic psychosis	292	<5
Unspecified occupant of other all-terrain or other off road motor vehicle injured in nontraffic acci	5	<5
Unspecified occupant of other all-terrain or other off road motor vehicle injured in nontraffic accident	9	(
Unspecified occupant of special industrial vehicle injured in nontraffic accident	<5	(
Unspecified osteoporosis with pathological fracture, lower leg	<5	0
Unspecified osteoporosis with pathological fracture, multiple sites	<5	(
Unspecified osteoporosis with pathological fracture, other site	50	<
Unspecified osteoporosis with pathological fracture, pelvic region and thigh	7	(
Unspecified osteoporosis with pathological fracture, upper arm	<5	C
Unspecified parametritis and pelvic cellulitis	<5	(
Unspecified place of occurrence	1129	112
Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium, delivered, with	7	(
Unspecified protein-energy malnutrition	173	34
Unspecified protozoal disease	<5	C
Unspecified renal colic	27	<5
Unspecified severe protein-energy malnutrition	8	<5
Unspecified snow and ice sports and recreational activity	<5	C
Unspecified spina bifida with hydrocephalus	6	<5
Unspecified staphylococcus as the cause of diseases classified to other chapters	27	8
Unspecified streptococcus as the cause of diseases classified to other chapters	15	<5
Unspecified superficial injury of wrist and hand	<5	
Unspecified threat to breathing	<5	0
Unspecified trochanteric fracture, closed	65	<5
	<5	0
Unspecified trochanteric fracture, open		
Unspecified urinary incontinence	160 9	12
Unspecified viral encephalitis		
Unspecified viral hepatitis without hepatic coma	<5	0
Unspecified viral infection characterized by skin and mucous membrane lesions	5	0
Unspecified visual impairment (binocular)	9	C
Unstable angina	640	76
Unstable hip	<5	C
Unsteadiness on feet	55	e
Upper abdominal pain, unspecified	29	<5
Urethral abscess	<5	<5
Urethral discharge	<5	C
Urethral disorder, unspecified	<5	C
Urethral diverticulum	<5	C
Urethral fistula	19	<5
Urethral stricture, unspecified	63	٤
Urethritis in diseases classified elsewhere	<5	(
Urgency of micturition	14	<5
Urinary calculus, unspecified	6	<5
Urinary catheterization as the cause of abnormal reaction or later complication, without mention of	55	5
Urinary catheterization as the cause of abnormal reaction or later complication, without mention of misadvent	63	10
Urinary tract infection, site not specified	3863	394
Urogenital trichomoniasis	<5	(
Urticaria, unspecified	9	<5
Uterovaginal prolapse, unspecified	38	(
	<5	<5
Vaccine or biological substance, unspecified, causing adverse effect in therapeutic use	70	(
	-	0
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi	7	
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele	7	
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere	44	
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere Valgus deformity, not elsewhere classified	44 9	(
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere Valgus deformity, not elsewhere classified Valproic acid causing adverse effect in therapeutic use	44 9 <5	(
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Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere Valgus deformity, not elsewhere classified Valproic acid causing adverse effect in therapeutic use Vaping-related disorder Varicella encephalitis Varicella with other complications Varicella without complication Varicose veins of lower extremities with both ulcer and inflammation Varicose veins of lower extremities with inflammation	44 9 <5 <5 <5 <5 <5 39 43	0 <5 0 0 0 0 <5 <5
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere Valgus deformity, not elsewhere classified Valproic acid causing adverse effect in therapeutic use Vaping-related disorder Varicella encephalitis Varicella with other complications Varicella without complication Varicose veins of lower extremities with both ulcer and inflammation Varicose veins of lower extremities with inflammation Varicose veins of lower extremities with ulcer	44 9 <5 <5 <5 <5 39 43 31	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Vaginal delivery following previous caesarean section, delivered, with or without mention of antepartum condi Vaginal enterocele Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere Valgus deformity, not elsewhere classified Valproic acid causing adverse effect in therapeutic use Vaping-related disorder Varicella encephalitis Varicella with other complications Varicella without complication Varicose veins of lower extremities with both ulcer and inflammation Varicose veins of lower extremities with inflammation	44 9 <5 <5 <5 <5 <5 39 43	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Varicose veins of other specified sites	6	0
Varus deformity, not elsewhere classified Vascular complications following a procedure, not elsewhere classified	8	0 55
Vascular complications following infusion, transfusion and therapeutic injection	16	<5
Vascular dementia, unspecified	223	11
Vascular disorder of intestine, unspecified	106	33
Vascular myelopathies Vascular parkinsonism	6 <5	<5
Vasculitis limited to skin, unspecified	8	0
Vasomotor rhinitis	<5	0
Venous complication in pregnancy, unspecified, antepartum condition or complication	<5	0
Venous complication in pregnancy, unspecified, delivered, with or without mention of antepartum condition Venous insufficiency (chronic)(peripheral)	<5	0 <5
Ventricular fibrillation	93	65
Ventricular flutter	<5	<5
Ventricular premature depolarization	36	7
Ventricular septal defect Ventricular septal defect as current complication following acute myocardial infarction	12 <5	<5
Ventricular tachycardia	420	196
Verbosity and circumstantial detail obscuring reason for contact	<5	<5
Vertebro-basilar artery syndrome	<5	0
Vertigo of central origin Very low level of personal hygiene	<5	0
Vesical fistula, not elsewhere classified	8	0
Vesicointestinal fistula	64	9
Vesicoureteral-reflux-associated uropathy Vesicovaginal fistula	<5	0
Vestibular neuronitis	8	0
Vibrio vulnificus as the cause of diseases classified to other chapters	<5	0
Victim of crime and terrorism	<5	0
Villonodular synovitis (pigmented), ankle and foot	<5	0
Villonodular synovitis (pigmented), lower leg Viral carditis	<5	<5
Viral conjunctivitis, unspecified	<5	0
Viral hepatitis complicating pregnancy, childbirth and the puerperium, antepartum condition or complication	<5	0
Viral hepatitis complicating pregnancy, childbirth and the puerperium, delivered, with or without mention of	10	0
Viral hepatitis complicating pregnancy, childbirth and the puerperium, postpartum condition or complication Viral infection, unspecified	36	<5
Viral intestinal infection, unspecified	32	<5
Viral meningitis, unspecified	7	0
Viral pneumonia, unspecified	8	<5 <5
Viral vaccines causing adverse effect in therapeutic use Viral warts	8	0
Visible peristalsis	<5	0
Visual disturbance, unspecified	10	0
Visual field defects Visual hallucinations	79	5
Vitamin B deficiency, unspecified	<5	0
Vitamin B12 deficiency anaemia due to intrinsic factor deficiency	5	0
Vitamin B12 deficiency anaemia, unspecified	20	<5
Vitamin D deficiency, unspecified	68	6 <5
Vitreous haemorrhage Volvulus	36	7
Vomiting alone	124	14
Vomiting associated with other psychological disturbances	<5	0
Vomiting following gastrointestinal surgery Vomiting in newborn	5	0
Von Willebrand's disease	13	<5
Voyeurism	<5	0
Vulvar cyst	<5	0
Waldenström macroglobulinaemia Walking	12 <5	0
Water-transport-related drowning and submersion without accident to watercraft, unspecified watercraft	<5	0
Web of larynx	<5	0
Webbed toes	<5	0
Wegener granulomatosis Wernicke's encephalopathy	13	<5
Weezing	13	<5
While working for an income	<5	0
Whooping cough due to Bordetella pertussis	<5	0
Withdrawal symptoms from therapeutic use of drugs in newborn Writh or foot drop (acquired)	<5	0
Wrist or foot drop (acquired) Xerosis cutis	38	6
Xray contrast media causing adverse effect in therapeutic use	51	18
Zoster encephalitis	5	<5
	<5	<5
Zoster meningitis Zoster ocular disease	9	<5

Zoster with other nervous system involvement	20	<5
Zoster without complication	55	5

TAB 9

2021	YAR 510031
This is Exhibit 9 referred to in th sworn before me on November	
Notary Public sig	gnature and seal

Freedom of Information Document Number 2022-00110-HEA:

On January 21, 2022, I applied for the following FOIPOP information from the Department of Health and Wellness:

https://novascotia.ca/news/release/?id=20211029007

In this op-ed (link above) on October 29, 2021, by Dr. Robert Strang, Nova Scotia's Chief Medical Officer of Health, and Dr. Shelley Deeks, Deputy Chief Medical Officer of Health

They state:

Receiving the COVID-19 vaccine is one of the single most important steps you can take to protect yourself and others from this virus.

The science is clear: the benefits far outweigh any risk associated with COVID-19 vaccines.

1.) I would like to request all records, the evidence, the proof that what Dr. Robert Strang and Dr. Shelley Deeks is saying is true:

"That the COVID-19 vaccine is one of the single most important steps you can take to protect yourself and others from this virus." (What proof do they have that the vaccine is protecting people and others?)

2. I would like to receive a copy of "the science" that they reference in this statement as being clear - that shows that "the benefits (of the vaccines) far outweigh any risk associated with COVID-19 vaccines.

Please provide the risk-benefit analysis that they are referring too.

Date range for record search: September 30, 2021 to October 31, 2021.

Exhibit 9 is a true copy of what I received back: 2022-00110-HEA

click here to download 2022-00110-HEA

February 22, 2022

Shelly D Hipson RR3 Shelburne, B0T 1W0

Sent via Email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: We cannot grant your request - 2022-00110-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on January 21, 2022.

In your application, you requested a copy of the following records:

https://novascotia.ca/news/release/?id=20211029007

In this op-ed (link above) on October 29, 2021, by Dr. Robert Strang, Nova Scotia's Chief Medical Officer of Health, and Dr. Shelley Deeks, Deputy Chief Medical Officer of Health

They state:

Receiving the COVID-19 vaccine is one of the single most important steps you can take to protect yourself and others from this virus. The science is clear: the benefits far outweigh any risk associated with COVID-19 vaccines.

1.) I would like to request all records, the evidence, the proof that what Dr. Robert Strang and Dr. Shelley Deeks is saying is true: "That the COVID-19 vaccine is one of the single most important steps you can take to protect yourself and others from this virus." (What proof do they have that the vaccine is protecting people and others?)

2. I would like to receive a copy of "the science" that they reference in this statement as being clear - that shows that "the benefits (of the vaccines) far outweigh any risk associated with COVID-19 vaccines. Please provide the risk-benefit analysis that they are referring too. (Date Range for Record Search: From 09/30/2021 To 10/31/2021) We are refusing access to the records for the following reason pursuant to subsection 4(2) of the Act:

- The Act does not apply to the following kinds of information in the custody or control of a public body:
 - published information, material available for purchase and material that is a matter of public record.

Nova Scotia's Covid -19 response actions have been based on national and international guidance from the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO). As the leading agencies for pandemic response nationally and internationally, both PHAC and WHO are continuously reviewing the evolving scientific evidence regarding COVID-19 and the effectiveness of various measures. These reviews are used to form their guidance, position statements, and other documents all of which are in the public domain.

The Government of Canada's resources, including COVID-19 guidance documents, are available at <u>https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html</u>

The WHO's resources, including COVID-19 technical guidance, are available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019

The Department of Health and Wellness Public Health Branch continues to be in ongoing contact with PHAC and WHO as evidence has evolved throughout the pandemic. This includes as a participant in federal/provincial/territorial conversations, including committees and networks. This has enabled recommendations on public health measures to be informed by the most up to date evidence.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Craig Beaton Associate Deputy Minister

TAB 10

2021	YAR 510031
This is Exhibit 10 referred to in t sworn before me on November	
Notary Public si	gnature and seal

EXHIBIT 10

Freedom of Information Document Number 2022-00626-HEA:

On April 21, 2022 I applied for the following FOIPOP information from the Department of Health and Wellness:

Amended May 2, 2022:

- A breakdown of the following by month:
- 1. COVID-19 Cases broken down by month
- a) unvaccinated after having received 0 doses of any COVID-19 vaccine
- b) unvaccinated <14 days post first dose of any COVID-19 vaccine
- c) partially vaccinated
- d) fully vaccinated
- (Date range January 2022- April 2022) A breakdown of the following by month
- 2. Vaccination Status of COVID-19 Deaths
- a) unvaccinated after having received 0 doses of any COVID-19 vaccine
- b) unvaccinated <14 days post first dose of any COVID-19 vaccine
- c) partially vaccinated d) fully vaccinated
- (Date range August 2021- April 2022)
- 3. All COVID-19 hospital visits, hospitalizations and ICU Hospitalizations broken down by month:
- a) unvaccinated after having received 0 doses of any COVID-19 vaccine
- b) unvaccinated <14 days post first dose of any COVID-19 vaccine
- c) partially vaccinated d) fully vaccinated
- (Date range August 2021- April 2022)
- 5. A continuation of Table 2, 3 and 4:
- a). Number of COVID-19 doses administered, by dose number and month

(Date range January 2022- April 2022)

b). Number of Adverse Events Following COVID-19 Immunization (Non-Serious, Serious and Total), by month

(Date range August 2021- April 2022)

c). Number of Adverse Events Following COVID-19 Immunization, by reaction type and month

(Date range August 2021- April 2022)

6. Cumulative Data on the number of people who have experienced Serious Adverse Events who have

a) died

- b) have a permanent disability
- c) incapacity

d) required hospitalization or prolongation of existing hospitalization

(Total cumulative value as of April 19, 2022) Date range for record search: August 1, 2021/January 1, 2022 to April 30, 2022.

Exhibit 10 is a true copy of what I received back: **2022-00626-HEA.** <u>click here to download</u> <u>2022-00626-HEA</u>

June 3, 2022

Shelly D Hipson RR3 Shelburne, B0T 1W0

Sent via email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: You are entitled to the information you requested - 2022-00626-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on April 21, 2022.

In your application, you requested a copy of the following records:

Amended May 2, 2022: A breakdown of the following by month: 1. COVID-19 Cases broken down by month a) unvaccinated - after having received 0 doses of any COVID-19 vaccine b) unvaccinated - <14 days post first dose of any COVID-19 vaccine c) partially vaccinated d) fully vaccinated (Date range January 2022- April 2022)

A breakdown of the following by month: 2. Vaccination Status of COVID-19 Deaths a) unvaccinated - after having received 0 doses of any COVID-19 vaccine b) unvaccinated - <14 days post first dose of any COVID-19 vaccine c) partially vaccinated d) fully vaccinated (Date range August 2021- April 2022)

3. All COVID-19 hospital visits, hospitalizations and ICU Hospitalizations broken down by month:

a) unvaccinated - after having received 0 doses of any COVID-19 vaccine
b) unvaccinated - <14 days post first dose of any COVID-19 vaccine
c) partially vaccinated
d) fully vaccinated
(Date range August 2021- April 2022)

5. A continuation of Table 2, 3 and 4: a). Number of COVID-19 doses administered, by dose number and month (Date range January 2022- April 2022) *b).* Number of Adverse Events Following COVID-19 Immunization (Non-Serious, Serious and Total), by month (Date range August 2021- April 2022)

c). Number of Adverse Events Following COVID-19 Immunization, by reaction type and month (Date range August 2021- April 2022)

6. Cumulative Data on the number of people who have experienced Serious Adverse Events who have
a) died
b) have a permanent disability
c) incapacity
d) required hospitalization or prolongation of existing hospitalization
(Total cumulative value as of April 19, 2022)
(Date Range for Record Search: From 12/31/2020 To 4/19/2022)

Responsive records have been located and are attached.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Kattle Drok

Kathleen Trott Associate Deputy Minister

Attachment

FOIPOP Request 2022-00626-HEA

Data Notes:

- Data source is Panorama and includes data for August 01, 2021 to April 30, 2022 (cumulative serious
 outcomes are, per the request, drawn from data going back to December 16, 2020.
 - Note that PCR testing criteria changed substantially during the reporting period (being primarily available to those age 50+)
 - Data entry of cases during the recent Omicron wave (corresponding roughly from 08DEC2021 to present) is incomplete.
 - Per the request, the unvaccinated category (defined below) has been split into those that have never received a dose of a COVID-19 vaccine, and those that are within 14 days of having received their first dose (i.e., considered to be not effectively immunized against SARS-CoV-2).
- Cases captured in this dataset are those that meet the Public Health Agency of Canada case definition (<u>https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#dec</u>):

Confirmed case

A person with confirmation of infection with SARS-CoV-2 documented by:

- The detection of at least 1 specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g., real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)
 or
- The detection of at least 1 specific gene target by a validated point-of-care (POC) NAAT that has been deemed acceptable to provide a final result (i.e., does not require confirmatory testing)
 or
- Seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2
- Vaccine status definitions:

Unvaccinated	 Individuals meeting the national confirmed case definition of COVID-19 and having illness onset: <14 days post first dose of any COVID-19 vaccine After having received 0 doses of any COVID-19 vaccine
Partially vaccinated	Individuals meeting the national confirmed case definition of COVID-19 and have illness onset: • =>14 days post first dose of any COVID-19 vaccine or • <14 days post second dose of any COVID-19 vaccine
Fully vaccinated	Individuals meeting the national confirmed case definition of COVID-19 and have illness onset: • >=14 days post second dose of any COVID-19 vaccine

Page 1

163

164

Page 2

Request:

Amended May 2, 2022:

A breakdown of the following by month:

1. COVID-19 Cases broken down by month

a) unvaccinated - after having received 0 doses of any COVID-19 vaccine

b) unvaccinated - <14 days post first dose of any COVID-19 vaccine

c) partially vaccinated

d) fully vaccinated

(Date range January 2022- April 2022)

A breakdown of the following by month:

2. Vaccination Status of COVID-19 Deaths

a) unvaccinated - after having received 0 doses of any COVID-19 vaccine

b) unvaccinated - <14 days post first dose of any COVID-19 vaccine

c) partially vaccinated

d) fully vaccinated

(Date range August 2021- April 2022)

3. All COVID-19 hospital visits, hospitalizations and ICU Hospitalizations broken down by month:

a) unvaccinated - after having received 0 doses of any COVID-19 vaccine

b) unvaccinated - <14 days post first dose of any COVID-19 vaccine

c) partially vaccinated

d) fully vaccinated

(Date range August 2021- April 2022)

5. A continuation of Table 2, 3 and 4: a). Number of COVID-19 doses administered, by dose number and month (Date range January 2022- April 2022) *b).* Number of Adverse Events Following COVID-19 Immunization (Non-Serious, Serious and Total), by month

(Date range August 2021- April 2022)

c). Number of Adverse Events Following COVID-19 Immunization, by reaction type and month (Date range August 2021- April 2022)

6. Cumulative Data on the number of people who have experienced Serious Adverse Events who have

a) died

b) have a permanent disability

c) incapacity

- d) required hospitalization or prolongation of existing hospitalization
- (Total cumulative value as of April 30, 2022)

165

Month of Reporting	Unvaccinated	One Dose (< 14 Days)	One Dose (14+ Days)	Two or More Doses
JAN2022	341	43	149	2640
FEB2022	281	18	154	1475
MAR2022	244	3	106	1363
APR2022	338	1	110	1231

Table 1. COVID-19 cases by immunization status (01JAN2022 to 30APR2022)

Table 2. COVID-19 hospitalizations by immunization status (01AUG2021 to 30APR2022)

Month of Reporting	Unvaccinated	One Dose (< 14 Days)	One Dose (14+ Days)	Two or More Doses
AUG2021	1	0	0	0
SEP2021	16	2	10	5
OCT2021	3	1	6	8
NOV2021	13	1	7	9
DEC2021	5	0	2	34
JAN2022	32	5	10	110
FEB2022	36	1	5	58
MAR2022	23	0	2	16
APR2022	30	0	4	28

Month of Reporting	Unvaccinated	One Dose (< 14 Days)	One Dose (14+ Days)	Two or More Doses
AUG2021	0	0	0	0
SEP2021	2	0	2	2
OCT2021	2	1	1	0
NOV2021	3	1	4	5
DEC2021	2	0	1	5
JAN2022	6	4	1	21
FEB2022	9	0	2	12
MAR2022	7	0	1	2
APR2022	6	0	1	9

Table 3. COVID-19 ICU admissions by immunization status (01AUG2021 to 30APR2022)

Table 4. COVID-19 deaths by immunization status (01AUG2021 to 30APR2022)

Month of Reporting	Unvaccinated	One Dose (< 14 Days)	One Dose (14+ Days)	Two or More Doses
AUG2021	0	0	0	0
SEP2021	2	0	0	3
OCT2021	2	0	0	1
NOV2021	2	0	1	7
DEC2021	1	0	1	7
JAN2022	15	0	1	51
FEB2022	17	2	4	21
MAR2022	9	0	2	18
APR2022	17	0	1	12

Month of Reporting	1st Doses	2nd Doses	3rd Doses
JAN2022	13879	8156	302242
FEB2022	4947	25271	64540
MAR2022	1066	6110	10436
APR2022	888	2909	28035

Table 5. New COVID-19 immunizations (01JAN2022 to 30APR2022)

 Table 6. New adverse events following COVID-19 immunization by severity (01AUG2021 to 30APR2022)

Month of Reporting	Non-Serious	Serious	Total
AUG2021	57	5	62
SEP2021	23	6	29
OCT2021	39	8	47
NOV2021	28	11	39
DEC2021	26	5	31
JAN2022	27	3	30
FEB2022	24	27	51
MAR2022	36	8	44
APR2022	65	14	79

Month of Reporting	Allergic Reaction	Local Reaction	Neurologic	Other	Missing Incomplete Data
AUG2021	22	7	12	21	0
SEP2021	5	6	8	10	0
OCT2021	13	1	10	22	1
NOV2021	7	2	3	24	3
DEC2021	7	4	8	12	0
JAN2022	13	2	3	12	0
FEB2022	8	3	7	33	0
MAR2022	16	2	6	20	0
APR2022	27	12	1	39	0

Table 7. New adverse events following COVID-19 immunization by type (01AUG2021 to 30APR2022)

Table 8. Cumulative outcomes among Nova Scotians reporting serious adverse events following COVID-19 immunization (16DEC2020 to 30APR2022)

Recovered	Not Yet Recovered	Permanent Disability Incapacity	Death	Unknown
17	87	7	11	8

Note: Prolongation of an existing hospitalization is captured separately from the above outcomes; however, to the requested end-point, this event has been documented twice in the province's data.

* Vaccination status for the above tables is determined at time of case detection, not time of hospitalization or death.

TAB 11

170

2021	YAR 510031
This is Exhibit 11 referred to in t sworn before me on November	
Notary Public si	gnature and seal

Freedom of Information Document Number 2022-01349-HEA:

On August 29, 2022 I applied for the following FOIPOP information from the Department of Health and Wellness:

Copies of all records such as correspondence (emails, and letters) reports and documents sent to/given to/ reported to/received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long term care and nursing home administration - on the topic of COVID-19 vaccine adverse events/side-effects and deaths that have occurred since it was rolled out in our province.

This would include correspondence and reports on adverse events and deaths that are temporally associated with the vaccine that have not been clearly attributed to other causes that Dr. Robert Strang has had in his possession.

Date range for record search: December 7, 2020 to June 30, 2021 - First six months of the vaccine rollout.

Exhibit 11 is a true copy of what I received back: **2022-01349-HEA.** <u>click here to download</u> <u>2022-01349-HEA</u>

December 21, 2022

Sent via email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: You are entitled to part of the information you requested - 2022-01349-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on August 29, 2022.

In your application, you requested a copy of the following records:

Amended September 21, 2022: Copies of all records such as correspondence (emails, and letters) reports and documents sent to/given to/ reported to/received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long term care and nursing home administration - on the topic of COVID-19 vaccine adverse events/side-effects and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporally associated with vaccine that have not been clearly attributed to other causes that Dr. Robert Strang has had in his possession. (Date Range for Record Search: amended to Dec 7, 2020-June 7, 2021)

You are entitled to part of the records requested. However, we have removed some of the information from this record according to subsection 5(2) of the Act. The severed information is exempt from disclosure under the Act for the following reasons:

- Section 14: advice by or for a public body or minister.
 14(1): The head of a public body may refuse to disclose to an applicant information that would reveal advice, recommendations or draft regulations developed by or for a public body or a minister.
- Section 20: unreasonable invasion of personal privacy.
 20(1): The head of a public body shall refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

The remainder of the records are enclosed.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Kattle Drok

Kathleen Trott Associate Deputy Minister

Attachment

Page 1

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
То:	<u>Dean, Kelly E</u>
Subject:	Fw: For reference: Communication products on AEFIs and infection post-immunization
Date:	October 4, 2022 8:01:06 AM
Attachments:	PHAC ML Testing positive after vaccination Jan21 FINAL EN.docx PHAC KM Bells Palsy AEFI 2021-01-21 2054 FINAL BIL.docx PHAC MLQA Vaccine Safety AEFI 2021 01 07 FINAL FR.docx PHAC MLQA Vaccine Safety AEFI 2021 01 07 FINAL EN.docx

From: Strang, Robert

Sent: Sunday, January 24, 2021 4:30 PM

To: Walsh, Tara A < Tara.Walsh@novascotia.ca>

Cc: Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca>; Cole, Teri J <Teri.Cole@novascotia.ca>; Watson-Creed, Gaynor <Gaynor.Watson-Creed@novascotia.ca>

Subject: FW: For reference: Communication products on AEFIs and infection post-immunization National media lines on some vaccine issues for you.

Rob

From: Auger, Julie (PHAC/ASPC) <julie.auger@canada.ca> On Behalf Of CCMOH SECRETARIAT / CMHC (PHAC/ASPC)

Sent: January 24, 2021 2:27 PM

To: Romano, Anna (PHAC/ASPC) <anna.romano@canada.ca>; Avis Gray <avis.gray@gov.mb.ca>; Brent Roussin

strent.roussin@gov.mb.ca>; Catherine Elliott <catherine.elliott@gov.yk.ca>; Simms, Colleen (Ext.) <colleensimms@gov.nl.ca>; Colleen Stockley <ColleenStockley@gov.nl.ca>; Dr. Barb Yaffe <barbara.yaffe@ontario.ca>; Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>; Hanley, Brendan (Ext.)
brendan.hanley@gov.yk.ca>; Emerson, Brian (Ext.) <brian.emerson@gov.bc.ca>; Muecke, Cristin (Ext.) <dr.cristin.muecke@gnb.ca>; Dr. David Williams <dr.david.williams@ontario.ca>; Dr. Deena Hinshaw <deena.hinshaw@gov.ab.ca>; Dr. Denise Werker <denise.werker1@health.gov.sk.ca>; Dr. George Giovinazzo <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Dr. James Worthington <dr.james.worthington@csc-scc.gc.ca>; Dr. Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Dr. Michael Patterson mpatterson@gov.nu.ca>; Strang, Robert <Robert.Strang@novascotia.ca>; Shahab, Saqib (Ext.) <saqib.shahab@health.gov.sk.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; Wong, Tom (SAC/ISC) <tom.wong@canada.ca>; Cleary, Eilish (SAC/ISC) <eilish.cleary@canada.ca>; Evan Adams <evan.adams@fnha.ca>; Greg Haley <GREG.Haley@forces.gc.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; Kandola, Kami (Ext.) <kami kandola@gov.nt.ca>; Philip Christoff <philip.christoff@gov.yk.ca>; Reka Gustafson <reka.gustafson@phsa.ca>; SK CMOH Single Window <OCMHO@health.gov.sk.ca>; Suzanne Fedorowich <suzanne.fedorowich@health.gov.sk.ca>; Tami Denomie <tami.denomie@health.gov.sk.ca>; Trish Merrithew <Trish.Merrithew-Mercredi@gov.ab.ca>; Vincent Beswick-Escanlar <VINCENT.BESWICK-ESCANLAR@forces.gc.ca>; YK Surveillance <YCDCsurveillance@gov.yk.ca>; Yves Jalbert <yves.jalbert@msss.gouv.qc.ca> Cc: Ashley Halicki <Ashley.Halicki@gov.bc.ca>; Auger, Julie (PHAC/ASPC) <julie.auger@canada.ca>; Bailey Muir-Cressman < Bailey.Muir-Cressman@gov.yk.ca>; Barton, Kimby (PHAC/ASPC) <kimby.barton@canada.ca>; Bent, Stephen (PHAC/ASPC) <stephen.bent@canada.ca>; Carol Kurbis

Page 2

<Carol.Kurbis@gov.mb.ca>; Carter, Luke (HC/SC) <luke.carter@canada.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) cphac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Charos, Gina (PHAC/ASPC) <gina.charos@canada.ca>; Cindy Kruger <cindy.kruger@csc-scc.gc.ca>; Rogers, Cindy (Ext.) <cindy.rogers@health.gov.sk.ca>; Colleen Dudar <Colleen.Dudar@gov.mb.ca>; Sabapathy, David (Ext.) <dsabapathy@gov.pe.ca>; David, Renee (PHAC/ASPC) <renee.david@canada.ca>; Davies, Stephanie (PHAC/ASPC) <stephanie.davies@canada.ca>; Dawn Osciak <dawn.osciak@gov.mb.ca>; Panchyshyn, Debbie (Ext.) <debbie.panchyshyn@gov.mb.ca>; Denis, Joel (PHAC/ASPC) <joel.denis@canada.ca>; Diane Lu <Diane.Lu@forces.gc.ca>; Donna Milne <Donna.Milne@gov.yk.ca>; Elaine Barrett-Cramer <Elaine.Barrett-Cramer@cic.gc.ca>; Look, Elaine (Ext.) <elaine look@gov.nt.ca>; Elmslie, Kim (PHAC/ASPC) <kim.elmslie@canada.ca>; Arnold, Eric (PHAC/ASPC) <eric.arnold@canada.ca>; Evans, Cindy (PHAC/ASPC) <cindy.evans@canada.ca>; Everitt, Louisa (PHAC/ASPC) <louisa.everitt@canada.ca>; Fournier, Sarah (PHAC/ASPC) <sarah.fournier@canada.ca>; Gillian MacDonald <Gillian.MacDonald2@ontario.ca>; Guenette, Tara-Lynn (PHAC/ASPC) <tara-lynn.guenette@canada.ca>; Hamel, Sonia (PHAC/ASPC) <sonia.hamel@canada.ca>; Heidi Liston <Heidi.Liston@gnb.ca>; Henry, Erin (PHAC/ASPC) <erine.henry@canada.ca>; Hill, Allison (HC/SC) <allison.hill@canada.ca>; Hostrawser, Bonnie (PHAC/ASPC) <bonnie.hostrawser@canada.ca>; HPOC PHM / COPS MSP (PHAC/ASPC) <phac.hpoc.phm-msp.cops.aspc@canada.ca>; Ingraham, Erin (HC/SC) <erin.ingraham@canada.ca>; Sherren, Janice (Ext.) <jesherren@gov.pe.ca>; Jasmine Pawa <jpawa@gov.nu.ca>; Jazz Atwal <Jazz.Atwal@gov.mb.ca>; Jennifer White <jennifer.white2@gov.mb.ca>; Jocelyn LeBlond <Jocelyn.LeBlond@health.gov.sk.ca>; Johnatha Smith <Jonathan.Smith@CSC-SCC.GC.CA>; Follett, Juanita (Ext.) <juanitafollett@gov.nl.ca>; Karen Scherle <Karen.Scherle@health.gov.sk.ca>; Cadorette, Katie (HC/SC) <katie.cadorette@canada.ca>; Dean, Kelly E <Kelly.Dean@novascotia.ca>; King2, Arlene (PHAC/ASPC) <arlene.king2@canada.ca>; Seeds, Laura (Ext.) <laura.seeds@ontario.ca>; Laurel Thompson <Laurel.Thompson@gov.bc.ca>; Hunter, Laurie (PHAC/ASPC) <laurie.hunter@canada.ca>; Lebans, Anne (PHAC/ASPC) <anne.lebans@canada.ca>; Lewis, Darlene (SAC/ISC) <darlene.lewis@canada.ca>; Lior, Lee (PHAC/ASPC) <lee.lior@canada.ca>; Lori Carpenter <lori.carpenter@fnha.ca>; Lori Isaac <Lori.Isaac@gov.bc.ca>; Yeo, Lyn (Ext.) <lyn.yeo@health.gov.sk.ca>; MacDonald2, Tammy (PHAC/ASPC) <tammy.macdonald2@canada.ca>; MacKenzie, Sara (HC/SC) <sara.mackenzie@canada.ca>; Maureen Carew <MAUREEN.CAREW@forces.gc.ca>; Maher, Maurica (Ext.) <maurica.maher@forces.gc.ca>; McCarney, Jane (PHAC/ASPC) < jane.mccarney@canada.ca>; McDonald, Alexa (PHAC/ASPC) <alexa.mcdonald@canada.ca>; McGarr, Holly (PHAC/ASPC) <holly.mcgarr@canada.ca>; McLeod, Robyn (PHAC/ASPC) <robyn.mcleod@canada.ca>; McNeill, Robin (PHAC/ASPC) <robin.mcneill@canada.ca>; Conly, Meghan (HC/SC) <meghan.conly@canada.ca>; Sveinson, Michelle (Ext.) <michelle.sveinson@gov.mb.ca>; Mitra, Debjani (PHAC/ASPC) <debjani.mitra@canada.ca>; NB Secretariat <NB-PT-PHNC-Secretariat@gnb.ca>; Paddle, Lisa (PHAC/ASPC) <lisa.paddle@canada.ca>; Huber, Pamela (PHAC/ASPC) <pamela.huber@canada.ca>; Pamela MacMillan <Pamela.Macmillan@gnb.ca>; Pat Seaman <pat.seaman@gnb.ca>; Penny Higdon <penny.higdon@gnb.ca>; Ponic, Pamela (PHAC/ASPC) <pamela.ponic@canada.ca>; Rachel Comeau <rachel.comeau@gnb.ca>; Rachel Mailhot <Rachel.mailhot@cic.gc.ca>; Almond, Richard (Ext.) <richard.almond@gov.bc.ca>; Richard Baydack <Richard.Baydack@gov.mb.ca>; Robinson, Kerry (PHAC/ASPC) <kerry.robinson@canada.ca>; Romano, Anna (PHAC/ASPC) <anna.romano@canada.ca>; Russo, Laura (HC/SC) <laura.russo@canada.ca>; Rutledge-Taylor, Katie (PHAC/ASPC) <katie.rutledge-taylor@canada.ca>; Salvadori, Marina (PHAC/ASPC)

<marina.salvadori@canada.ca>; Poirier, Samantha (Ext.) <samantha.poirier@gnb.ca>; Siu, Winnie (PHAC/ASPC) <winnie.siu@canada.ca>; Smith, Cheryl (HC/SC) <cheryl.smith@canada.ca>; Taylor, Stephanie (Ext.) <stephanie.taylor@gov.bc.ca>; Sylvie Poirier <Sylvie.Poirier@msss.gouv.qc.ca>; Cidsc Secretariat (PHAC/ASPC) <phac.cidsc.secretariat.aspc@canada.ca>; Taylor, Dorcas (PHAC/ASPC) <dorcas.taylor@canada.ca>; Cole, Teri J <Teri.Cole@novascotia.ca>; Tracey Aylward <TraceyAylward@gov.nl.ca>; Vanessa Blyan <Vanessa.Blyan@gov.ab.ca>

Subject: For reference: Communication products on AEFIs and infection post-immunization ** EXTERNAL EMAIL / COURRIEL EXTERNE **

Exercise caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien

Dear SAC members,

Please find attached for your reference the following media lines/key messages:

- AEFI (EN & FR)
- Bells Palsy (EN)
- Testing positive after immunization (EN, FR to follow)

Additional communication products will be shared as they become available.

In addition, the COVID-19 Vaccination in Canada Report has now been posted based on available data. The web report provides daily updates on the total number of vaccines administered as of 11:00AM, as well as weekly updates on vaccines distributed and vaccination coverage every Friday.

https://health-infobase.canada.ca/covid-19/vaccination-coverage/

https://sante-infobase.canada.ca/covid-19/couverture-vaccinale/

Weekly updates on AEFIs can also be found here:

https://infobase-dev.com/covid/vaccine-safety/index-en.html

https://infobase-dev.com/covid/vaccine-safety/index-fr.html

Regards,

SAC Secretariat

177

Page 4



January 21, 2021

Media Lines

Testing positive for COVID-19 after one dose of the vaccine

Issue Statement: Media have reported on multiple individuals who have tested positive for COVID-19 despite having been vaccinated. Media attention on these scenarios is expected to continue. These media lines explain how such a situation may arise.

Key Messages:

- There are multiple reasons a person may become infected with COVID-19 after being vaccinated. A person may have been previously exposed to the virus or exposed shortly after vaccination, before the body has had time to create an immune response.
- Health Canada authorized the Pfizer-BioNTech and Moderna vaccines as two-dose regimens.
- The immune system usually requires 7-14 days after vaccination to begin to create a response that offers protection against COVID-19. A vaccine is thought to offer maximum protection 14 days after the second dose.
- Clinical trails data indicates that both approved vaccines are 95% effective after two doses; however, they are not 100% effective. This means they may not work for a small percentage of recipients.

On asymptomatic infections before vaccination:

- Symptoms can take up to 14 days to appear after exposure to the virus, and some people never develop symptoms at all (asymptomatic). This means it's possible to be unknowingly infected with COVID-19 before vaccination.
- Those who are infected with the virus at the time they are given the vaccine, or shortly thereafter, are unlikely to be protected by the vaccine, as the immune system usually requires 7-14 days to build a response.
- However, someone who was previously infected by the COVID-19 virus but is no longer infected can be immunized to help protect against possible future disease.

On the time needed to build an immune response after vaccination:

- The immune system usually requires 7-14 days after vaccination to create a response that offers protection against COVID-19. A vaccine is thought to offer maximum protection 14 days after the second dose.
- This means that it's possible to become infected within the first 14 days following vaccination, before the body has a chance to create an effective immune response
- The majority of participants in the Pfizer-BioNTech COVID-19 vaccine clinical trial received the second dose 21 to 27 days apart, and efficacy analyses in the Pfizer-

January 21, 2021



Public Health Agence de la santé publique du Canada

BioNTech clinical trial included participants who received their second dose 19-42 days after their first dose.

• Efficacy analyses in the Moderna clinical trial included participants who received their second dose 22 to 42 days after their first dose.

Questions and Answers

Q1. If the second dose is not administered within Health Canada's authorized dosing regimen, should Canadians still receive that second dose?

If administration of the second dose of a COVID-19 vaccine is delayed, the second dose should still be given as soon as possible. People do not need to restart a vaccine series as a result of delays between doses. That's because those delays do not generally reduce the final immune response in most multi-dose vaccine products.

Q2. Can a vaccinated person get COVID-19?

The currently authorized COVID-19 vaccines have demonstrated safety and high efficacy (approx. 95%), in the short term, against symptomatic laboratory-confirmed COVID-19 disease from one to two weeks after receiving the full two-dose series. However, as the vaccines are not 100% effective, they may not work for a small percentage of recipients.

Q3. Can vaccinated people spread the virus to others?

There is limited evidence on whether someone who received the vaccine is still able to spread the virus. Everyone must continue following public health measures, regardless of vaccination with COVID-19 vaccines, to protect themselves, their loved ones, as well as people and communities at risk of more severe disease or outcomes from COVID-19. To do this, you need to continue to:

- Follow the guidance of your local public health authority
- <u>Stay home and isolate if you have any symptoms of COVID-19, even if mild</u>
- Limit close contacts to only those in your immediate household
- Maintain a physical distance from people outside of your immediate household
- <u>Avoid the 3C's as much as possible</u>: closed spaces, crowded places, and close interactions (e.g., close-range conversations). Risk is higher in settings where these factors overlap or involve activities such as singing, shouting or heavy breathing (e.g., during exercise).
- Practice regular <u>hand hygiene</u>, respiratory etiquette and avoid touching your eyes, nose and mouth
- <u>Clean and disinfect</u> your personal surfaces and objects
- Limit your outings to only essential activities, especially <u>if you are at risk of more severe</u> <u>disease or outcomes from COVID-19</u>
- Wear a non-medical mask, in situations and settings where they are recommended
- Reduce personal non-essential travel

Q4. Is it true that you can get COVID-19 from the vaccine?

January 21, 2021

180

Public Health Agence de la santé Agency of Canada publique du Canada

No, you can't get COVID-19 from the vaccine. Many vaccines are being studied to see if they will prevent COVID-19, and Health Canada is expediting reviews of all COVID-19 vaccine submissions.

Some of the vaccine candidates (including AstraZeneca and Janssen) that are most advanced in development are viral vector-based vaccines. These types of vaccines use a harmless virus (in this case, the adenovirus that can cause the common cold) as a delivery system. The vector virus used is not the virus that causes COVID-19.

Once injected into the body, the virus contained within the vaccine produces the SARS-CoV-2 spike protein. It does its job and then goes away. Through this process, the body is able to mount a strong immune response against the spike protein without exposing you to the virus that causes COVID-19.

The two vaccines currently authorized in Canada are messenger RNA vaccines (called mRNA vaccines). mRNA vaccines are a new type of vaccine that don't contain viruses or bacteria. Instead, they contain instructions that teach our cells how to make antigen proteins that will trigger an immune response. Once triggered, our body then makes antibodies and other immune responses. These immune responses help us fight the infection to prevent us from getting sick. You can't get infected from mRNA vaccines.

Q5. Could the antibodies from the COVID-19 vaccine result in a false positive test result?

Two kinds of tests are currently available for COVID-19:

- A test for <u>active infection</u> (diagnostic) that tells you if you have a current COVID-19 infection. This is done using a swab from your nose or throat, or a saliva sample. These tests are expected to continue to perform accurately in vaccinated individuals.
- An antibody (serology) test tells you if you, at some point, were exposed to the virus and <u>had a COVID-19 infection</u>. These tests can also identify if a person was vaccinated. They are not used to diagnose a current COVID-19 viral infection. This test is done using a sample of your blood.

For more information on testing, visit Canada.ca/coronavirus.



Public Health Agence de la santé publique du Canada

FINAL January 22, 2021

Key Messages

Bell's Palsy and AEFI's (Adverse Events Following Immunization)

Issue Statement: The issue of people developing Bell's Palsy—an unexplained episode of facial muscle weakness or paralysis— after getting certain vaccinations has been more prevalent in the media. Media calls are expected, so back-pocket messages have been developed to be included in the AEFI MLQ&A package.

Key Messages:

- The rates of Bell's Palsy, or facial paralysis, reported in the clinical trials for both the Pfizer-BioNTech and Moderna vaccines were no higher than those observed in the general population.
- Health Canada and the Public Heath Agency of Canada (PHAC) continue to monitor for Bell's Palsy through post-market surveillance, which also involves vaccine manufacturers and provinces and territories.
- While there have been reports of Bell's Palsy following COVID-19 vaccination, an assessment of causality has not yet been established.
- NACI (National Advisory Committee on Immunization) is monitoring the evidence and will adjust recommendations on use of the vaccine as needed.

Principaux messages

- Le taux de cas de paralysie de Bell (paralysie faciale) signalés dans les essais cliniques des fabricants de vaccins Pfizer-BioNTech et Moderna n'est pas plus élevé que celui observé dans la population générale.
- Santé Canada et l'Agence de la santé publique du Canada (ASPC) continue de surveiller les cas de paralysie de Bell par son mécanisme de surveillance postcommercialisation, qui mobilise également les fabricants de vaccins ainsi que les provinces et les territoires.
- Des cas de paralysie de Bell ont été signalés à la suite de l'administration d'un vaccin contre la COVID-19, toutefois, aucun lien de causalité n'a encore été établi.
- Le CCNI (Comité consultatif national de l'immunisation) surveille les preuves et, au besoin, modifiera les recommandations relatives à la vaccination.

FINAL - January 7, 2021

182

Media Lines

Adverse Events Following Immunization web updates

Issue Statement: COVID-19 vaccination began in provinces and territories the week of December 13, 2020. Transparent communications around how many people have been vaccinated against COVID-19, and how many people have reported adverse events is essential in building public trust and increasing vaccine acceptance among Canadians. Starting on January 8, Health Canada and the Public Health Agency of Canada will begin publishing a weekly web update on reported adverse events following immunization.

Principaux messages

Health

Canada

Santé

Canada

- En date du 23 décembre 2020, Santé Canada a autorisé l'utilisation de deux vaccins contre la COVID-19 au Canada, l'un fabriqué par Pfizer-BioNTech et l'autre, par Moderna.
- Santé Canada a homologué les deux vaccins après un examen scientifique complet et indépendant de leur innocuité, de leur efficacité et de leur qualité.
- Comme tous les médicaments, les vaccins peuvent entraîner <u>des effets secondaires et</u> <u>des réactions</u>, aussi appelés événements indésirables.
- Certains événements indésirables sont décelés pendant le processus d'essais cliniques, mais de nouveaux problèmes peuvent apparaître une fois qu'un produit de santé est offert sur le marché parce qu'il est utilisé par un bien plus grand nombre de personnes.
- Les événements indésirables peuvent être aussi bénins qu'une douleur à l'endroit de l'injection ou une faible fièvre, ou de nature beaucoup plus grave (p. ex. réaction allergique). Il faut s'attendre à ce que des événements indésirables se produisent, et cela n'entraînera pas nécessairement de changements à l'homologation d'un vaccin.
- Le Canada a en place un robuste système de surveillance de l'innocuité des vaccins qui mobilise de manière proactive les professionnels de la santé, les fabricants de vaccins, les provinces, les territoires, l'Agence de la santé publique du Canada (ASPC) et Santé Canada.
- Le gouvernement du Canada est déterminé à communiquer rapidement des renseignements accessibles et factuels pour aider les membres de la population canadienne à prendre des décisions éclairées à propos de la vaccination.
- Dans le contexte de l'engagement continu du gouvernement du Canada en matière d'ouverture et de transparence, Santé Canada et l'ASPC fourniront à la population canadienne des mises à jour hebdomadaires au sujet des événements indésirables associés aux vaccins (EIAV), aussi appelés effets secondaires suivant l'immunisation (ESSI), sur Canada.ca.
- Ces mises à jour hebdomadaires sur le Web présenteront de l'information concernant les déclarations d'EIAV transmises au Système canadien de surveillance des effets secondaires suivant l'immunisation (SCSESSI) et à la base de données Canada Vigilance de Santé Canada.



Canada

Canada

 À ce jour, Santé Canada et l'ASPC ont reçu des signalements d'événements indésirables suivant l'administration d'un des vaccins contre la COVID-19 homologués au Canada; du nombre, il n'y a pas d'événements indésirables inattendus ou qui suscitent des préoccupations par rapport à l'innocuité des vaccins. Les détails sont affichés ici : <u>https://sante-infobase.canada.ca/covid-19/securite-vaccins/</u>

Questions et réponses

Q1. Qu'est-ce qu'un événement indésirable associé aux vaccins (EIAV)?

Un événement indésirable associé aux vaccins (EIAV), aussi appelé effet secondaire suivant l'immunisation (ESSI), est un fait médical qui se produit après qu'une personne ait reçu un vaccin et qui peut être causé par ce vaccin. Est considéré comme un événement indésirable tout cas de l'une ou l'autre de ces situations :

- maladie, symptôme ou signe défavorable ou non intentionnel;
- résultat de laboratoire anormal (notamment le résultat d'une culture indiquant une cellulite [infection de peau] au site d'injection).

Q2. Qu'est-ce qu'un événement indésirable associé aux vaccins (EIAV) grave ou un événement indésirable d'intérêt particulier (EIIP)?

Un événement indésirable est considéré comme grave dans n'importe laquelle de ces circonstances :

- s'il entraîne la mort;
- s'il met la vie en danger;
- s'il exige l'hospitalisation du patient ou la prolongation d'une hospitalisation en cours;
- s'il entraîne une incapacité ou un handicap persistent ou important;
- s'il entraîne une anomalie congénitale.

Un événement indésirable d'intérêt particulier (grave ou non) est une préoccupation d'ordre scientifique et médical propre au vaccin d'un fabricant qui exige un suivi permanent et une communication rapide. Les fabricants de vaccins et Santé Canada font le suivi des événements indésirables d'intérêt particulier associés aux vaccins contre la COVID-19.

Q3. Où pouvons-nous trouver de l'information sur le nombre de personnes chez qui des événements indésirables associés aux vaccins (EIAV) sont survenus?

Le Canada a en place un robuste système de surveillance de l'innocuité des vaccins après leur mise sur le marché pour la détection d'événements indésirables rares pouvant se produire après l'homologation de vaccins. À compter de janvier 2021, Santé Canada et l'ASPC fourniront à la population canadienne des rapports hebdomadaires sur le Web au sujet des données tirées du Système canadien de surveillance des effets secondaires suivant l'immunisation (SCSESSI) de la base de données Canada Vigilance de Santé Canada. Ces rapports fourniront à la population canadienne de l'information transparente à propos des événements indésirables survenus après l'administration de vaccins contre la COVID-19. Les données seront regroupées

183



Health Santé Canada Canada

FINAL – January 7, 2021

en fonction de caractéristiques démographiques, du nom du vaccin en cause, de la raison de la gravité des événements indésirables et du type d'événement indésirable.

Les données d'innocuité tirées des essais cliniques menés avec les vaccins contre la COVID-19 homologués montrent que les événements indésirables survenus (p. ex. douleur au site d'injection, fatigue, courbatures) étaient surtout bénins ou modérément graves, comme c'est le cas pour les autres vaccins. En raison de la taille de la population, il se pourrait que des événements indésirables qui n'ont pas été relevés au cours des essais cliniques soient signalés au fur et à mesure que le nombre de personnes vaccinées au Canada augmentera. Dans l'éventualité où des problèmes liés à l'innocuité sont confirmés, Santé Canada n'hésitera pas à prendre les mesures qui s'imposent.

Q4. L'ASPC fera-t-elle rapport sur le pourcentage de personnes ayant reçu chaque vaccin une fois que l'utilisation d'un plus grand nombre de vaccins aura été autorisée au Canada?

Oui, l'Agence de la santé publique du Canada (ASPC) recevra les données des provinces et des territoires concernant la couverture vaccinale de chaque vaccin, une fois que l'utilisation d'un plus grand nombre de vaccins aura été autorisée au Canada, et fera rapport à ce sujet. Un lien vers ces renseignements sera affiché sur la page des rapports sur les événements indésirables associés aux vaccins (EIAV).

Q5. L'ASPC publiera-t-elle la ventilation provinciale et territoriale des événements indésirables?

L'ASPC diffusera des rapports hebdomadaires dont les données seront regroupées en fonction de caractéristiques démographiques, du nom du vaccin en cause, de la raison de la gravité des événements indésirables et du type d'événement indésirable, mais ne divulguera pas la ventilation par administration. Cette approche garantira la transparence à l'égard de la population canadienne dans le respect des considérations relatives à la protection de la confidentialité.

Q6. Pourquoi est-ce important de déclarer un événement indésirable associé à un vaccin (EIAV)?

La déclaration d'un événement indésirable associé à un vaccin (EIAV) fournit de l'information cruciale requise pour déceler et évaluer les problèmes concernant l'innocuité des vaccins qui peuvent constituer un risque pour la santé publique. Cette information est utilisée de concert avec d'autres renseignements relatifs à l'innocuité des vaccins pour déterminer s'il faut prendre des mesures afin de protéger la santé et la sécurité de la population canadienne. Ces mesures peuvent inclure d'avertir la population canadienne des possibles effets secondaires, de modifier l'utilisation recommandée du produit ou de retirer le produit du marché.

Les personnes chez qui un EIAV se produit devraient le signaler à un professionnel de la santé. Les professionnels de la santé doivent remplir le <u>Formulaire de rapport des effets secondaires</u> <u>suivant l'immunisation</u> qui convient pour leur province ou leur territoire et l'acheminer aux autorités de santé publique de la région.

Q7. Qu'en est-il si un événement indésirable associé à un vaccin (EIAV) est signalé?



Health Santé Canada Canada

FINAL – January 7, 2021

Santé Canada est résolu à protéger la santé et la sécurité de la population canadienne et a en place un système d'<u>examen scientifique rigoureux</u> de l'innocuité des vaccins et de leur efficacité à prévenir les maladies qu'ils ciblent.

Avant que tout vaccin puisse être distribué au Canada, il doit être homologué au moyen du système d'examen scientifique rigoureux de Santé Canada. Santé Canada n'homologue pas un vaccin à moins que des données probantes démontrent que ses avantages l'emportent sur ses risques. Les programmes de santé publique au Canada recommandent de nombreux vaccins pour empêcher les gens de contracter des maladies. Ces vaccins sont administrés à de grandes quantités de personnes en santé. C'est pourquoi il est particulièrement important de réglementer l'innocuité, l'efficacité et la qualité des vaccins. Les événements indésirables associés aux vaccins (EIAV) vont de réactions bénignes (p. ex. courbatures, contusions, légers maux de tête) jusqu'à de très rares réactions graves (p. ex. paralysie, atteintes nerveuses). En plus de l'examen scientifique, il y a aussi des systèmes de production de rapports en place pour la surveillance de l'innocuité des vaccins en continu.

Une fois que la vente d'un vaccin est autorisée, les fabricants ont l'obligation de continuer de présenter de l'information sur l'innocuité et l'efficacité de ce vaccin, de surveiller et de signaler tout EIAV possible ainsi que de prendre des mesures pour atténuer les risques. Santé Canada n'hésitera pas à intervenir dans l'éventualité où un nouveau problème touchant l'innocuité est découvert ou si un problème connu s'aggrave.

Toute personne qui est témoin ou qui subit un effet secondaire associé à un vaccin est vivement encouragée à le déclarer à un professionnel de la santé. Les professionnels de la santé ont l'obligation de déclarer les EIAV aux autorités de santé publique de la région. Les autorités de santé publique les signalent ensuite à l'Agence de la santé publique du Canada (ASPC).

Les déclarations d'EIAV transmises à l'ASPC par les administrations fédérale, provinciales et territoriales (FPT) sont rassemblées dans le Système canadien de surveillance des effets secondaires suivant l'immunisation (SCSESSI). Les déclarations d'événements indésirables graves sont présentées à l'ASPC dans les sept jours suivant leur réception par les administrations. Les administrations FPT déclarent aussi à l'ASPC tout signalement de décès dans les 24 heures suivant leur prise de connaissance de la situation. Les déclarations d'événements indésirables graves sont traitées le jour ou le lendemain de leur communication, et l'examen du dossier médical s'amorce dans les trois jours suivant la fin du traitement des données. Si les nombres ou les taux d'EIAV dépassent les nombres ou les taux de fond établis en fonction des normes internationales, un avertissement en matière d'innocuité sera diffusé, ce qui entraînera la prise de diverses mesures. Ces mesures peuvent inclure d'avertir la population canadienne des possibles effets secondaires, de modifier l'utilisation recommandée du produit ou de retirer le produit du marché.

Q8. Quelle forme prendra un programme de soutien en cas de lésions causées par un vaccin?

L'Agence de la santé publique du Canada (ASPC), en collaboration avec les provinces et les territoires, travaille actuellement à la mise en œuvre d'un programme de soutien en cas de lésions causées par un vaccin (PSLV) pancanadien sans égard à la responsabilité. L'établissement d'un PSLV permettra au Canada de renforcer sa stratégie globale en matière de vaccination, ce qui l'aidera à demeurer concurrentiel quant à l'accès aux nouveaux vaccins au fur et à mesure qu'ils sont offerts et, en définitive, à protéger la population canadienne. Cette

FINAL – January 7, 2021

186



mesure permettra aussi au Canada de se mettre au diapason de ses homologues du G7, qui offrent tous un PSLV national.

Comme la portée de ce programme fait actuellement l'objet de discussions avec les provinces et les territoires, aucun autre détail ne peut être divulgué pour le moment.

Q9. L'innocuité d'un vaccin fait-elle l'objet d'une surveillance de la part du gouvernement du Canada après son homologation?

Le Canada dispose d'un système robuste et bien établi de surveillance des vaccins. Une fois un vaccin sur le marché, Santé Canada et l'Agence de la santé publique du Canada surveilleront les effets indésirables après l'immunisation, en collaboration avec les provinces, les territoires et le fabricant.

La base de données Canada Vigilance de Santé Canada est le programme canadien de surveillance des vaccins sur le marché qui permet de recueillir et d'évaluer les signalements d'effets indésirables présumés pour les produits de santé vendus au Canada. La surveillance des produits offerts sur le marché permet à Santé Canada de surveiller le profil d'innocuité de produits de santé une fois qu'ils sont sur le marché pour veiller à ce que les avantages continuent de l'emporter sur les risques.

Les fabricants de vaccins sont tenus de continuer à recueillir des données sur l'innocuité et l'efficacité à long terme de leurs produits. Pfizer et BioNTech, par exemple, feront un suivi des participants des essais cliniques pendant au moins deux ans après l'administration de la deuxième dose du vaccin. Santé Canada continuera d'évaluer toutes les données accessibles sur l'innocuité des vaccins provenant des études cliniques et de la surveillance après la mise en marché et n'hésitera pas à prendre les mesures appropriées, le cas échéant, pour protéger la santé et la sécurité des Canadiens, notamment, avertir la population canadienne des possibles effets secondaires, modifier l'utilisation recommandée du produit ou même retirer le produit du marché.

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
То:	Dean, Kelly E
Subject:	Fw: Serious AEFI in LTC resident
Date:	October 4, 2022 8:00:21 AM

From: Strang, Robert

Sent: Thursday, January 28, 2021 5:35 PM

To: Carew, Maureen < Maureen.Carew@novascotia.ca>; Watson-Creed, Gaynor < Gaynor.Watson-Creed@novascotia.ca>

Subject: RE: Serious AEFI in LTC resident

Thanks for the heads up.

Rob

From: Carew, Maureen < Maureen. Carew@novascotia.ca>

Sent: January 28, 2021 5:26 PM

To: Watson-Creed, Gaynor <Gaynor.Watson-Creed@novascotia.ca>; Strang, Robert

<Robert.Strang@novascotia.ca>

Subject: Serious AEFI in LTC resident

Hi Rob and Gaynor

In case you receive any queries, I am looking into a AEFI following the death of a resident vaccinated in a				ed in a
LTCF 2	20(1)	female received Moderna Covid-19 vaccine ²⁰⁽¹⁾	and died ²⁰⁽¹⁾	
20(1)				
00(4)				

²⁰⁽¹⁾ There is a temporal association but I don't think a causal one. I will be obtaining more information on cause of death etc but wanted you to be aware.

Maureen

Maureen Carew MD, MSc, FRCPC

Medical Officer of Health

Nova Scotia Department of Health and Wellness

Maureen.Carew@novascotia.ca

Tel: 613-404-6815

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: AEFI - Encephalopathy

 Date:
 October 4, 2022 7:58:36 AM

From: Strang, Robert
Sent: Friday, April 16, 2021 7:07 PM
To: Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca>
Cc: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Re: AEFI - Encephalopathy
Can you send any details you have

Rob

Sent from my iPhone

On Apr 16, 2021, at 7:03 PM, Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca> wrote:

Doesn't sound like the one I'm hearing about...

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Sent: April 16, 2021 6:51 PM
To: Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca>; Strang, Robert
<Robert.Strang@novascotia.ca>
Subject: Fw: AEFI - Encephalopathy
This is with Moderna

From: Carew, Maureen <<u>Maureen.Carew@novascotia.ca</u>> Sent: Friday, April 16, 2021 6:36 PM To: Cole, Teri J <<u>Teri.Cole@novascotia.ca</u>>; Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; SURVEILLANCEDHW <SURVEILLANCEDHW@novascotia.ca> Subject: AEFI - Encephalopathy Hi everyone Please be aware of an AEFI reported today of confirmed encephalopathy in a²⁰⁽¹⁾ male. Received Moderna²⁰⁽¹⁾ and developed neurological symptoms²⁰⁽¹⁾ 20(1) Will send an update when more information becomes available. I have asked the PHN to enter in Panorama. Maureen Maureen Carew MD, MSc, FRCPC Medical Officer of Health

Nova Scotia Department of Health and Wellness <u>Maureen.Carew@novascotia.ca</u> Tel: 613-404-6815

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
To:	Dean, Kelly E
Subject:	Fw: SBAR Serious AEFI VITT
Date:	October 4, 2022 7:57:08 AM

From: Strang, Robert

Sent: Tuesday, June 1, 2021 10:45 PM

To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Kiritsis, Tony <Tony.Kiritsis@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>

Cc: Barbrick, Tracey L < Tracey.Barbrick@novascotia.ca>; Chouinard, Vanessa P

<Vanessa.Chouinard@novascotia.ca>

Subject: RE: SBAR Serious AEFI VITT

Thanks Shelley and good from me too.

Rob

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca>

Sent: June 1, 2021 8:30 PM

To: Kiritsis, Tony <Tony.Kiritsis@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>; Strang, Robert <Robert.Strang@novascotia.ca>

Cc: Barbrick, Tracey L < Tracey.Barbrick@novascotia.ca>; Chouinard, Vanessa P

<Vanessa.Chouinard@novascotia.ca>

Subject: RE: SBAR Serious AEFI VITT

See red suggestions below. 14(1)

14(1)

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Kiritsis, Tony < Tony.Kiritsis@novascotia.ca>

Sent: June 1, 2021 7:57 PM

To: Walsh, Tara A < Tara.Walsh@novascotia.ca>; Strang, Robert < Robert.Strang@novascotia.ca>

Cc: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Barbrick, Tracey L <<u>Tracey.Barbrick@novascotia.ca</u>>;

Chouinard, Vanessa P < Vanessa. Chouinard@novascotia.ca>

Subject: RE: SBAR Serious AEFI VITT

Below is what was drafted today, from which we can pull a line or two for tomorrow. 14(1) 14(1)

COVID-19/HEALTH/WELLNESS--Province Reports First VITT Case

14(1)

14(1)

Tony Kiritsis Communications Advisor Department of Health and Wellness

From: Walsh, Tara A < Tara.Walsh@novascotia.ca>

Sent: June 1, 2021 6:15 PM

To: Strang, Robert <<u>Robert.Strang@novascotia.ca</u>>

Cc: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Barbrick, Tracey L <<u>Tracey.Barbrick@novascotia.ca</u>>; Chouinard, Vanessa P <<u>Vanessa.Chouinard@novascotia.ca</u>>; Kiritsis, Tony <<u>Tony.Kiritsis@novascotia.ca</u>> Subject: Re: SBAR Serious AEFI VITT

I can yes. We have a separate rls drafted that tony can share now that we have these details.

Sent from my iPhone

On Jun 1, 2021, at 6:03 PM, Strang, Robert <<u>Robert.Strang@novascotia.ca</u>> wrote:

Thanks. 14(1) but would
like Comms to comment.
Suggest we bring to PO for their awareness before we include in tomorrow's release. Tara, can
you do this through Jane?
Rob
From: Deeks, Shelley < <u>Shelley.Deeks@novascotia.ca</u> >
Sent: June 1, 2021 5:57 PM
To: Strang, Robert < <u>Robert.Strang@novascotia.ca</u> >; Barbrick, Tracey L
< <u>Tracey.Barbrick@novascotia.ca</u> >; Walsh, Tara A < <u>Tara.Walsh@novascotia.ca</u> >; Chouinard,
Vanessa P < <u>Vanessa.Chouinard@novascotia.ca</u> >
Subject: SBAR Serious AEFI VITT
Hi all
The VITT case has now been reported. Below is the detail.
Abbreviated SBAR with medical detail removed 14(1); 20(1)

Page 17

Client Demographics	Male 20(1)	
Situation	Serious AEFI-Client received 1 st dose of Astra Zeneca 20(1))
	20(1) symptoms	
	including progressive headache	
Background	20(1)	
Assessment	Reportable To PHAC	_
Assessment	Reportable To PHAC Fits temporal criteria VITT occurred within 42 days.	
Assessment Recommendations		

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health

Department of Health and Wellness

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
То:	<u>Dean, Kelly E</u>
Subject:	Fw: COVID AEFIs
Date:	October 4, 2022 8:01:12 AM

From: Strang, Robert

Sent: Wednesday, December 23, 2020 4:48 PM
To: Fleming, Sarah A <Sarah.Fleming@novascotia.ca>
Cc: Watson-Creed, Gaynor <Gaynor.Watson-Creed@novascotia.ca>; Cole, Teri J <Teri.Cole@novascotia.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>
Subject: Re: COVID AEFIs
Thank you Sarah. No questions from me at this time.

Rob

Sent from my iPhone

On Dec 23, 2020, at 4:40 PM, Fleming, Sarah A <Sarah.Fleming@novascotia.ca> wrote:

Hi everyone,

Just wanted to make you aware that we had 2 reports of AEFIs from the immunization clinics.

 $-1^{20(1)}$ symptoms included swollen and tingling lips. It was recommended that

the client should consult with Shelly MacNeil before receiving the 2nd dose of vaccine.

 $-1^{20(1)}$ symptoms included eye redness and itchiness of the eyes, forearm and neck. It was recommended that the client could proceed with the next dose of vaccine with monitoring.

Both AEFIs were reviewed by MOHs and reported to PHAC.

Although these AEFIs occurred 20(1) we were not sent notification until last night and today. We are going to follow-up with Krissy Rose-Muise to determine the status of the development of and SOP and training for AEFI reporting. If that documentation is not ready we may want to send a reminder to NSH Public Health about the reporting process so that we are notified in a timely manner. Let me know if you have any questions.

Thanks,

Sarah

Sarah Fleming

Senior Epidemiologist

Nova Scotia Department of Health and Wellness

Barrington Tower, 4th Floor

1894 Barrington Street, P.O. Box 488 Halifax, NS B3J 2R8 Ph. 902-943-9877 sarah.fleming@novascotia.ca

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: For information: Media Lines on AEFIs

 Date:
 October 4, 2022 8:01:26 AM

 Attachments:
 ML vaccine adverse reactions-general 2020-12-23.docx ATT00001.htm

From: Strang, Robert
Sent: Thursday, December 24, 2020 11:19 AM
To: Walsh, Tara A <Tara.Walsh@novascotia.ca>
Cc: Cole, Teri J <Teri.Cole@novascotia.ca>; Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca>
Subject: Fwd: For information: Media Lines on AEFIs
FYI

Rob

Sent from my iPhone

Begin forwarded message:

From: "CCMOH SECRETARIAT / CMHC (PHAC/ASPC)" <phac.ccmoh.secretariat-cmhc.aspc@canada.ca> Date: December 24, 2020 at 10:51:38 AM AST To: "Romano, Anna (PHAC/ASPC)" <anna.romano@canada.ca>, Avis Grav <Avis.Gray@gov.mb.ca>, Brent Roussin <Brent.roussin@gov.mb.ca>, Catherine Elliott <catherine.elliott@gov.yk.ca>, "Simms, Colleen (Ext.)" <colleensimms@gov.nl.ca>, Colleen Stockley <ColleenStockley@gov.nl.ca>, "Dr. Barb Yaffe" <barbara.yaffe@ontario.ca>, "Henry, Bonnie (Ext.)" <bonnie.henry@gov.bc.ca>, "Hanley, Brendan (Ext.)" <bre>brendan.hanley@gov.yk.ca>, "Emerson, Brian (Ext.)"

discrete stresses

discrete stresses

 <dr.cristin.muecke@gnb.ca>, "Dr. David Williams" <Dr.David.Williams@ontario.ca>, "Dr. Deena Hinshaw" <deena.hinshaw@gov.ab.ca>, "Dr. Denise Werker" <denise.werker1@health.gov.sk.ca>, "Dr. George Giovinazzo" <george.giovinazzo@cic.gc.ca>, "Morrison, Heather (Ext.)" <hgmorrison@gov.pe.ca>, "Njoo, Howard (PHAC/ASPC)" <howard.njoo@canada.ca>, "Dr. James Worthington" <dr.james.worthington@csc-scc.gc.ca>, "Dr. Janice Fitzgerald" <janice.fitzgerald@gov.nl.ca>, "Russell, Jennifer (Ext.)" <jennifer.russell@gnb.ca>, "Dr. Michael Patterson" <MPatterson@GOV.NU.CA>, "Strang, Robert" <Robert.Strang@novascotia.ca>, "Shahab, Saqib (Ext.)" <saqib.shahab@health.gov.sk.ca>, "Sharma, Supriya (HC/SC)" <supriya.sharma@canada.ca>, "Tam, Dr Theresa (PHAC/ASPC)" <drtheresa.tam@canada.ca>, "Wong, Tom (SAC/ISC)" <tom.wong@canada.ca>, "Cleary, Eilish (SAC/ISC)" <eilish.cleary@canada.ca>, Evan Adams <Evan.Adams@fnha.ca>, Greg Haley <GREG.Haley@forces.gc.ca>, "Arruda,

196

Page 22

Horacio (Ext.)" <horacio.arruda@msss.gouv.qc.ca>, "Kandola, Kami (Ext.)" <kami kandola@gov.nt.ca>, Philip Christoff <Philip.christoff@gov.yk.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, SK CMOH Single Window <OCMHO@health.gov.sk.ca>, Suzanne Fedorowich <Suzanne.Fedorowich@health.gov.sk.ca>, Tami Denomie <tami.denomie@health.gov.sk.ca>, Trish Merrithew <Trish.Merrithew-Mercredi@gov.ab.ca>, Vincent Beswick-Escanlar <VINCENT.BESWICK-ESCANLAR@forces.gc.ca>, YK Surveillance <YCDCSurveillance@gov.yk.ca>, Yves Jalbert </ example to Yves.Jalbert@msss.gouv.gc.ca> Cc: Ashley Halicki <Ashley.Halicki@gov.bc.ca>, "Auger, Julie (PHAC/ASPC)" <julie.auger@canada.ca>, Bailey Muir-Cressman <Bailey.Muir-Cressman@gov.yk.ca>, "Barton, Kimby (PHAC/ASPC)" <kimby.barton@canada.ca>, "Bent, Stephen (PHAC/ASPC)" <stephen.bent@canada.ca>, Carol Kurbis <Carol.Kurbis@gov.mb.ca>, "Carter, Luke (HC/SC)" <luke.carter@canada.ca>, "CCMOH SECRETARIAT / CMHC (PHAC/ASPC)" <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>, "Charos, Gina (PHAC/ASPC)" <gina.charos@canada.ca>, Cindy Kruger <cindy.kruger@cscscc.gc.ca>, "Rogers, Cindy (Ext.)" <cindy.rogers@health.gov.sk.ca>, Colleen Dudar <colleen.dudar@gov.mb.ca>, "Sabapathy, David (Ext.)" <dsabapathy@gov.pe.ca>, "David, Renee (PHAC/ASPC)" <renee.david@canada.ca>, "Davies, Stephanie (PHAC/ASPC)" <stephanie.davies@canada.ca>, Dawn Osciak <dawn.osciak@gov.mb.ca>, "Panchyshyn, Debbie (Ext.)" <debbie.panchyshyn@gov.mb.ca>, "Denis, Joel (PHAC/ASPC)" < joel.denis@canada.ca>, Diane Lu < diane.lu@forces.gc.ca>, Donna Milne <Donna.Milne@gov.yk.ca>, Elaine Barrett-Cramer <elaine.barrettcramer@cic.gc.ca>, "Look, Elaine (Ext.)" <elaine look@gov.nt.ca>, "Elmslie, Kim (PHAC/ASPC)" <kim.elmslie@canada.ca>, "Evans, Cindy (PHAC/ASPC)" <cindy.evans@canada.ca>, "Everitt, Louisa (PHAC/ASPC)" louisa.everitt@canada.ca>, "Fournier, Sarah (PHAC/ASPC)" <sarah.fournier@canada.ca>, Gillian MacDonald <gillian.macdonald2@ontario.ca>, "Guenette, Tara-Lynn (PHAC/ASPC)" <taralynn.guenette@canada.ca>, "Hamel, Sonia (PHAC/ASPC)" <sonia.hamel@canada.ca>, Heidi Liston <Heidi.Liston@gnb.ca>, "Henry, Erin (PHAC/ASPC)" <erine.henry@canada.ca>, "Hill, Allison (HC/SC)" <allison.hill@canada.ca>, "Hostrawser, Bonnie (PHAC/ASPC)"
<bonnie.hostrawser@canada.ca>, "HPOC PHM / COPS MSP (PHAC/ASPC)" <phac.hpoc.phm-msp.cops.aspc@canada.ca>, "Ingraham, Erin (HC/SC)" <erin.ingraham@canada.ca>, "Sherren, Janice (Ext.)" <jesherren@gov.pe.ca>, Jasmine Pawa <jpawa@gov.nu.ca>, Jazz Atwal <Jazz.Atwal@gov.mb.ca>, Jennifer White <jennifer.white2@gov.mb.ca>, Jocelyn LeBlond <Jocelyn.LeBlond@health.gov.sk.ca>, Johnatha Smith SCC.GC.CA>, "Follett, Juanita (Ext.)" <juanitafollett@gov.nl.ca>, Karen Scherle <Karen.Scherle@health.gov.sk.ca>, "Cadorette, Katie (HC/SC)" <katie.cadorette@canada.ca>, "Dean, Kelly E" <Kelly.Dean@novascotia.ca>, "King2, Arlene (PHAC/ASPC)" <arlene.king2@canada.ca>, "Seeds, Laura (Ext.)" <laura.seeds@ontario.ca>, Laurel Thompson laurel.thompson@gov.bc.ca>, "Hunter, Laurie (PHAC/ASPC)" laurie.hunter@canada.ca>, "Lebans, Anne (PHAC/ASPC)" <anne.lebans@canada.ca>, "Lewis, Darlene (SAC/ISC)" <darlene.lewis@canada.ca>, "Lior, Lee (PHAC/ASPC)" <lee.lior@canada.ca>,

197

Page 23

Lori Carpenter <lori.carpenter@fnha.ca>, "Yeo, Lyn (Ext.)" lyn.yeo@health.gov.sk.ca>, "MacDonald2, Tammy (PHAC/ASPC)" <tammy.macdonald2@canada.ca>, "MacKenzie, Sara (HC/SC)" <sara.mackenzie@canada.ca>, Maureen Carew <maureen.carew@forces.gc.ca>, "Maher, Maurica (Ext.)" <maurica.maher@forces.gc.ca>, "McCarney, Jane (PHAC/ASPC)" < jane.mccarney@canada.ca>, "McGarr, Holly (PHAC/ASPC)" <holly.mcgarr@canada.ca>, "McLeod, Robyn (PHAC/ASPC)" <robyn.mcleod@canada.ca>, "McNeill, Robin (PHAC/ASPC)" <robin.mcneill@canada.ca>, "Conly, Meghan (HC/SC)" <meghan.conly@canada.ca>, "Sveinson, Michelle (Ext.)" <michelle.sveinson@gov.mb.ca>, "Mitra, Debjani (PHAC/ASPC)" <debjani.mitra@canada.ca>, NB Secretariat <NB-PT-PHNC-Secretariat@gnb.ca>, "Paddle, Lisa (PHAC/ASPC)" <lisa.paddle@canada.ca>, "Huber, Pamela (PHAC/ASPC)" >pamela.huber@canada.ca>, Pamela MacMillan <pamela.macmillan@gnb.ca>, Pat Seaman <pat.seaman@gnb.ca>, Penny Higdon <penny.higdon@gnb.ca>, "Ponic, Pamela (PHAC/ASPC)" <pamela.ponic@canada.ca>, Rachel Comeau <rachel.comeau@gnb.ca>, Rachel Mailhot <rachel.mailhot@cic.gc.ca>, "Almond, Richard (Ext.)" <richard.almond@gov.bc.ca>, Richard Baydack <Richard.Baydack@gov.mb.ca>, "Robinson, Kerry (PHAC/ASPC)" <kerry.robinson@canada.ca>, "Romano, Anna (PHAC/ASPC)" <anna.romano@canada.ca>, "Russo, Laura (HC/SC)" <laura.russo@canada.ca>, "Rutledge-Taylor, Katie (PHAC/ASPC)" <katie.rutledge-taylor@canada.ca>, "Salvadori, Marina (PHAC/ASPC)" < marina.salvadori@canada.ca>, "Poirier, Samantha (Ext.)" <samantha.poirier@gnb.ca>, "Siu, Winnie (PHAC/ASPC)" <winnie.siu@canada.ca>, "Smith, Cheryl (HC/SC)" <cheryl.smith@canada.ca>, "Taylor, Stephanie (Ext.)" <stephanie.taylor@gov.bc.ca>, Sylvie Poirier <sylvie.poirier@msss.gouv.qc.ca>, "Cidsc Secretariat (PHAC/ASPC)" <phac.cidsc.secretariat.aspc@canada.ca>, "Taylor, Dorcas (PHAC/ASPC)" <dorcas.taylor@canada.ca>, "Cole, Teri J" <Teri.Cole@novascotia.ca>, Tracey Aylward <traceyaylward@gov.nl.ca>, Vanessa Blyan <vanessa.blyan@gov.ab.ca> Subject: For information: Media Lines on AEFIs

** EXTERNAL EMAIL / COURRIEL EXTERNE ** Exercise caution when opening attachments or clicking on links / Faites preuve de prudence si vous ouvrez une pièce jointe ou cliquez sur un lien Dear SAC members,

Dear SAC members,

You will find attached media lines regarding AEFIs. Please note that the French version will follow.

The media lines will be posted on CNPHI for ease of reference.

Thank you

SAC Secretariat

December 22, 2020, 10:17 a.m.



Media Lines

Vaccine adverse reactions - general

Issue Statement: With the roll-out of COVID-19 vaccines across Canada, reports of adverse events following immunization are expected and will lead to media questions.

Key Messages:

- Like any medication, vaccines can cause side effects and reactions.
- Some adverse events are identified during the clinical trial process; however, new issues can arise once a health product is on the market because it is being used by a much larger number of people.
- Adverse events could be as mild as soreness at the site of injection or a slight fever, or more serious in nature, such as an allergic reaction. Such events are to be expected, and will not necessarily change the risk/benefit profile of a vaccine.
- Canada has a strong vaccine safety monitoring system in place that involves healthcare professionals, vaccine manufacturers, the provinces and territories, the Public Health Agency of Canada, and Health Canada.
- Health Canada will examine and assess any new safety concerns brought to its attention and will take appropriate action if any new safety issues are confirmed. This could include communicating new risks to Canadians and healthcare providers or changing the recommended use of the product.

Supplementary Messages on allergic reactions:

- Some individuals may experience serious allergic reactions to vaccines. Warnings about allergic reactions are included in the product monographs of all vaccines, including those for COVID-19 vaccines and in educational materials for health care professionals and for consumers.
- In addition, measures are to be in place at COVID-19 vaccination clinics to identify and manage allergic reactions if they arise.
- People with allergies to any of the ingredients in a COVID-19 vaccine should not receive that vaccine. People with a history of serious allergic reactions to other vaccines, a drug or a food should speak to their health professional before receiving a COVID-19 vaccine.

Questions and Answers:

Q1. What is the difference between an adverse event following immunization (AEFI) and a side effect?

An AEFI is any health problem that happens following immunization but is not necessarily caused by the vaccine. Post-market surveillance of vaccines in Canada includes monitoring AEFIs in order to:

· continuously assess the safety of marketed vaccines in Canada;

December 22, 2020, 10:17 a.m.

199



Health Santé Canada Canada

- identify increases in the frequency or severity of previously identified vaccine-related reactions;
- identify previously unknown AEFIs that could possibly be related to a vaccine;
- · identify areas that require further investigation and/or research; and,
- provide timely information on AEFI reporting profiles for vaccines marketed in Canada that can help inform immunization programs and guidelines.

Side effects are those AEFI that are known to be related to the vaccine. The majority are minor reactions, but sometimes more serious events can occur. This can include rare serious events such as allergic reactions or other events that result in hospitalization or an extended hospital stay, chronic or significant disability, death, or that are life threatening.

Side effects include known unpleasant or negative side effects caused by a particular vaccine. Usually, vaccine side effects are minor and go away on their own within a few days.

Q2. Should Canadians expect short-term side effects following vaccination with the Pfizer-BioNTech vaccine?

No serious safety concerns were identified in the Pfizer-BioNTech vaccine clinical trials.

Mild side effects were reported by clinical trial participants, including:

- injection site pain (84.1%)
- fatigue (62.9%)
- headache (55.1%)
- muscle pain (38.3%)
- chills (31.9%)
- joint pain (23.6%)
- fever (14.2%)

Some of the reported side effects, including fever, were more frequent after the second dose. In clinical tests, adverse events were generally milder and less frequent in those over 55 years of age.

Vaccine providers are asked to report AEFIs through local public health officials and to follow AEFI reporting requirements that are specific to their province or territory. Any serious or unexpected adverse event felt to be temporally related to vaccination should be reported immediately.

Q3. What about long-term side effects? How can we know Canadians who get the vaccine now won't experience adverse effects years from now?

Health Canada is reviewing vaccines to treat COVID-19 under the <u>Interim Order Respecting the</u> <u>Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19</u>. The Interim Order allows Health Canada to expedite the review and approval of COVID-19 drugs and vaccines, while maintaining Canada's high standards for safety, efficacy and quality.

Canada has a robust and well-established vaccine safety surveillance system. Once the vaccine is on the market, Health Canada and the Public Health Agency of Canada will monitor for any adverse events after immunization, in collaboration with the provinces and territories and the manufacturer.



December 22, 2020, 10:17 a.m.

All vaccines have potential risks associated with them, though most (95%) occur in the first 42 days following immunization.

Vaccine manufacturers are expected to continue to collect information about the long-term safety and effectiveness of their products. Pfizer and BioNTech, for example, will be following clinical trial participants for at least two years after receiving the second dose of the vaccine. Health Canada will continue to review all the available safety data from clinical studies and post-market surveillance and will not hesitate to take appropriate action, if required, to protect the health and safety of Canadians. This could include warning Canadians about potential side effects, changing the recommended use of the product, or even removing the product from the market.

To further support Health Canada's efforts to monitor the safety of COVID-19 vaccines, the Interim Order provides the authority to impose terms and conditions on any authorization at any time, such as risk mitigation measures and additional assessments of safety information.

At this time, safety data from clinical trials show that these new generation vaccines are performing similarly to other vaccines. If any safety issues are confirmed, Health Canada will not hesitate to take appropriate action.

Q4. How should Canadians report adverse events following immunization?

Individuals who experience an adverse event following immunization should report it to a healthcare professional. Healthcare professionals should complete the <u>Adverse Events</u> <u>Following Immunization (AEFI) Form</u> appropriate to their province or territory and send it to their local Health Unit.

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
То:	Dean, Kelly E
Subject:	Fw: AEFI event
Date:	October 4, 2022 8:00:47 AM

From: Strang, Robert Sent: Thursday, January 14, 2021 4:30 PM To: Carew, Maureen <maureen.carew@novascotia.ca>; Watson-Creed, Gaynor <gaynor.watson- Creed@novascotia.ca> Subject: RE: AEFI event Thanks. Rob</gaynor.watson- </maureen.carew@novascotia.ca>
From: Carew, Maureen < Maureen. Carew@novascotia.ca>
Sent: January 14, 2021 4:19 PM
To: Strang, Robert < Robert. Strang@novascotia.ca>; Watson-Creed, Gaynor < Gaynor. Watson-
Creed@novascotia.ca>
Subject: AEFI event
Hi Rob and Gaynor
I wanted you to be aware of an AEFI event ²⁰⁽¹⁾ following the second dose of Pfizer vaccine.
The individual is $\frac{20(1)}{20(1)}$ who had some generalized itchiness after $\frac{20(1)}{20(1)}$ first
dose of Pfizer vaccine. ²⁰⁽¹⁾ was
referred to ²⁰⁽¹⁾ through Shelly McNeil for assessment to determine the requirement
for a second dose ²⁰⁽¹⁾
20(1)
Following the second dose $20(1)$ the individual immediately experienced a
headache, increasing itchiness, was flushed and experienced a feeling of fullness in the throat and
tongue. ²⁰⁽¹⁾

I don't have a status report on the person at this time but will follow-up with 20(1) I wanted you both to be aware.

Did you want to discuss?

thanks,

Maureen

Maureen Carew MD, MSc, FRCPC Medical Officer of Health, Long-Term Care and COVID19 response Department of Health and Wellness

email: <u>maureen.carew@novascotia.ca</u> tel: 1-613-404-6815 Not responsive

From: Carew, Maureen <<u>Maureen.Carew@novascotia.ca</u>>

Sent: April 15, 2021 6:29 PM

To: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>

Cc: Sommers, Ryan <<u>Ryan.Sommers@nshealth.ca</u>>; Cram, Jennifer <<u>Jennifer.Cram@nshealth.ca</u>>

Subject: Re: AEFIs today

Not responsive

Some unusual AEFIs have come in today– stroke, thrombotic events (PE), thrombocytenia alone (no thrombosis with thrombocytopenia).

Maureen

Maureen Carew MD, MSc, FRCPC

Medical Officer of Health

Nova Scotia Department of Health and Wellness

Maureen.Carew@novascotia.ca

Tel: 613-404-6815

TAB 12

204

2021	YAR 510031	
This is Exhibit 12 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024		
Notary Public signature and seal		

EXHIBIT 12

Freedom of Information Document Number 2022-01408-HEA:

On September 8, 2022 I applied for the following FOIPOP information from the Department of Health and Wellness:

The number of people who have died a) 14 days, b) one month, c) two months, d) three months, e) four months, f) five months, g) six months, h) seven months, i) eight months, j) nine months, k) 10 months, l) 11 months, m) 12 months, n) 12 months + after getting a COVID-19 vaccine

a.) by dose (broken down into 1 dose less than 14 days, 1 dose and 14 days have passed, 2 doses, 2 doses + booster or three doses, 4 doses)

b.) by age (0-12, 13-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100+)

c.) All information in categories of what they died from – for example, clots, stroke, heart attack, aneurism, still born, myocarditis, (Pfizer lists 8 pages of adverse events in their safety data which I have attached)

Date range for record search: December 13, 2020 to September 6, 2022.

Exhibit 12 is a true copy of what I received back: 2022-01408-HEA. <u>click here to download</u> 2022-01408-HEA

Please note in the Data Notes on Page 1 that the government is only collecting information on "Other events" within 1 month.

The clear conclusion here is that deaths from the vaccine are not being recorded after one month.

October 11, 2022

Shelly D Hipson RR3 Shelburne, B0T 1W0

Dear Shelly D Hipson:

Re: You are entitled to the information you requested - 2022-01408-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on September 8, 2022.

In your application, you requested a copy of the following records:

The number of people who have died a) 14 days, b) one month, c) two months, d) three months, e) four months, f) five months, g) six months, h) seven months, i) eight months, j) nine months, k) 10 months, l) 11 months, m) 12 months, n) 12 months + after getting a COVID-19 vaccine

a.) by dose (broken down into 1 dose less than 14 days, 1 dose and 14 days have passed, 2 doses, 2 doses + booster or three doses, 4 doses)

b.) by age (0-12, 13-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100+)

c.) All information in categories of what they died from – for example, clots, stroke, heart attack, aneurism, still born, myocarditis, (Pfizer lists 8 pages of adverse events in their safety data which I have attached) ((Date Range for Record Search: From 12/13/2020 To 9/6/2022)

Responsive records have been located and are attached.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Tim Gregory at 902-223-4957 or by e-mail at timothy.gregory@novascotia.ca, if you need further assistance regarding this application.

208

Sincerely,

Kattler Drock

Kathleen Trott Associate Deputy Minister

Attachment

FOIPOP Request 2022-1408-HEA

Data Notes:

- Data sources are Panorama for all Adverse Events Following Immunization (AEFI)
- AEFI: Adverse Event Following Immunization
 - The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete"
 AND
 - a PHAC report date entered into Panorama
- The information system captures people who die after receipt of COVID-19 vaccine but these reports do not imply a causal relationship between the vaccine and the adverse event. Some unrelated medical events occur by chance after immunization, especially when thousands of people are being vaccinated.
- An AEFI is any untoward medical occurrence which is temporally related to immunization (i.e. follows immunization) and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.
- The temporal criteria (i.e., when an adverse event would be considered temporally related to immunization, even if no causal relationship is determined) varies depending on the type of event reported. In general, events meet the temporal criteria in the following circumstances:
 - o Localized events occurring within 7 days* following immunization
 - Systemic events occurring within 7 days* following immunization
 - o Allergic events occurring within 48 hours* following immunization
 - Neurologic events occurring within 56 days* following immunization
 - Other events within 1 month* following immunization

*Or less, depending on reported event.

Request:

The number of people who have died a) 14 days, b) one month, c) two months, d) three months, e) four months, f) five months, g) six months, h) seven months, i) eight months, j) nine months, k) 10 months, l) 11 months, m) 12 months, n) 12 months + after getting a COVID-19 vaccine

a.) by dose (broken down into 1 dose less than 14 days, 1 dose and 14 days have passed, 2 doses, 2 doses + booster or three doses, 4 doses)

b.) by age (0-12, 13-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100+)

c.) All information in categories of what they died from – for example, clots, stroke, heart attack, aneurism, still born, myocarditis, (Pfizer lists 8 pages of adverse events in their safety data which I have

210

Page 2

Response:

Table 1. Fatal AEFIs by vaccine-death interval group	
Interval Group	Count
0-14 days	8
15 days - 1 month	3
2 months	0
3 months	0
4 months	0
5 months	0
6 months	0
7 months	0
8 months	0
9 months	0
10 months	0
11 months	0
12 months	0
12+ months	0

Table 2. Fatal AEFIs by dose	
Dose Group	Count
1 Dose (<14 days)	4
1 Dose (>=14 days)	1
2 Doses	5
3 Doses	1
4 Doses	0

211

Page 3

Table 3. Fatal AEFIs by age group	
Age Group	Count
0-12 years	0
13-20 years	0
21-30 years	0
31-40 years	0
41-50 years	0
51-60 years	2
61-70 years	1
71-80 years	4
81-90 years	4
91-100+ years	0

It is not possible to present cause of death information given the small number of deaths and the need to protect individual citizens' privacy. However, three of the eleven deaths explicitly state that the vaccination is not believed to have contributed to the death.

TAB 13

-	-
2021	YAR 510031
This is Exhibit 13 referred to in the affidavit of Shelly Hipson sworn before me on November, 2024	
Notary Public signature and seal	

Freedom of Information Document Number: 2021-01663-HEA

On September 14, 2021, I applied for the following FOI information from the Department of Health and Wellness:

According to this article: https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-covid-19-vaccine-passport-1.6168 189

"(Dr.)Strang said proof of vaccination will help keep communities safe, ensure children and youth can safely attend school, and protect the health-care system and its providers."

All records that support this statement - that this is true - that proof of vaccination will keep communities safe, ensure children and youth can safely attend school, and protect the health care system and its providers. That proof of vaccination to enter such things as restaurants, bars, concerts, movies and fitness facilities provides safety against COVID-19.

Date range for record search: April 1, 2021 to September 7, 2021.

Exhibit 13 is a true copy of what I received back.

click here to download 2021-01663-HEA

October 14, 2021

Shelly D Hipson RR3 Shelburne, B0T 1W0

Dear Shelly D Hipson:

Re: We do not have the information you asked for - 2021-01663-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on September 14, 2021.

In your application, you requested a copy of the following records:

According to this article: https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-covid-19-vaccinepassport-1.6168189

FROM THE ARTICLE: "Strang said proof of vaccination will help keep communities safe, ensure children and youth can safely attend school, and protect the health-care system and its providers."

All records that support this statement - that this is true - that proof of vaccination will keep communities safe, ensure children and youth can safely attend school, and protect the health care system and its providers. That proof of vaccination to enter such things as restaurants, bars, concerts, movies and fitness facilities provides safety against COVID-19. ((Date Range for Record Search: From 4/1/2021 To 9/7/2021)

After a file search, we have located no records responsive to your application. Therefore, it is my understanding, pursuant to clause 7(2)(b) of the Act, that Health and Wellness does not have custody or control of records which would respond to your application.

I am unaware of a department or agency which would hold such records.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at <u>https://openinformation.novascotia.ca/</u>. The letter will not include your name,

address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Tim Gregory at 902-424-3773 or by e-mail at timothy.gregory@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Craig Beaton Associate Deputy Minister

Attachment

TAB 14

-	
2021	YAR 510031
This is Exhibit 14 referred to in t sworn before me on November	
Notary Public sig	gnature and seal

Freedom of Information Document Number: 2021-00345-HEA

On February 27, 2023, I applied for the following FOIPOP information from the Department of Health and Wellness:

All emails, records, reports, and correspondence sent and received by Dr. Shelley Deeks, Deputy Chief Medical Officer of Health, on the topic of people who had Adverse Events Following Immunization (AEFI) after receiving any of the COVID-19 vaccines. (no personal identifying information.)

Date Range for Record Search: From 12/15/2020 To 02/26/2023)

Exhibit 14 is a true copy of what I received back: <u>click here to download FOIPOP</u> 2023-00345-HEA

220

Page 1

From: To: Cc: Subject: Date:	Carew, Maureen Cole, Teri J Deeks, Shelley Re: AEFI report: Thrombosis April 14, 2021 12:45:24 PM	
Hi Teri and Shell news.	ey — in follow-up, 20(1)	Good
Maureen		
Medical Officer	artment of Health and Wellness	

From: "Cole, Teri J" <Teri.Cole@novascotia.ca>
Date: Tuesday, April 13, 2021 at 5:48 PM
To: "Carew, Maureen" <Maureen.Carew@novascotia.ca>
Cc: "Deeks, Shelley" <Shelley.Deeks@novascotia.ca>
Subject: Re: AEFI report: Thrombosis

Thanks for the heads up Maureen.

Sent from my iPhone

On Apr 13, 2021, at 5:44 PM, Carew, Maureen <Maureen.Carew@novascotia.ca> wrote:

Hi Shelley Yes they have entered in Panorama.

Maureen

Maureen Carew MD, MSc, FRCPC Medical Officer of Health Nova Scotia Department of Health and Wellness <u>Maureen.Carew@novascotia.ca</u>

Tel: 20(1)

From: "Deeks, Shelley" <Shelley.Deeks@novascotia.ca>
Date: Tuesday, April 13, 2021 at 4:27 PM
To: "Carew, Maureen" <Maureen.Carew@novascotia.ca>
Cc: "Cole, Teri J" <Teri.Cole@novascotia.ca>
Subject: Re: AEFI report: Thrombosis

Thanks Maureen. Did the team enter the info as an AEFI?

Sent from my iPhone

On Apr 13, 2021, at 5:01 PM, Carew, Maureen <Maureen.Carew@novascotia.ca> wrote:

Hi Shelley and Teri

I received an AEFI report	²⁰⁽¹⁾ regarding a ²⁰⁽¹⁾	who
developed a DVT 20(1)	after receiving Astra Zeneca which	ı was
administered on 20(1)		

20(1)

Maureen

Maureen Carew MD, MSc, FRCPC Medical Officer of Health Nova Scotia Department of Health and Wellness <u>Maureen.Carew@novascotia.ca</u> Tel: 20(1) From: Carew, Maureen <<u>Maureen.Carew@novascotia.ca</u>>

Sent: April 15, 2021 6:29 PM

To: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>

Cc: Sommers, Ryan <<u>Ryan.Sommers@nshealth.ca</u>>; Cram, Jennifer <<u>Jennifer.Cram@nshealth.ca</u>>

Subject: Re: AEFIs today

Not responsive

Not responsive

Some unusual AEFIs have come in today– stroke, thrombotic events (PE), thrombocytenia alone (no thrombosis with thrombocytopenia).

Maureen

Maureen Carew MD, MSc, FRCPC

Medical Officer of Health

Nova Scotia Department of Health and Wellness

Maureen.Carew@novascotia.ca

Tel: 20(1)

Page 3

From:	Fleming, Sarah A
То:	Deeks, Shelley; Strang, Robert; Barbrick, Tracey L; Cole, Teri J
Subject:	Serious AEFI Update
Date:	April 16, 2021 3:42:12 PM

Hello everyone,

20(1)

Two additional serious AEFIs have been reported this week in the immunization summary. The total number of serious AEFIs is now four. Please see the summary below:

- 1. Pfizer, Other neurologic diagnosis Ischemic CVA
- 2. Pfizer, Other serious or unexpected event dyspnea, fatigue, chills 20(1)

Please let me know if you have any questions.

Thank you, Sarah

Sarah Fleming Senior Epidemiologist Nova Scotia Department of Health and Wellness

Barrington Tower, 4th Floor 1894 Barrington Street, P.O. Box 488 Halifax, NS B3J 2R8

Ph. 902-943-9877 sarah.fleming@novascotia.ca

From:	Carew, Maureen
To:	Cole, Teri J; Deeks, Shelley; SURVEILLANCEDHW
Subject:	AEFI - Encephalopathy
Date:	April 16, 2021 6:36:39 PM

Hi everyone

Please be aware of an AEFI r	eported today of confirmed encephalopathy in a ²⁰⁽¹⁾
Received Moderna ²⁰⁽¹⁾	and developed neurological symptoms ²⁰⁽¹⁾
20(1)	Will send an update when more

information becomes available. I have asked the PHN to enter in Panorama.

Maureen

Maureen Carew MD, MSc, FRCPC Medical Officer of Health Nova Scotia Department of Health and Wellness <u>Maureen.Carew@novascotia.ca</u> Tel:²⁰⁽¹⁾

From:	Fleming, Sarah A
То:	Deeks, Shelley; Strang, Robert; Barbrick, Tracey L; Cole, Teri J
Subject:	Serious AEFI
Date:	April 19, 2021 2:44:04 PM

Hello everyone,

An additional serious AEFI was reported in today's immunization summary. The total number of serious AEFIs is now five. Please see the summary below:

Pfizer, Other neurologic diagnosis – Ischemic Stroke
20(1)

Please let me know if you have any questions.

Thank you, Sarah

Sarah Fleming Senior Epidemiologist Nova Scotia Department of Health and Wellness

Barrington Tower, 4th Floor 1894 Barrington Street, P.O. Box 488 Halifax, NS B3J 2R8

Ph. 902-943-9877 sarah.fleming@novascotia.ca

From:	Carew, Maureen
То:	Deeks, Shelley; Cole, Teri J; SURVEILLANCEDHW; Strang, Robert
Subject:	AEFI report: serious, death
Date:	April 19, 2021 2:54:23 PM

Hi all

Just letting you know about a death in $\frac{20(1)}{r}$		reported post Pfizer vaccine in ²⁰⁽¹⁾
male ²⁰⁽¹⁾		
20(1)	This death will be entered in Panor	ama. Will look into the details with the attending
physician ²⁰⁽¹⁾		

Maureen

Maureen Carew MD, MSc, FRCPC Medical Officer of Health Nova Scotia Department of Health and Wellness Maureen.Carew@novascotia.ca

Tel: ²⁰⁽¹⁾

From:	<u>Fleming, Sarah A</u>
То:	Deeks, Shelley; Strang, Robert; Barbrick, Tracey L; Cole, Teri J
Subject:	Serious AEFI Update
Date:	April 29, 2021 10:22:33 AM

Hello everyone,

Two additional serious AEFIs have been reported since last week. The total number of serious AEFIs is now seven. Please see the summary below:

- Pfizer, Other serious event non-ST elevation MI
- Pfizer, Reactive arthritis
 20(1)

Please let me know if you have any questions.

Thank you, Sarah

Sarah Fleming Senior Epidemiologist Nova Scotia Department of Health and Wellness

Barrington Tower, 4th Floor 1894 Barrington Street, P.O. Box 488 Halifax, NS B3J 2R8

Ph. 902-943-9877 sarah.fleming@novascotia.ca

From:	Deeks, Shelley
To:	Billard, Bev A; Cole, Teri J
Cc:	Whynot, Lesley; Strang, Robert
Subject:	FW: Serious AEFI - possible VITT to AZ vaccine, clt $ID^{20(1)}$
Date:	May 18, 2021 5:46:29 PM
Attachments:	image002.png image003.ipg

Hi Bev and Teri

Forwarding the information below pertaining to a case being investigated for VITT which already seems to meet case definition for probable TTS. More information to follow, but in terms of VVWG/PHAC not sure when they are asking for a heads up.

Thanks Shelley

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>

Sent: May 18, 2021 4:22 PM

 To
 20(1)

 Cc: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Shivakumar, Sudeep

 <Sudeep.Shivakumar@nshealth.ca>; 20(1)
 @dal.ca

 Subject: FW: Serious AEFI - possible VITT to AZ vaccine, clt ID#20(1)

Hi ²⁰⁽¹⁾

I received report below on this patient as an adverse event following COVID-19 immunization. Sounds like the case is in your care.

Dr. Shivakumar has been providing hematology consult assistance to Public Health and the Special Immunization Clinic Network with managing potential vaccine adverse event cases. I just wanted you to be aware of their availability if you feel it would be helpful to have their involvement.

Please don't hesitate to reach out if we can be of any assistance.

Thanks kindly,

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) cell

lesley.whynot@nshealth.ca

From: St. Pierre, Noella
Sent: May 18, 2021 4:10 PM
To: Whynot, Lesley
Subject: RE: Serious AEFI - possible VITT to AZ vaccine, clt ID#20(1)

Hi Lesley, Yes, it was at ²⁰⁽¹⁾ ²⁰⁽¹⁾ Hope that helps Noella	and the name of the consult report was from ²⁰⁽¹⁾
From: Whynot, Lesley Sent: Tuesday, May 18, 2021 4:08 PM To: COVID-19 AEFIs < <u>CovidAEFI@nshe</u> Cc: St. Pierre, Noella < <u>Noella.St.Pierre</u> nshealth.ca>; Piek, Krista < <u>Krista.Piek</u> Subject: RE: Serious AEFI - possible VM	<u>ealth.ca</u> > <u>@nshealth.ca</u> >; McGinnis, Carmel <carmel.mcginnis@ @nshealth.ca></carmel.mcginnis@
Hi Noella, <u>Do you k</u> now who the consulting physic ²⁰⁽¹⁾ or elsewhere? Thanks!	cian is that is working this client up for VITT? Is client at $20(1)$
Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Assistant Professor, Dept. Family Medicine 20(1) cell lesley.whynot@nshealth.ca	
From: COVID-19 AEFIs Sent: May 18, 2021 3:22 PM To: Whynot, Lesley Cc: St. Pierre, Noella; McGinnis, Carme Subject: FW: Serious AEFI - possible V Hi Dr Whynot, Please see the SBAR below.	
Thanks,	Kimberly McClellan BScN, RN, CCHN © Public Health Services 600 Abenaki Road, Truro, NS Cell: [<u>18(1)(a)</u> Confidential Fax: 902–892–2614 General Fax: 902–893–5839 www.nshealth.ca

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From: COVID-19 AEFIs

230

Page 11

Sent: Tuesday, May 18, 2021 11:09 AM To: COVID-19 AEFIs <<u>CovidAEFI@nshealth.ca</u>> Subject: Serious AEFI - possible VITT to AZ vaccine

Here's the SBAR for²⁰⁽¹⁾ Completed by Noella & Carmel

lient Demographics	• $20(1)$ male, $20(1)$ ID $20(1)$
ituation	20(1) 20(1) Being investigated for VITT.
kackground	Background: 20(1) Describe the event: • AZ vaccine, 1 st dose, lot #4120Z029 , administered on 20(1) 20(1)

	20(1)
ssessment	
Recommendations	

	20(1)	
luestions for MOH		



Noella St Pierre, RN, MN Public Health Nurse Covid–19 AEFI Response team Public Health Cell: [18(1)(a) Fax: 902–481–5889 CovidAEFI@nshealth.ca

PATIENT/CLIENT FEEDBACK? Every day, we learn from patients, clients and families. When you tell us about your experience - good or bad – it helps us improve the care and service we provide. We'd love to hear your compliments and/or concerns. You can share these directly with your health care provider(s) or unit/department manager, or you can contact our Patient Relations team. For the Patient Relations Contact in the Halifax Regional Municipality, Eastern Shore and West Hants Areas call Toll Free: 1-844-884-4177 or Email: healthcareexperience@nshealth.ca.

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From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>	
To:	Dean, Kelly E	
Subject:	Fw: SBAR Serious AEFI VITT	
Date:	October 4, 2022 7:57:08 AM	

From: Strang, Robert Sent: Tuesday, June 1, 2021 10:45 PM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Kiritsis, Tony <Tony.Kiritsis@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca> Cc: Barbrick, Tracey L < Tracey.Barbrick@novascotia.ca>; Chouinard, Vanessa P <Vanessa.Chouinard@novascotia.ca> Subject: RE: SBAR Serious AEFI VITT Thanks Shelley and good from me too. Rob From: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Sent: June 1, 2021 8:30 PM To: Kiritsis, Tony <Tony.Kiritsis@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>; Strang, Robert

<Robert.Strang@novascotia.ca>

Cc: Barbrick, Tracey L < Tracey.Barbrick@novascotia.ca>; Chouinard, Vanessa P

<Vanessa.Chouinard@novascotia.ca>

Subject: RE: SBAR Serious AEFI VITT

See red suggestions below. 14(1)

14(1)

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health

Department of Health and Wellness

From: Kiritsis, Tony < Tony.Kiritsis@novascotia.ca>

Sent: June 1, 2021 7:57 PM

To: Walsh, Tara A < Tara.Walsh@novascotia.ca>; Strang, Robert < Robert.Strang@novascotia.ca>

Cc: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Barbrick, Tracey L <<u>Tracey.Barbrick@novascotia.ca</u>>;

Chouinard, Vanessa P < Vanessa. Chouinard@novascotia.ca>

Subject: RE: SBAR Serious AEFI VITT

Below is what was drafted today, from which we can pull a line or two for tomorrow. 14(1)

14(1)

14(1)

COVID-19/HEALTH/WELLNESS--Province Reports First VITT Case

Tony Kiritsis Communications Advisor Department of Health and Wellness

From: Walsh, Tara A < Tara.Walsh@novascotia.ca>

Sent: June 1, 2021 6:15 PM

14(1)

To: Strang, Robert <<u>Robert.Strang@novascotia.ca</u>>

Cc: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Barbrick, Tracey L <<u>Tracey.Barbrick@novascotia.ca</u>>; Chouinard, Vanessa P <<u>Vanessa.Chouinard@novascotia.ca</u>>; Kiritsis, Tony <<u>Tony.Kiritsis@novascotia.ca</u>> Subject: Re: SBAR Serious AEFI VITT

I can yes. We have a separate rls drafted that tony can share now that we have these details.

Sent from my iPhone

On Jun 1, 2021, at 6:03 PM, Strang, Robert <<u>Robert.Strang@novascotia.ca</u>> wrote:

Thanks. ¹⁴⁽¹⁾ but would
like Comms to comment.
Suggest we bring to PO for their awareness before we include in tomorrow's release. Tara, can you do this through Jane? Rob
From: Deeks, Shelley < <u>Shelley.Deeks@novascotia.ca</u> >
Sent: June 1, 2021 5:57 PM
To: Strang, Robert < <u>Robert.Strang@novascotia.ca</u> >; Barbrick, Tracey L
< <u>Tracey.Barbrick@novascotia.ca</u> >; Walsh, Tara A < <u>Tara.Walsh@novascotia.ca</u> >; Chouinard,
Vanessa P < <u>Vanessa.Chouinard@novascotia.ca</u> >
Subject: SBAR Serious AEFI VITT
Hi all
The VITT case has now been reported. Below is the detail.
Abbreviated SBAR with medical detail removed; 14(1); 20(1)

Page 15

lease let me know what els	e is needed. Team can now report to PHAC tomorrow.	
Client Demographics	Male ²⁰⁽¹⁾	
Situation	Serious AEFI-Client received 1 st dose of Astra Zeneca ²⁰⁽¹⁾ ²⁰⁽¹⁾ symptoms including progressive headache	
Background	20(1)	
Assessment	Reportable To PHAC Fits temporal criteria VITT occurred within 42 days.	
Recommendations	Second dose whether it be Moderna or Pfizer to be determined by Specialist.	

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley To: Decks, Shelley: ealsupport; Billard, Bey A; Cole, Teri J Subject: Serious AEFIs- Fw; Client ID D(1) EFI Q(1) stroke/thrombus 20(1) Date: June 8, 2021 1:10:01 PM Attachments: image001.ong
Hi all, Two serious AEFIs to report:
20(1) M, Pfizer20(1)
20(1) This case is arguably not an AEFI 20(1) put we decided to report.
Today- see case below. PHN is continuing to gather information on the case.
From: Whynot, Lesley Sent: June 8, 2021 1:05 PM To: COVID-19 AEFIs Cc: Piek, Krista; St. Pierre, Noella Subject: Re: Client IC20(1) AEFI20(1) stroke/thrombus20(1)
Hi Noella,
Thanks for the detailed SBAR. Let's wait until we have all relevant medical history, and find out what specialist consultation is happening with this case. It's important to make sure we have all the details around any risk factors for thrombotic stroke.
I may run this case by our hematologist before determining next steps. Keep me posted. Thanks,
Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) lesley.whynot@nshealth.ca
From: COVID-19 AEFIs Sent: June 8, 2021 11:39:26 AM To: Whynot, Lesley Cc: Piek, Krista; St. Pierre, Noella Subject: Client ID[20(1)] AEFI [20(1)] stroke/thrombus ²⁰⁽¹⁾
Hi Dr Whynot, Please see SBAR below. Thanks,
Image: Second
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From: COVID-19 AEFIs Sent: Tuesday, June 8, 2021 11:19 AM To: COVID-19 AEFIs <CovidAEFI@nshealth.ca>

Subject: Client ID-20(1) serious AEFI - stroke/trombus 20(1)
Good morning,
Here's the SBAR on serious AEFI with client $20(1)$ with stroke/probable blood clot.

Best regards,

Noella

Client Demographics	• 20(1) female20(1)ID 20(1)	
Situation	20(1)	post-vaccination with 1 st dose of
	Moderna vaccine, administered 20(1) 20(1)]
Background	Background:	
Ū	20(1)	
	Describe the event:	
	 Moderna, 1st dose, lot # 3002331, administered on 20(1) 	
	20(1)	
•	•	

	20(1)
Assessment	
Recommendations	
Questions for MOH	

From:Sommers, RyanSent:Tue, 5 Apr 2022 18:48:13 +0000To:Deeks, ShelleySubject:RE: Weekly COVID AEFI summary from MOH Nov 26- Dec2

I replied to your initial email – let me know your thoughts on getting the AEFI team to produce a regular report.

Ryan

Dr. Ryan Sommers, MD, CCFP, FRCPC (PHPM) Senior Regional Medical Officer of Health and Senior Medical Director Public Health Nova Scotia Health Authority Family Physician



Colchester East Hants Health Centre Public Health Services Level 1 / Wing B 600 Abenaki Road Truro, Nova Scotia B2N 5A1 Office: (902) 893 – 5820 Fax: (902) 893 – 2614 Email: <u>ryan.sommers@nshealth.ca</u> <u>www.nshealth.ca</u>

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Sent: Tuesday, April 5, 2022 9:59 AM
To: Sommers, Ryan <Ryan.Sommers@nshealth.ca>
Subject: FW: Weekly COVID AEFI summary from MOH Nov 26- Dec2

Here is an example of the information I received from Lesley, which allowed me to maintain line of sight on serious AEFIs. I would like this to continue if possible.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Sent: December 10, 2021 11:13 AM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; episupport <episupport@nshealth.ca>; Boland, Melissa L
<Melissa.Boland@novascotia.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>
Subject: Weekly COVID AEFI summary from MOH Nov 26- Dec2

Summary of AEFIs that have come across my desk Dec 3-Dec 9. Any questions welcome. PIs note the peri/myocarditis cases are separated out for clarity.

Allergic- possible anaphylaxis (0)

Other possible allergic

20(1)	
	20(1)
	rash/ 20(1)

Neurological

20(1)	Bell's palsy
	20(1) migraines
	query Bell's palsy 20(1) F, 20(1)

Other non-serious

20(1)	rheumatologic flare ²⁰⁽¹⁾
20(1)	exacerbation complex pain syndrome
	20(1) RA
20(1)	IISRR
20(1)	flare- lichen planus

Serious Hospitalized

vestibulopathy(hospitalized), flare- lichen planus-²⁰⁽¹⁾ 20(1)

Serious Death (0)

Pericarditis/Myocarditis (0)

<u>Other</u>

	chest pain NYD ²⁰⁽¹⁾
20(1)	old case, chest pain NYD 20(1)
20(1)	giant cell arteritis- not within timeframe

Lesley Whynot, MD, CCFP

Physician Lead, AEFI Management, Nova Scotia Health & Wellness

Assistant Professor, Dept. Family Medicine, Dalhousie University

20(1)

cell lesley.whynot@nshealth.ca

From:	Deeks, Shelley
Sent:	Tue, 12 Apr 2022 17:54:24 +0000
То:	McIsaac, Kathryn
Subject:	FW: Monthly AEFI Report (April 2022)
Attachments:	20220404_Monthly AEFI Report_KMW.final.docx

I know I do not review anymore, but just to flag that AEFI versus AEFIs is not consistent. AEFI is singular (an adverse event) and AEFIs is plural (many adverse events). I also see that there is an AEFI's. I suspect comms will catch it but wanted to flag.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Wilson, Kevin Michael <Kevin.Wilson@novascotia.ca>
Sent: April 12, 2022 2:29 PM
To: Tobin, Lisa A <Lisa.Tobin@novascotia.ca>
Cc: McIsaac, Kathryn <Kathryn.McIsaac@novascotia.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Monthly AEFI Report (April 2022)

Hi Lisa,

Please find attached the AEFI report for the month (covering up to the end of March). It's been reviewed by another epi and a couple of rounds of review by Katie.

Cheers,

Kevin

Adverse Events Following Immunization (AEFI) with COVID-19 Vaccines in Nova Scotia December 16, 2020 to March 31, 2022

This Report in Context

- Nova Scotia has administered 2,262,186 doses of COVID-19 vaccine since December 16, 2020 (+20,133 in the last month).
- There have been 752 Adverse Events Following Immunization (AEFI) (+30 in the last month)
- The majority of AEFIs in Nova Scotia were non-serious (83.3%) and 16.8% were serious
- The risk of any AEFIs is low (33.2 per 100k doses administered). The risk of serious AEFI's is also low (5.6 per 100k doses administered)
- In comparison, the rate of AEFIs reported in Canada, to date are:
 - 38 non-serious events per 100k doses administered 10 serious adverse events per 100k doses administered.ⁱ
- Females report more AEFIs than males
- Those aged 30-64 report the most AEFIs. Those aged 5-17 years old report the fewest AEFIs

Overall Summary of Adverse Events Following Immunization

Between December 16, 2020 and March 31, 2022 Nova Scotia has administered 2,262,186 doses of COVID 19 vaccine and has received a total 752 reports of adverse events following immunization.

Table 1:Number and rate of AEFI reported following immunization for COVID-19, December 16, 2020 to March 31, 2022

	Number	Per 100k Doses
Total AEFIs	752	33.2
Non-Serious AEFIs	626	27.7
Serious AEFIs	126	5.6

242

	Pfizer	Moderna	COVISHIELD/A Z	Unknown/Other	Total
Total number of AEFIs reported	449	239	60	4	752
Number of Non-Serious AEFIs	386	182	54	4	626
Number of Serious AEFIs	63	57	6	0	126
Total number of doses administered	1513851	684446	61899	1990	2262186
Total AEFI reported per 100,000 doses	29.6	34.9	96.9	201.0	33.2
Serious AEFI reported per 100,000 doses	4.2	8.3	9.7	0.0	5.6

Table 2: Number and rate of AEFI reported following immunization for COVID-19, by vaccine product, December 16, 2020 to March 31, 2022

Table 3: Number and rate of AEFI reported following immunization for COVID-19, by age group and sex, December 16, 2020 to March 31, 2022

	Female		Male		Total	
Age Group	N	Rate per 100,000 doses	N	Rate per 100,000 doses	N	Rate per 100,000 doses
5-17*	16	17.8	10	10.8	26	14.2
18-29	62	38.5	38	24.9	100	31.9
30-49	191	63.4	51	18.9	242	42.4
50-64	165	55.3	54	19.9	219	38.4
65-79	80	32.0	49	21.5	129	27.0
80+	25	28.9	11	18.4	36	24.6
Total	539	45.4	213	19.8	752	33.2

*2 AEFI report in children 5-11 years of age

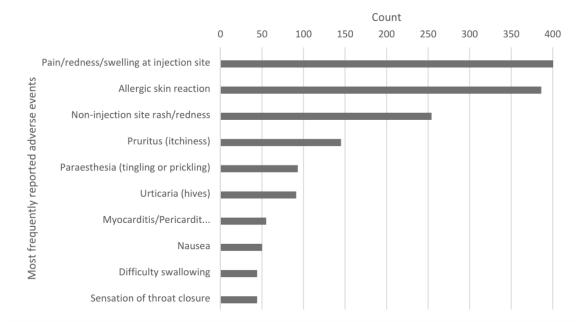


Figure 1: Number of the ten most frequently reported adverse events following immunization for COVID-19, December 16, 2020 to March 31, 2022

*An AEFI report may contain multiple adverse events. The total adverse event-specific counts may not equal the total number of AEFI reports. This does not include AEFIs classified in the composite "Other" category.

Serious Adverse Events Following Immunization Summary

An event is serious if it occurs within a specified time period after vaccination and it results in hospitalization, is life threatening, or results in death.ⁱⁱ These reports do not imply a causal relationship between the vaccine and the adverse event. As more Nova Scotians are vaccinated, a greater number of adverse events that are incidental to vaccination will be reported.

Between December 16, 2020 and March 31, 2022, there have been a total 126 Serious Adverse Events Following Immunization reported in Nova Scotia.

116 of these adverse event reports required hospitalization

2 of these adverse event reports resulted in permanent disability

There were 10 reports of death within 30 days of vaccination. Reports of death are events temporally associated with vaccine that have not been clearly attributed to other causes. A preliminary review of these events indicated that none were clearly attributable to the vaccine.

Adverse Events of Special Interest Following Immunization

There are three adverse events of special interest (AESI) following immunization which are being actively monitored in Canada as safety signals. Nova Scotia has reported 62 cases of adverse events of interest.

Myocarditis/Pericarditis

- 55 cases
- Cases ranged from 18 to 71 years of age
- 67% (n=37) cases among adolescents/young adults under 30 years of age
- 89% (n=49) occurred after dose 2; one case occurred after dose 3
- 73% (n=40) required hospitalization
- 91% (n=50) occurred within 7 days of vaccination
- 69% (n=38) occurred after vaccination with Moderna; 31% (n=17) occurred after vaccination with Pfizer

Guillain-Barre Syndrome

- 5 cases have occurred in total;
 - 2 cases occurred after Moderna vaccination (both after dose 1)
 - 2 cases occurred after Pfizer vaccination (1 after dose 1; 1 after dose 2)
 - 1 case occurred after COVISHIELD/AstraZeneca vaccine (after dose 1)

Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

- 2 cases have occurred in total
 - o 2 cases occurred after vaccination with COVISHIELD/AstraZeneca

DATA NOTES

Data Sources:

Nova Scotia data: Panorama and CanImmunize

Definitions

Adverse Events Following Immunization (AEFI): A serious or non-serious reaction experienced by a patient following immunization.

The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND a Public Health Agency of Canada report date entered into Panorama

Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- hospitalization or prolongation of existing hospitalization
- permanent disability
- death

Non-Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- a reaction that did not require hospitalization or prolongation of existing hospitalization
- a reaction that did not result in permanent disability
- a reaction that did not result in death

Adverse Events of Special Interest (AESI): Adverse Events of Special Interest are reactions that are of special interest because they are monitored at a national and international level.

Safety Signal: When an Adverse Event Following Immunization occurs at greater than expected frequency for a specific vaccine type or within a specific population group

ⁱ https://health-infobase.canada.ca/covid-19/vaccine-safety/

[&]quot;https://health-infobase.canada.ca/covid-19/vaccine-safety/

From:Deeks, ShelleySent:Thu, 14 Apr 2022 18:24:50 +0000To:Sommers, RyanSubject:RE: Weekly AEFI summary

Thanks!

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Sommers, Ryan <Ryan.Sommers@nshealth.ca>
Sent: April 14, 2022 12:52 PM
To: Nejat, Amir <Amir.Nejat@nshealth.ca>
Cc: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Weekly AEFI summary

Hey Amir

Thanks for connecting today

As discussed, can you please send us a weekly breakdown of any significant AEFIs you dealt with each week.

Below is an example of what Lesley used to provide Shelley (I've included Shelley on this email). It's broken down by category and include the pano ID. As you can see, we don't need a lot of information.

Let's start next week. You can send us something at the end of the Week (Friday) or send us the weekly review the following Monday.

Reply back if you have any questions or comments.

Thanks

Kindly,

Ryan

Example

Allergic- possible anaphylaxis (0)

Other possible allergic

20(1) 20(1)

20(1)	rash/ ²⁰⁽¹⁾
-------	------------------------

Neurological

20(1)	Bell's palsy
	²⁰⁽¹⁾ migraines
	query Bell's palsy ²⁰⁽¹⁾ ⁻ , ²⁰⁽¹⁾

Other non-serious

20(1)	rheumatologic flare ²⁰⁽¹⁾
20(1)	exacerbation complex pain syndrome
20(1)	20(1) RA
20(1)	ISRR
20(1)	flare- ²⁰⁽¹⁾

Serious Hospitalized

20(1)	vestibulopathy(hospitalized), ²⁰⁽¹⁾

Serious Death (0)

Pericarditis/Myocarditis (0)

<u>Other</u>

20(1)	chest pain NYD ²⁰⁽¹⁾	
20(1)	old case, chest pain NYD ²⁰⁽¹⁾	
20(1)	giant cell arteritis- not within timeframe	

Dr. Ryan Sommers, MD, CCFP, FRCPC (PHPM) Senior Regional Medical Officer of Health and Senior Medical Director Public Health Nova Scotia Health Authority Family Physician



Colchester East Hants Health Centre Public Health Services Level 1 / Wing B 600 Abenaki Road Truro, Nova Scotia B2N 5A1 Office: (902) 893 – 5820 Fax: (902) 893 – 2614 Email: <u>ryan.sommers@nshealth.ca</u> www.nshealth.ca

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: MOH AEFIS summary June 7-11

 Date:
 January 10, 2023 9:16:10 AM

From: Strang, Robert
Sent: Sunday, June 13, 2021 10:18 AM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Re: MOH AEFIS summary June 7-11

Will be interesting. So we do have serology for specific cases?

Rob

Sent from my iPhone

On Jun 13, 2021, at 9:47 AM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

Having some conversations re the COVID toes case, as I am hoping we can get PCR testing to see if actually had history of infection.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Sent: June 12, 2021 5:33 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport
<episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; Cole, Teri
<Teri.Cole@iwk.nshealth.ca>
Subject: MOH AEFIS summary June 7-11

Hi this is a quick summary of all 24 AEFIs that have come across my desk June 7-11. Some may not yet completed in Panorama. Any questions welcome. Let me know if you need me to sort these a little differently .

Allergic-possible anaphylaxis (3)

²⁰⁽¹⁾ Pfizer Pfizer Pfizer

Other possible allergic (5)

20(1) Pfizer ORS Pfizer

20(1) Mod Pfizer Pfizer
Neurological (1) 20(1) Pfizer 20(1) F, seizure 20(1)
Other non-serious (8) 20(1) Mod 20(1) F, erythema multiforme rash 20(1) 20(1) Mod 20(1) M, petechial rash/?hives 20(1) 20(1) Mod F, hyperthyroidism,20(1) F, hyperthyroidism,20(1) 20(1) Pfz 20(1) F, "?pericarditis" on AEFI form but NO findings on investigations indicating this, P0(1) 20(1) F 20(1) Mod 20(1) M, ITP 20(1)
Mod ²⁰⁽¹⁾ M, PE ²⁰⁽¹⁾ more information requested ²⁰⁽¹⁾ Mod ²⁰⁽¹⁾ F, vitreous detachment Mod ²⁰⁽¹⁾ F, rash toes ²⁰⁽¹⁾ ²⁰⁽¹⁾
Serious Hospitalized (6) $20(1)$ Pfizer $20(1)$ M, cardiac arrhythmia, $20(1)$ Mod $20(1)$ F, thrombotic stroke $20(1)$ $20(1)$ Pfizer $20(1)$ F, pericarditis $2^{0}(1)$ $20(1)$ Pfizer $20(1)$ F, ischemic stroke, $2^{0}(1)$ $20(1)$ Mod $2^{0}(1)$ F, ischemic stroke, $2^{0}(1)$ $20(1)$ Pfizer $2^{0}(1)$ F, ischemic stroke, $2^{0}(1)$ $20(1)$ Pfizer $2^{0}(1)$ F, ischemic stroke, $2^{0}(1)$ $20(1)$ Mod $2^{0}(1)$ F, ischemic stroke, $2^{0}(1)$
P0(1) Mod P0(1) F, hemorrhagic stroke P0(1) 20(1) Perious Death (1) Perious Death (1) Perious Death (1) 20(1) Mod Po(1) F, PE Perious Death (1) Perious Death (1) 20(1) Mod Po(1) F, PE Perious Death (1) Perious Death (1)

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) cell lesley.whynot@nshealth.ca

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: MOH AEFIs June 14- 18

 Date:
 January 10, 2023 9:15:55 AM

From: Strang, Robert
Sent: Monday, June 21, 2021 8:17 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Re: MOH AEFIs June 14- 18

So we would have to acknowledge a singe case but with few details due to privacy.

Rob

Sent from my iPhone

On Jun 21, 2021, at 8:11 PM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>

Sent: June 18, 2021 6:14 PM

To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport <episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; Cole, Teri <Teri.Cole@iwk.nshealth.ca>
Subject: MOH AEFIs June 14- 18

Hi this is a quick summary of all 20 AEFIs that have come across my desk June 14-18. Some may not yet be completed in Panorama. Any questions welcome. Let me know if you need me to sort these a little differently.

Allergic- possible anaphylaxis (4)

20(1) Pfizer Pfizer Pfizer 20(1) Mod

 Other nossible allergic (2)

 20(1)
 Mod

 20(1)
 Pfizer

Neurological (0)

Other non-serious (5)

20(1)	Pfizer ISRR
20(1)	Mod 2nd dose, $20(1)$ M, ?pericarditis (questionable- $20(1)$
	Pfizer ISRR
20(1)	Pfizer 20(1 F, HTN, tachycardia 20(1)
(-)	Mod Rash toes 20(1)

 Serious Hospitalized (5)

 20(1)
 Pfizer
 20(1) F Seizure/ischemic stroke (?vasculitis)

 20(1)
 Mod, 2nd dose, 20(1)
 M, pericarditis
 20(1)

 20(1)
 Mod, 2nd dose, 20(1)
 M, pericarditis
 20(1)

 20(1)
 Pfizer
 F, STEMI
 20(1)

 Pfizer
 F, bilat PE, 20(1)
 F, bilat PE, 20(1)

20(1) Pfizer ²⁰⁽¹⁾ M, colitis ²⁰⁽¹⁾		
Serious Death (0)		
Other (Old cases open > 4 weeks that needed sorting) $20(1)$ Serious $20(1)$ Serious $20(1)$ PEG allergy 20(1) $20(1)$ Serious, $20(1)$ polyarthritis $20(1)$ Ist dose Pfizer, $20(1)$		
20(1) Mod 20(1) M, 20(1) IJ thrombus, 20(1) not reported b/c of time frame		
Lesley Whynot, MD, CCFP		
Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University		
20(1)cell Iesley.whynot@nshealth.ca		

253

Page 34

From:	<u>Nejat, Amir</u>
То:	Deeks, Shelley; Sommers, Ryan
Subject:	Re: AEFI June
Date:	July 9, 2022 10:25:27 PM
Attachments:	image001.jpg

Hi,

Any questions please let me know.

. ID # ²⁰⁽¹⁾ post-Pfizer ²⁰⁽¹⁾ - AEFI reported - Pain, redness & swelling
2. ID $\#^{20(1)}$ - generalized rash, $20(1)$ post 1st , 2nd booster Pfizer
3. ID $\#^{20(1)}$ Ongoing hives $\frac{20(1)}{20(1)}$ post-vaccination, Moderna 4. ID $\#^{20(1)}$ covid-mRNA-Moderna Flare-up of gout
5. ID $\#^{20(1)}$ covid Neuropathic pain 2nd dose Pfizer.
6. ID # ²⁰⁽¹⁾ Pfizer- ²⁰⁽¹⁾ rhabdomyolysis
7. ID $\#^{20(1)}$ Pfizer 1st booster ,Difficulty walking/stiff joints post-vaccination8. ID $\#^{20(1)}$ AEFI - $20(1)$ $ash^{20(1)}$ ID $\#^{20(1)}$ 9. ID $\#^{20(1)}$ Pfizer- Lt arm pain, $20(1)$
10. ID $\#^{20(1)}$ pfizer& thrombocytopenia and AKI
11. Client ID ²⁰⁽¹⁾ pfizer thrombocytopenia
12. Client ID ²⁰⁽¹⁾ Pfizer and possible CRVO - vision loss
Not responsive
15. ID $\#^{20(1)}$ Pfizer vaccine ²⁰⁽¹⁾ seizures, with possible onset $20(1)$ post-vaccination - 1st dose of mRNA vaccine.
Cheers,
Amir
From: Nejat, Amir Sent: July 4, 2022 11:12:34 AM To: Deeks, Shelley; Sommers, Ryan Subject: Re: AEFI June

Sure, Will send you the updated list.

Sorry for the confusion.

Amir

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Sent: July 4, 2022 8:48:18 AM To: Nejat, Amir; Sommers, Ryan Subject: RE: AEFI June

Thanks Amir – not all of the AEFIs below have a vaccine that is listed – in order to understand that list, it would be helpful to have which vaccine the AEFIs are associated with. Is that clearer?

For example: ID²⁰⁽¹⁾ Parotiditis²⁰⁽¹⁾

Is this post COVID or mumps vaccine?

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Nejat, Amir <Amir.Nejat@nshealth.ca>
Sent: June 30, 2022 10:57 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Sommers, Ryan <Ryan.Sommers@nshealth.ca>
Subject: Re: AEFI June

Sorry Shelley, I seemed to miss your questions. I am reviewing COVID and Non COVID AEFIs if that's what you meant?

Cheers,

Amir

From: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>> Sent: June 14, 2022 2:27:33 PM To: Nejat, Amir; Sommers, Ryan Subject: RE: AEFI June

Thanks Amir. To assist with understanding, are the AEFIs without a vaccine all COVID?

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health

Department of Health and Wellness

From: Nejat, Amir <<u>Amir.Nejat@nshealth.ca</u>> Sent: June 14, 2022 1:56 PM To: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Sommers, Ryan <<u>Ryan.Sommers@nshealth.ca</u>> Subject: Re: AEFI June

Hi Shelley and Ryan,

Below please find the AEFIs reviewed early June.

Cheers,

Amir

Not responsive

Page 37 to/à Page 40

Withheld

Not responsive

From:	Dean, Kelly E on behalf of Strang, Robert
To:	Dean, Kelly E
Subject:	Fw: Client ID # 20(1) SBAR, AEFI - myocarditis, 20(1)
Date:	January 10, 2023 9:15:09 AM

From: Strang, Robert Sent: Monday, July 12, 2021 2:54 PM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Cc: Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca> Subject: Re: Client ID 20(1) SBAR, AEFI - myocarditis 20(1)

Concerning

Rob

Sent from my iPhone

On Jul 12, 2021, at 2:51 PM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

For awareness.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Deeks, Shelley Sent: July 12, 2021 2:51 PM To: 'Whynot, Lesley' <Lesley.Whynot@nshealth.ca>; episupport <episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca> Subject: RE: Client ID #20(1) - SBAR, AEFI - myocarditis, 20(1)

Thanks Lesley – and the team knows to send surveillance information to DHW now and update later. This is critical as we are looking at this both provincially but also nationally.

Bev - how many cases have you reported from NS to PHAC?

Shelley

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

 From: Whynot, Lesley < Lesley.Whynot@nshealth.ca>

 Sent: July 12, 2021 2:43 PM

 To: Deeks, Shelley < Shelley.Deeks@novascotia.ca>; episupport < episupport@nshealth.ca>;

 Billard, Bev A < Bev.Billard@novascotia.ca>

 Subject: Fw: Client ID #20(1)
 SBAR, AEFI - myocarditis, 20(1)

258

Page 42

Hi FYI this is the first of a couple of newly reported pericarditis/myocarditis cases coming in this week.

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) iell lesley.whynot@nshealth.ca

From: COVID-19 AEFIs Sent: July 12, 2021 12:41 PM To: Whynot, Lesley Cc: MacLellan, Kristin Subject: Client ID ²⁰⁽¹⁾ SBAR, AEFI - myocarditis, ²⁰⁽¹⁾

Hi Dr Whynot,

We have several myocarditis/pericarditis reports that we received today. This is the first one.

Noella

From: MacLellan, Kristin < <u>Kristin.MacLellan@nshealth.ca</u> >
Sent: Monday, July 12, 2021 12:23 PM
To: COVID-19 AEFIs < <u>CovidAEFI@nshealth.ca</u> >
Subject: Client ID ²⁰⁽¹⁾ SBAR, AEFI - myocarditis, ²⁰⁽¹⁾

Hi Noella - here is my SBAR

Thanks, Kristin

Client Demographics	Client ID ²⁰⁽¹⁾ M CZ
Situation	20(1) Client received Moderna (Lot# 052C21A) 20(1) and Pfizer (lot# EW0221) 20(1) myocarditis. 20(1) 20(1)
Background	20(1)

	20(1)
A	
Assessment	
Recommendations	
Questions for MOH	

<image001.png>

Kristin MacLellan, RN, BScN, MPH Public Health Nurse Covid AEFI Response Team Tel: [18(1)(a) For information on Covid 19, please visit www.novascotia.ca/coronavirus	
2	<u>Coronavirus</u> (COVID-19) = <u>Government</u> of Nova Scotia, Canada
	www.novascotia.ca Government of Nova Scotia's response to the COVID-19 pandemic.

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
To:	Dean, Kelly E
Subject:	Fw: MOH weekly AEFI summary August 9-12
Date:	January 10, 2023 9:13:53 AM

From: Strang, Robert
Sent: Friday, August 13, 2021 1:42 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Subject: RE: MOH weekly AEFI summary August 9-12

Thank you both.

Rob

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Sent: August 13, 2021 8:23 AM
To: Strang, Robert <Robert.Strang@novascotia.ca>
Cc: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Subject: FW: MOH weekly AEFI summary August 9-12

FYI - Lesley will send directly to you while I am away.

Cheers Shelley

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Sent: August 12, 2021 6:20 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; episupport
<episupport@nshealth.ca>
Subject: MOH weekly AEFI summary August 9-12

Summary of AEFIs that have come across my desk Mon Aug 9- Thur Aug 12. This is only for 4 days, as tomorrow's cases will be rolled into next week, because we are moving to a Fri-Thurs cycle. Some cases may not yet be completed in Panorama. Any questions welcome.

Pls note the peri/myocarditis cases are separated out into their own category for clarity, and some may have changed from probable to confirmed, etc. since my original review and **several cases were changed to to non-cardiac since originally reported**. All cardiac cases have been reported to PHAC according to investigating PHNs. **Allergic- possible anaphylaxis**

0(1)	Pfz2	
	Pfz2	
20(1)	Pfz2	
Other p	possible allergic	
20(1)	Pfz1 20(1) , 20	1, local soft tissue swelling, ²⁰⁽¹⁾

Neurological (0)

Other non-serious

20(1)	Pfz2, costochondritis
	Pfz2, chest pain NYD 20(1 F, 20(1)
20(1)	Mod1, 20F, chest pain/ISRR (originally reported as chest pain)
20(1)	Pfz2, 20F, reported as chest pain 20(1)
	Pfz2, 20M, reported as chest pain/?cardiac, 20(1)
20(1)	$P_{fz1,20(F, flare inflammatory oligoarthritis 20(1)$
20(1) 20(1)	Pfz2, (originally reported as probable Myocarditis) ²⁰ ²⁰ ²⁰ ²⁰ ²⁰
20(1)	

Serious Hospitalized (0)

Serious Death (0)

Cardiac 20(1) Pfz2, 20 1, 20(1) probable pericarditis, 20(1)	
Other 20(1) Mod2, (originally possible myocarditis) 20(1 = 20(1) 20(1) did not feel vaccine related, not reported to PHAC	

Lesley Whynot, MD, CCFP

Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University

20(1) cell

lesley.whynot@nshealth.ca

From:	Dean, Kelly E on behalf of Strang, Robert
To:	Dean, Kelly E
Subject:	Fw: Weekly AEFI MOH Summary August 16-20 2021
Date:	January 10, 2023 9:13:37 AM

From: Strang, Robert

Sent: Sunday, August 22, 2021 9:33 PM
To: Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>
Subject: RE: Weekly AEFI MOH Summary August 16-20 2021

Thank you Lesley

Rob

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca> Sent: August 21, 2021 9:50 AM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Strang, Robert <Robert.Strang@novascotia.ca> Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca> Subject: Weekly AEFI MOH Summary August 16-20 2021 Good morning, Summary of AEFIs that have come across my desk Aug 13- 19 . Sorry for delay, we had a power outage here most of yesterday. Some cases may not yet be completed in Panorama.

Of note- 3 cases of facial nerve palsy, plus one unconfirmed case.

One death 20(1) details below. NO cases of myo/pericarditis this week!

Any questions welcome.

Allergic- possible anaphylaxis

20(1) F, Pfz2

Other possible allergic

20(1)

Neurological

Neuro	
20(1)	probable Bell's Palsy (still inv <u>est</u> igating)[20(1) Mod1, [20(=
	Bell's Palsy,20(1) Mod2,20(M,
20(1)	Bell's palsy vs TGNeuralgia, 20(1) Pfz1, 20F, 20(1)
	Bell's Palsy, 20(1) Pfz 2, 20M
20(1)	bilateral leg pain/paresthesia ²⁰⁽¹⁾ Pfz1, ²⁰⁽¹⁾
	optic neuritis, 20(1) Pfz1, 20(1)
20(1)	
20(1)	paresthesia face, 20(1) Mod2, 20

Other non-serious

20(1)	ISRR (reported as neuro symptoms)
20(1) 20(1)	(old case from May)20 F 20(1)
20(1)	leg cramps
	SRR vs TIA, 20M, Pfz1,20(1)
	chest pain NYD, (ruled non-cardiac) ²⁰⁽¹⁾ Mod2, ²⁰ F
	SRR/pseudoseizures, 201F, Mod2
	20(1) Mod2 ²⁰⁽ M ²⁰⁽¹⁾
20(1)	
20(1)	rash toes, 20(1) Pfz2 20(M

20(1) chest pain/fever (cardiac ruled out), 20(1) vertigo 20(1) Pfz1 20 F 20(1) palpitations, Pfz2, 20 M 20(1) chest pain NYD 20(1) 20(1) ISRR (reported as allergy) 20(1) ISRR (reported as neuro sx)	Pfz2, 20(M 20(1)
Serious Hospitalized_ 20(1) 20(1)	Mod2, 20M, 20(1)
Serious Death 20(1) CVA,20(1) 20(1) CVA,20(1)	Mod2,20(M, 20(1)
Lesley Whynot, MD, CCFP	

 Physician Lead, AEFI Management, Nova Scotia Health & Wellness

 Assistant Professor, Dept. Family Medicine, Dalhousie University

 20(1)

 cell

 lesley.whynot@nshealth.ca

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
To:	Dean, Kelly E
Subject:	Fw: MOH AEFI weekly summary Aug 20-26
Date:	January 10, 2023 9:13:17 AM

From: Strang, Robert

Sent: Friday, August 27, 2021 11:46 AM
To: Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Deeks, Shelley.Shelley.Deeks@novascotia.ca>
Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; episupport
<episupport@nshealth.ca>
Subject: RE: MOH AEFI weekly summary Aug 20-26

Thank you for this and your ongoing work in this important component of our vaccine program.

Rob

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca> Sent: August 27, 2021 10:45 AM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Strang, Robert <Robert.Strang@novascotia.ca> Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; episupport <episupport@nshealth.ca> Subject: MOH AEFI weekly summary Aug 20-26 Good morning, Summary of AEFIs that have come across my desk Aug 20-27 . Some cases may not yet be completed in Panorama. * Death reported last week changed to stroke 20(1) incorrect. One possible (low likelihood) peri/myocarditis 20(1) 20(1) 20(1)

Any questions welcome.

Allergic- possible anaphylaxis

20(1) Pfz2, 20(1)

Other possible allergic (0)

Neuro	logical		
20(1)	Pfz2, ?GBS ²⁰⁽¹⁾		
20(1)	Pfz2, GBS20(F, 20(1)		
20(1)			
20(1)	Pfz1 paresthesia arm/face		
	Pfz1, persistent headaches		
20(1)	Pfz1 paresthesias, 20(1)		
Other	non-serious_		
20(1)	AZ, (old case from April), thrombocytopenia ²⁰⁽¹⁾		
	Pfz2, fatigue/myalgias, 20(1)		
20(1)	Mod2, chest pain NYD20(1)		
20(1)	Pfz1, hyperthyroidism, 20(1)	determined not reportable	

20017	,	
	Pfz1, ISRR 20(1)	
20(1) 20(1)	Pfz1, palpitations (PVCs)	
20(1)	Mod2 vision changes (not an AEFI)	
	Pfz1, chest pain/palpitations ²⁰ (F20(1)	
20(1)		

Serious Hospitalized

20(1)	Mod2. (reported last week as death. but dates	ncorrect)-20(1)
20(1)		´

Serious Death (0)

Lesley Whynot, MD, CCFP

 Physician Lead, AEFI Management, Nova Scotia Health & Wellness

 Assistant Professor, Dept. Family Medicine, Dalhousie University

 20(1)

 cell

 lesley.whynot@nshealth.ca

From:Deeks, ShelleySent:Fri, 4 Nov 2022 16:30:42 +0000To:Strang, Robert;Heatley, Jennifer GSubject:FW: Quarterly AEFI Report DraftAttachments:20221018_Quarterly_AEFI Report.v4.docx, 20221018_Quarterly_AEFIReport.v4.pdf

Hi both

Rob I typically forward these to you.

Jen do you want me to send to you as well.

My response to Jenna: Jenna – to put in perspective, if another diagnosis is reached for something that is reported as an AEFI, the case would no longer meet the AEFI criteria. This is one reason that data change over time

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: McIsaac, Kathryn <Kathryn.McIsaac@novascotia.ca>
Sent: November 4, 2022 11:25 AM
To: MacQueen, Jenna <Jenna.MacQueen@novascotia.ca>; Tobin, Lisa A <Lisa.Tobin@novascotia.ca>
Cc: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: RE: Quarterly AEFI Report Draft

Hi Jenna:

We did a triple check of the data and GBS did decrease by 1. Shelley Deeks has designated approval of the AEFI report to me. She is cc'ed for her awareness.

Please go ahead and post the AEFI report.



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: Kathryn.mcisaac@novascotia.ca

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: MacQueen, Jenna <<u>Jenna.MacQueen@novascotia.ca</u>> Sent: November 2, 2022 10:28 AM To: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>>; McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Thanks Lisa and Katie. No edits from me.

Just one question for you that I would like to confirm. I see the note that says:

• There have been 703 Adverse Events Following Immunization (AEFI). The decline from previous quarterly reporting stems from ongoing data cleaning and updates to patient records as more information becomes available.

Is this also true for the 1 less case of Guillain-Barre Syndrome?

Also has this been approved by Dr. Deeks and ready for me to get it PDF'd to be posted online?

Thanks, Jenna

From: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Sent: November 2, 2022 8:47 AM To: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>>; MacQueen, Jenna <<u>Jenna.MacQueen@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Jenna – heads up that this will be our last quarterly AEFI report and that we will be moving to an annual report going forward. An annual schedule is consistent with best practices for AEFI reporting and Shelley has approved this timing shift.

Lisa

From: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Sent: November 1, 2022 8:55 PM To: MacQueen, Jenna <<u>Jenna.MacQueen@novascotia.ca</u>> Cc: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>>; Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: FW: Quarterly AEFI Report Draft

Good evening Jenna:

Please find attached the quarterly AEFI report, for the quarter June 1-September 30,2022.

Please let us know if you have any questions or suggestions.



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Sent: October 31, 2022 4:59 PM To: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Cc: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Hi Lisa,

Please find attached the PDF version of the quarterly AEFI report.

Cheers,

Kevin

From: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Sent: October 25, 2022 5:53 PM To: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Kevin, please disregard the last version. There was a comment that wasn't included in the highlights section.



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

269

Page 53

From: McIsaac, Kathryn Sent: October 25, 2022 5:51 PM To: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Thanks for that additional information, Kevin.

Some minor changes. After we incorporate these, we should send to comms. Remind me of the SOP? Do you send to comms or do I?



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Sent: October 25, 2022 3:20 PM To: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Hi Katie,

Here's the updated draft.

In my audit, I found that while most of the AEFIs falling out of the analysis were be re-classified as nonreportable, a sub-set were having the type of AEFI re-classified but remained reportable. The code was designed to select AEFIs based on the PHAC report date, but this actually updates whenever changes are made to the case record, and so several AEFIs were in Panorama but not showing up in the output because they were edited after the end of the reporting period (up to 30SEP2022). I've changed the code filter based on the date the AEFI was reported to public health, which doesn't auto-update when changes were made. This has returned ~20 AEFIs to the analysis cohort for the current period.

Kevin

From: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Sent: October 21, 2022 10:45 AM To: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Thanks Kevin for this update. It's very helpful.



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Sent: October 21, 2022 10:43 AM To: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Hi Katie,

I've asked the NSH Epis to refresh the non-MSI file (it's not currently being updated as all counts have switch to the MSI system). If it's completed today, I'll have the audit results ready for Monday morning. If there are complications with the update, then the audit will start some time on Monday.

Kevin

From: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Sent: Thursday, October 20, 2022 11:56 AM To: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Hi Kevin:

Here are my comments.

I know we had briefly discussed the change in AEFI data at the end of day Tuesday, but I note there is a big difference in the number / rate AEFI reported. It's important that we understand why people who were not MSI eligible were included before but not now. We will put it on the list of things to discuss at our meeting next week.

Much appreciated,

Katie McIsaac, PhD



she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>> Sent: October 19, 2022 4:31 PM To: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Subject: Quarterly AEFI Report Draft

Hi Katie,

Please find attached the draft version of this quarter's AEFI report.

Cheers,

Kevin

272

Page 56

Adverse Events Following Immunization (AEFI) with COVID-19 Vaccines in Nova Scotia December 16, 2020 to September 30, 2022

This Report in Context

- This quarterly report on adverse events following immunization (AEFI) with COVID-19 vaccine includes new AEFI reported between July 1, 2022 and September 30, 2022
- Nova Scotia has administered 2,478,183 doses of COVID-19 vaccine since the start of the COVID-19 immunization program (December 16, 2020) and 108,420 doses in the last quarter.
- There have been 703 Adverse Events Following Immunization (AEFI). The decline from previous quarterly reporting stems from ongoing data cleaning and updates to patient records as more information becomes available.
- The majority of AEFI in Nova Scotia (80.9%) were non-serious; 19.1% were serious
- The rate of AEFI reported in Nova Scotia is low (28.4 per 100k doses administered) and decreased slightly over this quarter. The rate of serious AEFI reported is also low (5.4 per 100k doses administered) and remained stable over this quarter.
- In comparison, the rate of AEFI reported in Canada, to date are:
 - o 46 non-serious events per 100k doses administered
 - o 12 serious adverse events per 100k doses administered.ⁱ
- AEFI are reported more often in females than males
- AEFI are reported most often in those aged 30-64 years and least often in those aged less than 18 years.
- In this quarter, COVID-19 immunizations were authorized for use in children aged 6 months to five years; to-date, no AEFI have been reported in this age group in Nova Scotia.

Overall Summary of Adverse Events Following Immunization

Between December 16, 2020 and September 30, 2022 Nova Scotia has administered 2,478,183 doses of COVID-19 vaccine and has received a total 703 reports of adverse events following immunization.

Table 1: Number and rate of AEFI reported following immunization for COVID-19, December 16, 2020 to September 30, 2022

	Number	Per 100k Doses Adminsitered
Total AEFIs	703	28.4
Non-serious AEFIs	569	23.0
Serious AEFIs	134	5.4

Table 2: Number and rate of AEFI reported following immunization for COVID-19, by vaccine product, December 16, 2020 to September 30, 2022

	Pfizer	Moderna	COVISHIELD/AZ	Unknown/Other	Total
Total Number of AEFIs Reported	416	227	51	9	703
Number of non-serious AEFIs	348	168	45	8	569
Number of serious AEFIs	68	59	6	1	134
Total Number of Doses Administered	1643401	750811	62734	21237	2478183
Total AEFI reporting rate per 100,000 doses	25.3	30.2	81.3	42.4	28.4
Serious AEFI reporting rate per 100,000 doses	4.1	7.9	9.6	4.7	5.4

Table 3: Number and rate of AEFI reported following immunization for COVID-19, by age group
and sex, December 16, 2020 to September 30, 2022

	Fe		emale Male		Total	
Age Group	N	Rate per 100,000 doses	N	Rate per 100,000 doses	N	Rate per 100,000 doses
<5	0	0.0	0	0.0	0	0.0
5-17*	19	18.4	13	12.2	32	15.3
18-29	52	30.8	38	23.9	90	27.5
30-49	175	55.9	48	17.2	223	37.7
50-64	145	44.9	51	17.5	196	31.9
65-79	76	25.7	52	19.6	128	22.8
80+	22	21.8	12	17.4	34	20.0
Total	489	37.4	214	18.3	703	28.4

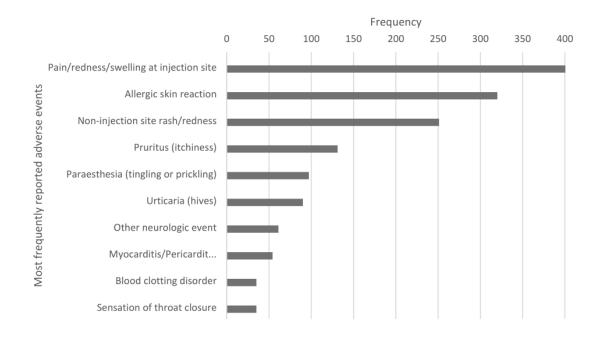


Figure 1: Number of the ten most frequently reported adverse events following immunization for COVID-19, December 16, 2020 to September 30, 2022

*An AEFI report may contain multiple adverse events. The total adverse event-specific counts may not equal the total number of AEFI reports. This does not include AEFIs classified in the composite "Other" category.

Serious Adverse Events Following Immunization Summary

An event is serious if it occurs within a specified time period after vaccination and it results in hospitalization, is life threatening, or results in death.ⁱⁱ These reports do not imply a causal relationship between the vaccine and the adverse event. As more Nova Scotians are vaccinated, a greater number of adverse events that are incidental to vaccination will be reported.

Between December 16, 2020 and September 30, 2022, there have been a total 127 Serious Adverse Events Following Immunization reported in Nova Scotia.

115 of these adverse event reports required hospitalization

1 of these adverse event reports resulted in permanent disability

There were 11 reports of death within 30 days of vaccination. Reports of death are events temporally associated with vaccine that have not been clearly attributed to other causes. A preliminary review of these events indicated that none were clearly attributable to the vaccine.

Adverse Events of Special Interest Following Immunization

There are three adverse events of special interest (AESI) following immunization which are being actively monitored in Canada as safety signals. Nova Scotia has reported 65 cases of adverse events of interest.

Myocarditis/Pericarditis

- 57 cases
- Cases ranged from 18 to 86 years of age
- 63.2% (n=39) cases among adolescents/young adults under 30 years of age
- 86% (n=49) occurred after dose 2; one case occurred after dose 3; two after dose 4
- 74% (n=42) required hospitalization
- 90% (n=57) occurred within 7 days of vaccination
- 68% (n=39) occurred after vaccination with Moderna; 31% (n=32) occurred after vaccination with Pfizer

Guillain-Barre Syndrome

- 4 cases have occurred in total;
 - 1 cases occurred after Moderna vaccination (after dose 1)
 - 2 cases occurred after Pfizer vaccination (1 after dose 1; 1 after dose 2)
 - o 1 case after COVISHIELD/AstraZeneca (dose 1)

Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

- 2 cases have occurred in total
 - o 2 cases occurred after vaccination with COVISHIELD/AstraZeneca

DATA NOTES

Data Sources:

Nova Scotia data: Panorama and CanImmunize

Definitions

Adverse Events Following Immunization (AEFI): A serious or non-serious reaction experienced by a patient following immunization.

The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND a Public Health Agency of Canada report date entered into Panorama

Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- hospitalization or prolongation of existing hospitalization
- permanent disability
- death

Non-Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- a reaction that did not require hospitalization or prolongation of existing hospitalization
- a reaction that did not result in permanent disability
- a reaction that did not result in death

Adverse Events of Special Interest (AESI): Adverse Events of Special Interest are reactions that are of special interest because they are monitored at a national and international level.

Safety Signal: When an Adverse Event Following Immunization occurs at greater than expected frequency for a specific vaccine type or within a specific population group

ⁱ https://health-infobase.canada.ca/covid-19/vaccine-safety/

[&]quot; https://health-infobase.canada.ca/covid-19/vaccine-safety/

77

Page 61

Adverse Events Following Immunization (AEFI) with COVID-19 Vaccines in Nova Scotia December 16, 2020 to September 30, 2022

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18-29	52	30.8	38	23.9	90	27.5
30-49	175	55.9	48	17.2	223	37.7
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65-79	76	25.7	52	19.6	128	22.8
80+	22	21.8	12	17.4	34	20.0
Total	489	37.4	214	18.3	703	28.4

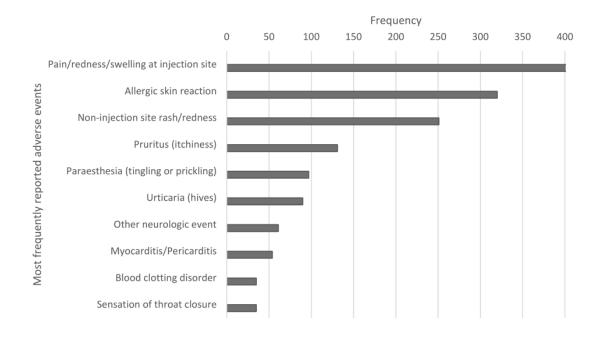


Figure 1: Number of the ten most frequently reported adverse events following immunization for COVID-19, December 16, 2020 to September 30, 2022

*An AEFI report may contain multiple adverse events. The total adverse event-specific counts may not equal the total number of AEFI reports. This does not include AEFIs classified in the composite "Other" category.

Serious Adverse Events Following Immunization Summary

An event is serious if it occurs within a specified time period after vaccination and it results in hospitalization, is life threatening, or results in death.ⁱⁱ These reports do not imply a causal relationship between the vaccine and the adverse event. As more Nova Scotians are vaccinated, a greater number of adverse events that are incidental to vaccination will be reported.

Between December 16, 2020 and September 30, 2022, there have been a total 127 Serious Adverse Events Following Immunization reported in Nova Scotia.

115 of these adverse event reports required hospitalization

1 of these adverse event reports resulted in permanent disability

There were 11 reports of death within 30 days of vaccination. Reports of death are events temporally associated with vaccine that have not been clearly attributed to other causes. A preliminary review of these events indicated that none were clearly attributable to the vaccine.

Adverse Events of Special Interest Following Immunization

There are three adverse events of special interest (AESI) following immunization which are being actively monitored in Canada as safety signals. Nova Scotia has reported 65 cases of adverse events of interest.

Myocarditis/Pericarditis

- 57 cases
- Cases ranged from 18 to 86 years of age
- 63.2% (n=39) cases among adolescents/young adults under 30 years of age
- 86% (n=49) occurred after dose 2; one case occurred after dose 3; two after dose 4
- 74% (n=42) required hospitalization
- 90% (n=57) occurred within 7 days of vaccination
- 68% (n=39) occurred after vaccination with Moderna; 31% (n=32) occurred after vaccination with Pfizer

Guillain-Barre Syndrome

- 4 cases have occurred in total;
 - 1 cases occurred after Moderna vaccination (after dose 1)
 - 2 cases occurred after Pfizer vaccination (1 after dose 1; 1 after dose 2)
 - o 1 case after COVISHIELD/AstraZeneca (dose 1)

Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

- 2 cases have occurred in total
 - o 2 cases occurred after vaccination with COVISHIELD/AstraZeneca

DATA NOTES

Data Sources:

Nova Scotia data: Panorama and CanImmunize

Definitions

Adverse Events Following Immunization (AEFI): A serious or non-serious reaction experienced by a patient following immunization.

The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND a Public Health Agency of Canada report date entered into Panorama

281

Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- hospitalization or prolongation of existing hospitalization
- permanent disability
- death

Non-Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- a reaction that did not require hospitalization or prolongation of existing hospitalization
- a reaction that did not result in permanent disability
- a reaction that did not result in death

Adverse Events of Special Interest (AESI): Adverse Events of Special Interest are reactions that are of special interest because they are monitored at a national and international level.

Safety Signal: When an Adverse Event Following Immunization occurs at greater than expected frequency for a specific vaccine type or within a specific population group

ⁱ https://health-infobase.canada.ca/covid-19/vaccine-safety/

[&]quot;https://health-infobase.canada.ca/covid-19/vaccine-safety/

From:Deeks, ShelleySent:Tue, 8 Nov 2022 18:46:31 +0000To:McIsaac, KathrynSubject:RE: Quarterly AEFI Report Draft

Thanks Katie. This is really helpful

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: McIsaac, Kathryn <Kathryn.McIsaac@novascotia.ca> Sent: November 8, 2022 1:58 PM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Subject: RE: Quarterly AEFI Report Draft

Hi Shelley:

The previous GBS patient was knocked out of the most recent report because they were a BC resident. All doses were administered in BC and they developed symptoms while visiting NS.

Kevin is revamping the AEFI report. AEFI from Ancestral and bivalent vaccines will be included in the annual report.



Katie McIsaac, PhD she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>> Sent: November 4, 2022 1:28 PM To: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Just to you. Do we know why the GBS was reclassified?

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>> Sent: November 4, 2022 11:25 AM To: MacQueen, Jenna <<u>Jenna.MacQueen@novascotia.ca</u>>; Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>> Cc: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>> Subject: RE: Quarterly AEFI Report Draft

Duplicate

Page 68 to/à Page 71

Withheld

Duplicate

From:	Deeks, Shelley
Sent:	Thu, 15 Dec 2022 15:31:17 +0000
То:	Dean, Kelly E;Strang, Robert;Tobin, Lisa A
Subject:	FW: COVID-19 Weekly AEFI Report - May 27, 2021
Attachments:	20210527 COVID-19 AEFI Summary.pdf

This is the weekly report I am referring to

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: SURVEILLANCEDHW <SURVEILLANCEDHW@novascotia.ca>

Sent: May 27, 2021 5:18 PM

To: Arseneau, Marc < Marc. Arseneau@nshealth.ca>; Barbrick, Tracey L

<Tracey.Barbrick@novascotia.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; Carew, Maureen <Maureen.Carew@novascotia.ca>; Chouinard, Vanessa P <Vanessa.Chouinard@novascotia.ca>; Cole, Teri J <Teri.Cole@novascotia.ca>; Cram, Jennifer <Jennifer.Cram@nshealth.ca>; Davis, Heather <Heather.Davis@novascotia.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; Heatley, Jennifer G <Jennifer.Heatley@novascotia.ca>; McClellan, Kim <Kim.McClellan@nshealth.ca>; Nichols, Michaela <Michaela.Nichols@novascotia.ca>; Patel, Alkesh <Alkesh.Patel@novascotia.ca>; Piek, Krista <Krista.Piek@nshealth.ca>; Sommers, Ryan <Ryan.Sommers@nshealth.ca>; Strang, Robert <Robert.Strang@novascotia.ca>; Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Wilson, Maria <Maria.Wilson@novascotia.ca>; Zygmunt, Austin J <AustinJ2.Zygmunt@nshealth.ca> Subject: COVID-19 Weekly AEFI Report - May 27, 2021

Hello,

Please see attached the Weekly COVID-19 AEFI Report.

Thank you, DHW Surveillance Team

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



Nova Scotia COVID-19 AEFI Summary: 27 May 2021, 16:00⁺

NS Dept. Health & Wellness

[†]Immunization and AEFI data valid to 07:00 day of report. See Data Notes for more details.

Highlights

- There were 23 new AEFIs reported this week (May 20-26, 2021)
 - o 8 serious (34.8%), 15 non-serious (65.2%)
 - 6 of the serious AEFIs are deaths that were not previously reported due to a data error. All of these deaths occurred in April and earlier in May.
 - o 6 Moderna (26.1%), 12 Pfizer (52.2%), 5 COVISHEILD/ASTRAZENECA (21.7%)
- Allergic reactions were the most commonly reported AEFIs this week (n=10, 38.5%)
- The serious AEFIs (excluding deaths) reported this week were classified as:
 - Neurologic event: Encephalopathy/Encephalitis
 - o Other serious or unexpected events: Pulmonary Embolism

Summary of AEFI Details

Table 1. Summary of all COVID-19 AEFI reports received by COVID-19 vaccine product, December 16, 2020-May 26, 2021

	Pfizer	Moderna	COVISHIELD/AZ	Total
Total Number of AEFIs Reported	127	40	43	210
Number of non-serious AEFIs	110	35	41	186
Number of serious AEFIs	17	5	2	24
Total Number of Doses Administered	368402	115552	58199	542196
Total AEFI reporting rate per 100,000 doses	34.5	34.6	73.9	38.7
Serious AEFI reporting rate per 100,000 doses	4.6	4.3	3.4	4.4
Canadian total AEFI reporting rate per 100,000 doses*	30.9			

*https://health-infobase.canada.ca/covid-19/vaccine-safety/. Data valid up to May 14, 2021

Table 2. Number and rate of COVID-19 AEFI reports by age group and gender, December 16, 2020-May 26, 2021

	Female		Male		Total	
Age Group	N	Rate per 100,000 doses	N	Rate per 100,000 doses	N	Rate per 100,000 doses
<16	0	0.0	0	0.0	0	0.0
16-49	49	56.8	6	10.3	55	10.1
50-64	65	63.2	16	18.4	81	14.9
65-79	40	48.8	14	19.1	54	10.0
80+	14	43.6	6	29.3	20	3.7
Total	168	55.4	42	17.6	210	38.7
Canadian Totals*	4415	43.3	907	10.9	5488	30.9

*https://health-infobase.canada.ca/covid-19/vaccine-safety/. Data valid up to May 14, 2021

NOVEL CORONAVIRUS (COVID-19)

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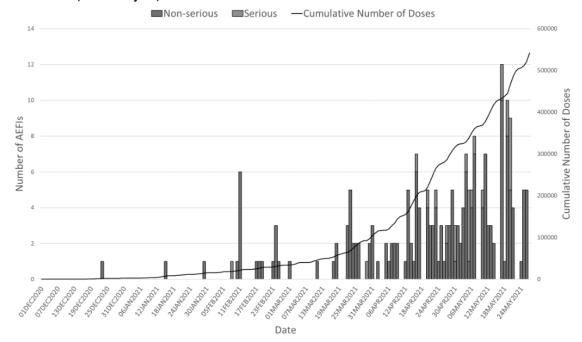


Table 3. Summary of all COVID-19 AEFI reports received by reaction type, December 16, 2020-May 26, 2021

Reaction Type	Non-serious		Ser	Total	
	n	%	n	%	
Local	28	100.0%	0	0.0%	28
Allergic	99	97.1%	3	2.9%	102
Neurologic	27	81.8%	6	18.2%	33
Other	30	66.7%	15	33.3%	45
Missing	2	100.0%	0	0.0%	2
Total	186	88.6%	24	11.4%	210

**Note: Definitions for reaction type categories are included in the data notes

Figure 1. Number of COVID-19 AEFI reports received and cumulative doses administered by week, December 16, 2020-May 26, 2021



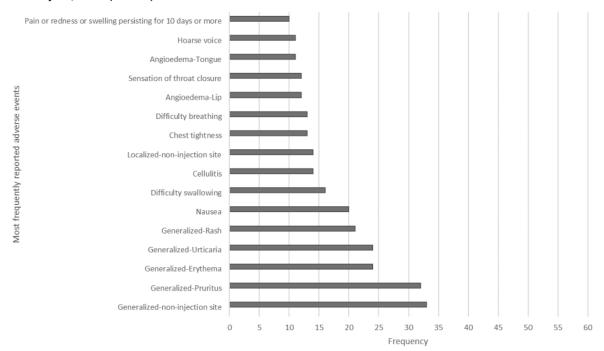
[†]Date of AEFI report is based on the PHAC report date. Date of doses administered is based on immunization date.

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Figure 2. Most frequently reported COVID-19 adverse events (serious and non-serious), December 16, 2020-May 26, 2021 (n=577*)



*Each overall AEFI report can include multiple adverse events

Page 76

NOVEL CORONAVIRUS (COVID-19)

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NOVASCOTIA

Serious AEFI Summary

Hospitalizations (n=18)

All of the reported serious AEFIs (n=18), excluding deaths, have required hospitalization. Only 2 pf these cases have been classified as recovered 20(1) A summary of these 18 serious AEFIs are included below:

2 reports of neurologic symptoms
 20(1)

20(reports of myocardial infarction

• 20(1)

Deaths (n=6)

20(1) bf the deaths 20(1) were individuals aged 65+.20(1) death 20(1) was an individual in the 50-64 age group. A summary of the six deaths are included below:

20(1)

Page 77

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



DATA NOTES

Data Sources:

Nova Scotia data: Panorama and CanImmunize Canadian data: https://health-infobase.canada.ca/covid-19/vaccine-safety/

Definitions

AEFI: Adverse events following immunization

 The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND

a PHAC report date entered into Panorama

<u>Serious AEFI</u>: An adverse event following immunization that has resulted in AT LEAST one of the following:

- Hospitalization or prolongation of existing hospitalization;
- Death or permanent disability/incapacity

<u>Non-serious AEFI</u>: An adverse event following immunization that does not meet the criteria for a serious AEFI (as described above) and meets the criteria below:

- A reaction that did not require hospitalization or prolongation of existing hospitalization
- A reaction that did not result in death or permanent disability/incapacity

**Reaction Type:

Local reaction:

- Local reaction at or near vaccination site include the following:
 - Infected abscess
 - Sterile abscess
 - Cellulitis
 - Reaction crosses joint
 - Lymphadenitis
 - o Other, specify

Allergic reaction:

- Allergic and Allergic-like events include the following:
 - Anaphylaxis
 - Oculo-Respiratory Syndrome (ORS)
 - o Other allergic events
- Allergic reactions are further classified into the following categories:
 - Skin/mucosal
 - Cardio-vascular
 - Respiratory
 - Gastrointestinal
- Neurologic reaction:
- Neurologic events include the following:
 - Meningitis
 - Encephalopathy/Encephalitis
 - Guillain-Barre Syndrome (GBS)
 - Bell's Palsy

NOVEL CORONAVIRUS (COVID-19)

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- o Other Paralysis
- o Seizure
- o Anaesthesia
- o Paraesthesia
- $\circ \quad \text{Other neurologic diagnosis, specify} \\$

Other reaction:

- Other events include the following:
 - Hypotonic-Hyporesponsive Episode (age <2 years)
 - o Persistent crying
 - Intussusception
 - o Arthritis
 - o Parotitis
 - o Rash (non-allergic)
 - o Thrombocytopenia
 - Severe vomiting
 - o Severe diarrhea
 - Fever ≥ $38.0^{\circ}C$
 - o Other serious or unexpected event(s) not listed

From:	Deeks, Shelley
Sent:	Thu, 15 Dec 2022 18:43:32 +0000
То:	Tobin, Lisa A
Cc:	Dean, Kelly E;Stevens, Catherine L
Subject:	FW: COVID-19 Weekly AEFI Report - May 13, 2021
Attachments:	20210513 COVID-19 AEFI Summary.pdf

It is these weekly AEFI reports we are referring to. I am not certain is this was the first one, but was May 2021

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: SURVEILLANCEDHW < SURVEILLANCEDHW@novascotia.ca>

Sent: May 13, 2021 7:55 PM

To: Billard, Bev A <Bev.Billard@novascotia.ca>; Carew, Maureen <Maureen.Carew@novascotia.ca>; Cole, Teri J <Teri.Cole@novascotia.ca>; Cram, Jennifer <Jennifer.Cram@nshealth.ca>; Davis, Heather <Heather.Davis@novascotia.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; Nichols, Michaela <Michaela.Nichols@novascotia.ca>; Patel, Alkesh <Alkesh.Patel@novascotia.ca>; Sommers, Ryan <Ryan.Sommers@nshealth.ca>; Strang, Robert <Robert.Strang@novascotia.ca>; Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Wilson, Maria <Maria.Wilson@novascotia.ca>; Zygmunt, Austin J <AustinJ2.Zygmunt@nshealth.ca>

Subject: COVID-19 Weekly AEFI Report - May 13, 2021

Hello,

Please see attached the new Weekly COVID-19 AEFI Report. This report will now be produced on Thursdays.

Thank you, DHW Surveillance Team

NOVEL CORONAVIRUS (COVID-19)

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Nova Scotia COVID-19 AEFI Summary: 13 May 2021, 16:00⁺

NS Dept. Health & Wellness

[†]Immunization and AEFI data valid to 07:00 day of report. See Data Notes for more details.

Highlights

- There were 32 new AEFIs reported this week (May 6-12, 2021)
 - o 1 serious (3%), 31 non-serious (97% total)
 - o 6 Moderna (19%), 17 Pfizer (53%), 9 COVISHEILD/ASTRAZENECA (28%)
- Allergic reactions were the most commonly reported AEFIs this week (n=21, 65%)
- The serious AEFI reported this week was classified as an Other serious or unexpected event.
 - Progressive dyspnea, fatigue, chills, Pfizer, required hospitalization

Summary of AEFI Details

Table 1. Summary of all COVID-19 AEFI reports received by COVID-19 vaccine product, December 16, 2020-May 12, 2021

	Pfizer	Moderna	COVISHIELD/AZ	Total		
Total Number of AEFIs Reported	105	31	34	170		
Number of non-serious AEFIs	93	33	30	156		
Number of serious AEFIs	12	1	1	14		
Total Number of Doses Administered	267720	76907	58088	402733		
Total AEFI reporting rate per 100,000 doses	39.2	40.3	58.5	42.2		
Serious AEFI reporting rate per 100,000 doses	4.5	1.3	1.7	3.5		
Canadian total AEFI reporting rate per 100,000 doses*	te per 100,000 doses* 33.9					

*https://health-infobase.canada.ca/covid-19/vaccine-safety/. Data valid up to April 30, 2021

	Female			Male	Total		
Age Group	N	Rate per 100,000 doses	N	Rate per 100,000 doses	N	Rate per 100,000 doses	
<16	0	0.0	0	0.0	0	0.0	
16-49	40	92.3	6	29.4	46	11.4	
50-64	50	63.8	15	24.2	65	16.1	
65-79	32	40.8	9	12.9	41	10.2	
80+	13	42.2	5	25.4	18	4.5	
Total	135	58.4	35	20.4	170	42.2	

Table 2. Number and rate of COVID-19 AEFI reports by age group and gender, December 16, 2020-May 12, 2021

*https://health-infobase.canada.ca/covid-19/vaccine-safety/. Data valid up to April 30, 2021

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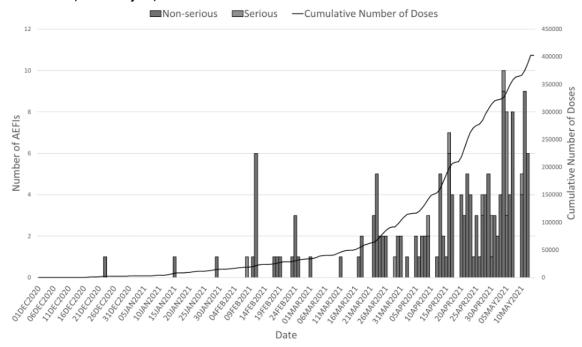


Table 3. Summary of all COVID-19 AEFI reports received by reaction type, December 16, 2020-May 12, 2021

Persotion Type	Non-s	erious	Seri	Total	
Reaction Type	n	%	n	%	
Local	24	100.0%	0	0.0%	24
Allergic	82	97.6%	2	2.4%	84
Neurologic	21	84.0%	4	16.0%	25
Other	27	77.1%	8	22.9%	35
Missing	2	100.0%	0	0.0%	2
Total	156	91.8%	14	8.2%	170

**Note: Definitions for reaction type categories are included in the data notes

Figure 1. Number of COVID-19 AEFI reports received and cumulative doses administered by week, December 16, 2020-May 12, 2021



[†]Date of AEFI report is based on the PHAC report date. Date of doses administered is based on immunization date.

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Serious AEFI Summary

Hospitalizations (n=14)

All of the reported serious AEFIs (n=14) have required hospitalization. Only 20 f these cases have been classified as recovered 20(1) A summary of these 14 serious AEFIs are included below:

•	20 reports of neurologic symptoms
	20(1)
•	20 reports of myocardial infarction
20(1	

Deaths (n=0)

• No deaths attributed to administration of COVID-19 vaccine have been reported to date.

Page 83

NOVEL CORONAVIRUS (COVID-19)

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DATA NOTES

Data Sources:

Nova Scotia data: Panorama and CanImmunize Canadian data: https://health-infobase.canada.ca/covid-19/vaccine-safety/

Definitions

AEFI: Adverse events following immunization

 The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND

a PHAC report date entered into Panorama

<u>Serious AEFI</u>: An adverse event following immunization that has resulted in AT LEAST one of the following:

- Hospitalization or prolongation of existing hospitalization;
- Death or permanent disability/incapacity

<u>Non-serious AEFI</u>: An adverse event following immunization that does not meet the criteria for a serious AEFI (as described above) and meets the criteria below:

- A reaction that did not require hospitalization or prolongation of existing hospitalization
- A reaction that did not result in death or permanent disability/incapacity

**Reaction Type:

Local reaction:

- Local reaction at or near vaccination site include the following:
 - Infected abscess
 - Sterile abscess
 - Cellulitis
 - Reaction crosses joint
 - Lymphadenitis
 - o Other, specify

Allergic reaction:

- Allergic and Allergic-like events include the following:
 - Anaphylaxis
 - Oculo-Respiratory Syndrome (ORS)
 - Other allergic events
- Allergic reactions are further classified into the following categories:
 - Skin/mucosal
 - o Cardio-vascular
 - Respiratory
 - o Gastrointestinal
- Neurologic reaction:
- Neurologic events include the following:
 - Meningitis
 - Encephalopathy/Encephalitis
 - Guillain-Barre Syndrome (GBS)
 - o Bell's Palsy

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- o Other Paralysis
- o Seizure
- o Anaesthesia
- o Paraesthesia
- $\circ \quad \text{Other neurologic diagnosis, specify} \\$

Other reaction:

- Other events include the following:
 - Hypotonic-Hyporesponsive Episode (age <2 years)
 - o Persistent crying
 - Intussusception
 - Arthritis
 - o Parotitis
 - o Rash (non-allergic)
 - o Thrombocytopenia
 - Severe vomiting
 - Severe diarrhea
 - Fever ≥ $38.0^{\circ}C$
 - o Other serious or unexpected event(s) not listed

From:	Deeks, Shelley
Sent:	Thu, 16 Feb 2023 19:40:42 +0000
То:	Strang, Robert
Subject:	FW: Annual AEFI Report for COVID-19 Immunizations
Attachments:	covid19_aefi_annual_final.pdf, covid19_aefi_annual_final.docx

For awareness. Information has been added as per feedback

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: McIsaac, Kathryn <Kathryn.McIsaac@novascotia.ca> Sent: February 14, 2023 4:26 PM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Subject: FW: Annual AEFI Report for COVID-19 Immunizations

AEFI sent to CNS



Katie McIsaac, PhD

she/her/hers Scientific Strategy and Surveillance Specialist Public Health Branch Cell: 902-717-0543 Email: <u>Kathryn.mcisaac@novascotia.ca</u>

I live and work on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People

From: Wilson, Kevin Michael <<u>Kevin.Wilson@novascotia.ca</u>>
Sent: February 14, 2023 2:36 PM
To: MacQueen, Jenna <<u>Jenna.MacQueen@novascotia.ca</u>>
Cc: Tobin, Lisa A <<u>Lisa.Tobin@novascotia.ca</u>>; McIsaac, Kathryn <<u>Kathryn.McIsaac@novascotia.ca</u>>
Subject: Annual AEFI Report for COVID-19 Immunizations

Hi Jenna,

Please find attached the new annual report for COVID-19 immunizations for the 2022 calendar year in both Word and PDF formats.

Cheers,

Kevin

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NovaScotia.ca/Coronavirus

Adverse Events Following Immunization (AEFIs) with COVID-19 Vaccines in Nova Scotia (01JAN2022 to 31DEC2022):

31 January, 2023

Public Health Branch

Nova Scotia Department of Health and Wellness

Highlights:

- In 2022, a total of 807,927 doses of COVID-19 vaccine were administered, with the vast majority being 3rd, 4th, and 5th doses.
- A total of 62 AEFIs were reported to the province (52 non-serious AEFIs, 10 serious AEFIs).
- AEFIs were most commonly reported following the third dose in the immunization series (10.1 per 100k 3rd doses administered vs 7.7 across all doses administered).
- AEFIs were reported more often in females (9.0 per 100k doses) than in males (6.2 per 100k doses). Serious AEFIs were more reported more often in males (1.6 per 100k) than in females (0.9 per 100k)
- Pain and redness at the injection site was the most commonly reported AEFI (21.6% of all AEFIs). Seizures were the most commonly reported serious AEFI (33% of all serious AEFIs)
- There were 6 adverse events of special interest following immunization reported in the 2022 calendar year: 5 were cases of myocarditis/pericarditis; and 1 was a case of thrombocytopenia.
- A total of eight hospitalizations and one death were reported.

NOVA SCOTIA

Novel Coronavirus (COVID-19)

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Doses Administered

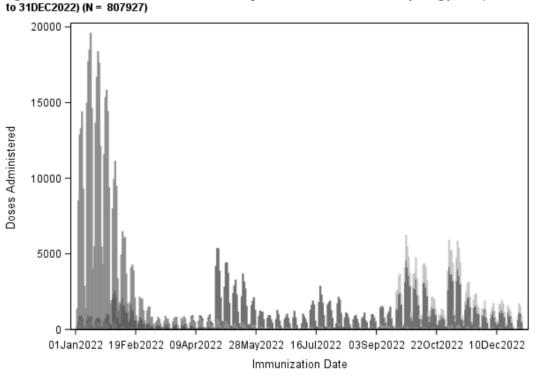


Figure 1. COVID-19 vaccine doses administered by dose number in the current reporting period (01JAN2022

Dose Number ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Adverse Events Following Immunization (AEFI)

	Reaction Severity							
		Non-Serious		Serious		Total		
	N	Per 100k	N	Per 100k	N	Per 100k		
		Doses		Doses		Doses		
Dose Number								
1	2	7.1	0	0.0	2	7.1		
2	1	2.0	2	4.0	3	6.0		
3	38	9.1	4	1.0	42	10.1		
4	10	3.9	4	1.6	14	5.5		
5	1	1.7	0	0.0	1	1.7		
Total	52	6.4	10	1.2	62	7.7		

Table 1. Adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by dose number and severity

Notes:

- Dose number represents the total lifetime doses.

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Table 2. Number and rate of adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by age, sex and reaction severity

	All AEFIs				Serious AEFIs							
		Males		Females		Total		Males		Females		Total
		Per 100k		Per 100k		Per 100k		Per 100k		Per 100k		Per 100k
Age Group	N	Doses	N	Doses	N	Doses	N	Doses	N	Doses	Ν	Doses
6 mo-11 years	2	8.0	1	4.2	3	6.1	1	4.0	0	0.0	1	2.0
12-19 years	3	20.9	1	6.7	4	13.7	0	0.0	0	0.0	0	0.0
20-39 years	1	1.8	7	10.1	8	6.4	80	0.0	0	0.0	0	0.0
40-59 years	9	9.4	17	15.3	26	12.6	264	4.2	0	0.0	4	1.9
60-79 years	6	4.0	9	5.4	15	4.8	0	0.0	3	1.8	3	1.0
80+ years	2	5.9	4	8.5	6	7.4	1	3.0	1	2.1	2	2.5
Total	23	6.2	39	9.0	62	7.7	6	1.6	4	0.9	10	1.2

Table 3. Number and rate of adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by brand and severity

1	Doses Administered		All AEFIs	S	erious AEFIs
			Per 100k		Per 100k
Product	N	N	Doses	N	Doses
Other (total)	358	0	0.0	0	0.0
Astrazeneca	65	0	0.0	0	0.0
Janssen	293	0	0.0	0	0.0
Moderna (total)	329664	27	8.2	4	1.2
Moderna (original)	220950	24	10.9	4	1.8
Moderna (low-dose)	6044	0	0.0	0	0.0
Moderna (bivalent)	102670	3	2.9	0	0.0
Pfizer (total)	463138	29	6.3	5	1.1
Pfizer (original)	329435	27	8.2	5	1.5
Pfizer (infant)	373	0	0.0	0	0.0
Pfizer (pediatric)	47083	2	4.2	0	0.0
Pfizer (bivalent)	86247	0	0.0	0	0.0

Table 4. Adverse events following immunization with any COVID-19 vaccine (01JAN2022 to
31DEC2022) by reaction type and severity

	Reaction Severity				
	Non-Serious	Serious	Total		
Reaction Type					
Allergic	14	0	14		
Local	7	0	7		
Neurological	4	2	6		
Other	27	8	35		

Notes:

- Pfizer doses are categorized as pediatric (5-11 years) and infant (6 months to 4 years).
- AEFI without a known brand name are not listed in **Table** 3; however, they are captured in other tables and figures throughout this report.
- Many adverse events do not fall into one of the major types of reactions (allergic, local, or neurological) and are captured as "other". A more detailed description of the most common adverse events can be found in Figures 2a/b

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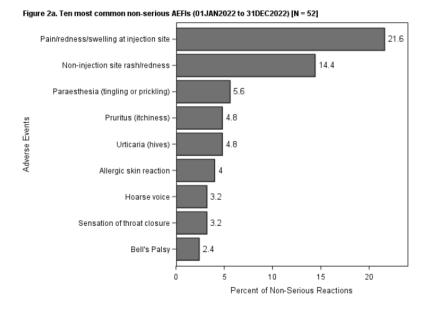
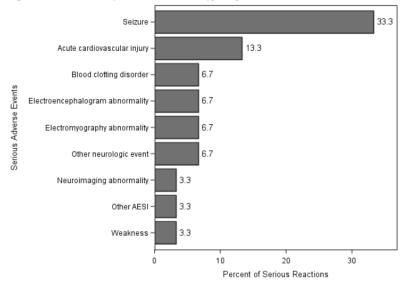


Figure 2b. Ten serious AEFIs (01JAN2022 to 31DEC2022) [N = 10]



Notes:

- Each adverse event can generate multiple described reactions. As such, the frequencies will not sum to, or be proportional to, the number of reported AEFIs
- A category of AEFIs labeled "other serious or unexpected event" are not shown but are relatively frequent (8% of all reactions). These primarily include recurring conditions (e.g., gout, cancer, etc).



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Adverse Events Following Immunization (AESI)

There are three adverse events of special interest (AESI) following COVID-19 immunization which are being actively monitored in Canada as safety signals. Nova Scotia received 6 reports of AESIs.

Table 5. Adverse events of special interest following immunization (AESI) with any

COVID-19 vaccine (01JAN2022 to 31DEC2022)			
AESI	N	Median Age	Age Range
Myocarditis/Pericarditis	5	48	19 - 86
Thrombocytopenia	1	70	N/A
Guillain-Barre Syndrome	0	N/A	N/A

Serious Adverse Events Following Immunization

An event is serious if it occurs within a specified time period after vaccination and it results in hospitalization, is life threatening, or results in death.ⁱ These reports do not imply a causal relationship between the vaccine and the adverse event. As more Nova Scotians are vaccinated, a greater number of adverse events that are incidental to vaccination will be reported.

Table 6 summarizes the serious adverse events following immunization. Between January 1, 2022 and December 31, 2022, there were 10 Serious Adverse Events Following Immunization reported in Nova Scotia.

8 of these adverse event reports required hospitalization.

1 of these adverse event reports resulted in permanent disability.

There was 1 report of death within 30 days of vaccination. Reports of death are events temporally associated with vaccine that have not been clearly attributed to other causes. A preliminary review of these events indicated that none were clearly attributable to the vaccine.

Table 6. Outcomes of adverse events of following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022)				
Outcome	N	Median Age	Age Range	
Hospitalizations	8	49	7-86	
Permanent Disability/Incapacity	1	78	N/A	
Deaths	1	80	N/A	

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Novel Coronavirus (COVID-19)



NovaScotia.ca/Coronavirus

Data Sources and Notes:

Data Sources:

Nova Scotia data: Panorama and CanImmunize

Definitions

Adverse Events Following Immunization (AEFI): A serious or non-serious reaction experienced by a patient following immunization.

The numbers included in the report reflect the number of AEFIs with a status of "Review complete", "Review complete, follow-up required" or "Follow-up complete" AND a Public Health Agency of Canada report date entered into Panorama

Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- hospitalization or prolongation of existing hospitalization
- permanent disability
- death

Non-Serious AEFI: An adverse event following immunization that has resulted in at least one of the following:

- a reaction that did not require hospitalization or prolongation of existing hospitalization
- a reaction that did not result in permanent disability
- a reaction that did not result in death

Adverse Events of Special Interest (AESI): Adverse Events of Special Interest are reactions that are of special interest because they are monitored at a national and international level.

Safety Signal: When an Adverse Event Following Immunization occurs at greater than expected frequency for a specific vaccine type or within a specific population group

ⁱ https://health-infobase.canada.ca/covid-19/vaccine-safety/

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Adverse Events Following Immunization (AEFIs) with COVID-19 Vaccines in Nova Scotia (01JAN2022 to 31DEC2022):

31 January, 2023

Public Health Branch Nova Scotia Department of Health and Wellness

Highlights:

- In 2022, a total of 807,927 doses of COVID-19 vaccine were administered, with the vast majority being 3rd, 4th, and 5th doses.
- A total of 62 AEFIs were reported to the province (52 non-serious AEFIs, 10 serious AEFIs).
- AEFIs were most commonly reported following the third dose in the immunization series (10.1 per 100k 3rd doses administered vs 7.7 across all doses administered).
- AEFIs were reported more often in females (9.0 per 100k doses) than in males (6.2 per 100k doses). Serious AEFIs were more reported more often in males (1.6 per 100k) than in females (0.9 per 100k)
- Pain and redness at the injection site was the most commonly reported AEFI (21.6% of all AEFIs). Seizures were the most commonly reported serious AEFI (33% of all serious AEFIs)
- There were 6 adverse events of special interest following immunization reported in the 2022 calendar year: 5 were cases of myocarditis/pericarditis; and 1 was a case of thrombocytopenia.
- A total of eight hospitalizations and one death were reported.

Doses Administered

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Novel Coronavirus (COVID-19)

NovaScotia.ca/Coronavirus

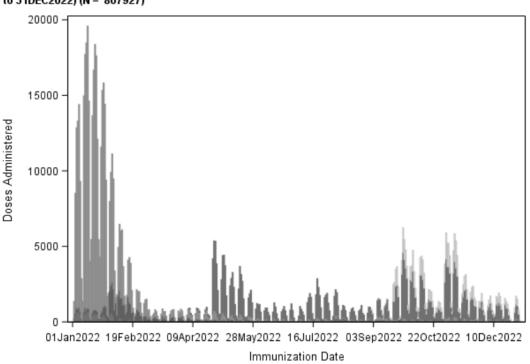


Figure 1. COVID-19 vaccine doses administered by dose number in the current reporting period (01JAN2022 to 31DEC2022) (N = 807927)

Adverse Events Following Immunization (AEFI)

Dose Number

		Reaction Severity					
		Non-Serious		Serious		Total	
	N	Per 100k	N	Per 100k	N	Per 100k	
		Doses		Doses		Doses	
Dose Number							
1	2	7.1	0	0.0	2	7.1	
2	1	2.0	2	4.0	3	6.0	
3	38	9.1	4	1.0	42	10.1	
4	10	3.9	4	1.6	14	5.5	
5	1	1.7	0	0.0	1	1.7	
Total	52	6.4	10	1.2	62	7.7	

Table 1. Adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by dose number and severity

Notes:

- Dose number represents the total lifetime doses.

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Table 2. Number and rate of adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by age, sex and reaction severity

			A	II AEFIs					Serio	us AEFIs		
		Males Per 100k		Females Per 100k		Total Per 100k		Males Per 100k		Females Per 100k		Total Per 100k
Age Group	N	Doses	Ν	Doses	N	Doses	N	Doses	Ν	Doses	N	Doses
6 mo-11 years	2	8.0	1	4.2	3	6.1	1	4.0	0	0.0	1	2.0
12-19 years	3	20.9	1	6.7	4	13.7	0	0.0	0	0.0	0	0.0
20-39 years	1	1.8	7	10.1	8	6.4	80	0.0	0	0.0	0	0.0
40-59 years	9	9.4	17	15.3	26	12.6	264	4.2	0	0.0	4	1.9
60-79 years	6	4.0	9	5.4	15	4.8	0	0.0	3	1.8	3	1.0
80+ years	2	5.9	4	8.5	6	7.4	1	3.0	1	2.1	2	2.5
Total	23	6.2	39	9.0	62	7.7	6	1.6	4	0.9	10	1.2

Table 3. Number and rate of adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by brand and severity

	Doses Administered		All AEFIs	S	erious AEFIs
			Per 100k		Per 100k
Product	N	N	Doses	N	Doses
Other (total)	358	0	0.0	0	0.0
Astrazeneca	65	0	0.0	0	0.0
Janssen	293	0	0.0	0	0.0
Moderna (total)	329664	27	8.2	4	1.2
Moderna (original)	220950	24	10.9	4	1.8
Moderna (low-dose)	6044	0	0.0	0	0.0
Moderna (bivalent)	102670	3	2.9	0	0.0
Pfizer (total)	463138	29	6.3	5	1.1
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Table 4. Adverse events following immunization with any COVID-19 vaccine (01JAN2022 to 31DEC2022) by reaction type and severity

	Reaction Severity				
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Allergic	14	0	14		
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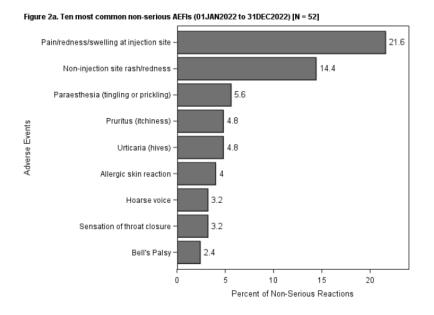
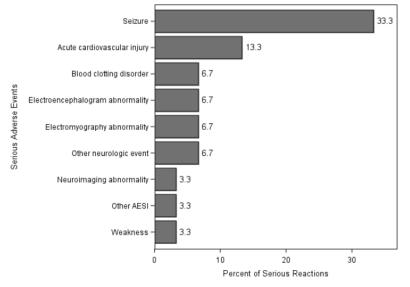


Figure 2b. Ten serious AEFIs (01JAN2022 to 31DEC2022) [N = 10]



Notes:

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- A category of AEFIs labeled "other serious or unexpected event" are not shown but are relatively frequent (8% of all reactions). These primarily include recurring conditions (e.g., gout, cancer, etc).

Thrombocytopenia

Guillain-Barre Syndrome



NovaScotia.ca/Coronavirus

N/A

Adverse Events Following Immunization (AESI)

There are three adverse events of special interest (AESI) following COVID-19 immunization which are being actively monitored in Canada as safety signals. Nova Scotia received 6 reports of AESIs.

Table 5. Adverse events of special interest fol COVID-19 vaccine (01JAN2022 to 31DEC202		zation (AESI) w	ith any
AESI	N	Median Age	Age Range
Myocarditis/Pericarditis	5	48	19 - 86
Thrombocytopenia	1	70	N/A

0

N/A

Serious Adverse Events Following Immunization

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Table 6. Outcomes of adverse events of following immunization with any COVID-19

vaccine (01JAN2022 to 31DEC2022)	wing initiatiza		0010-19
Outcome	N	Median Age	Age Range
Hospitalizations	8	49	7 - 86
Permanent Disability/Incapacity	1	78	N/A
Deaths	1	80	N/A

Data Sources and Notes:

Novel Coronavirus (COVID-19)

NOVASCOTIA

NovaScotia.ca/Coronavirus

Data Sources:

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ⁱ https://health-infobase.canada.ca/covid-19/vaccine-safety/

TAB 15

2021	YAR 510031
This is Exhibit 15 referred to in t sworn before me on November	, ,
Notary Public si	gnature and seal

EXHIBIT 15

Freedom of Information Document Number: 2021-02124-HEA

On December 22, 2022, I applied for the following FOIPOP information from the Department of Health and Wellness:

Copies of ALL records such as correspondence (emails, and letters), reports and documents, briefings sent to/given to/ reported to/received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long term care and nursing home administration and anyone else who was responsible for rolling out the vaccines in this province - on the topic of COVID-19 vaccine adverse events/side-effects and deaths that have occurred since it was rolled out in our province.

This would include correspondence and reports on adverse events and deaths that are temporally associated with vaccine that have not been clearly attributed to other causes that Dr. Robert Strang, Shelley Deeks, and the Minister have had in their possession.

Date Range for Record Search: amended to June 7, 2021 to September 7, 2021

Exhibit 15 is a true copy of what I received back.

March 2, 2023

Shelly Hipson Sent via email: shellyhipson@gmail.com

Dear Shelly Hipson:

Re: You are entitled to part of the information you requested – 2022-02124-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* (the Act) on December 22, 2022.

In your application, you requested a copy of the following records:

Copies of ALL records such as correspondence (emails, and letters), reports and documents, briefings sent to/given to/ reported to/received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long term care and nursing home administration and anyone else who was responsible for rolling out the vaccines in this province - on the topic of COVID-19 vaccine adverse events/side-effects and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporally associated with vaccine that have not been clearly attributed to other causes that Dr. Robert Strang, Shelley Deeks, and the Minister have had in their possession. (Date Range for Record Search: amended to June 7, 2021 to September 7, 2021)

You are entitled to part of the records requested. However, we have removed some of the information from this record according to subsection 5(2) of the Act. The severed information is exempt from disclosure under the Act for the following reason:

Section 20: unreasonable invasion of personal privacy.
 20(1): The head of a public body shall refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

The remainder of the records are enclosed.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name,

address, or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Melinda Frelick at 902-424-6920 or by e-mail at melinda.frelick@novascotia.ca, if you need further assistance regarding this application.

Yours truly,

the Dio

Kathleen Trott Associate Deputy Minister

Attachment

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: MOH AEFIS summary June 7-11

 Date:
 January 10, 2023 9:16:10 AM

From: Strang, Robert
Sent: Sunday, June 13, 2021 10:18 AM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Re: MOH AEFIS summary June 7-11

Will be interesting. So we do have serology for specific cases?

Rob

Sent from my iPhone

On Jun 13, 2021, at 9:47 AM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

Having some conversations re the COVID toes case, as I am hoping we can get PCR testing to see if actually had history of infection.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Sent: June 12, 2021 5:33 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport
<episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; Cole, Teri
<Teri.Cole@iwk.nshealth.ca>
Subject: MOH AEFIS summary June 7-11

Hi this is a quick summary of all 24 AEFIs that have come across my desk June 7-11. Some may not yet completed in Panorama. Any questions welcome. Let me know if you need me to sort these a little differently .

Allergic- possible anaphylaxis (3)

²⁰⁽¹⁾ Pfizer Pfizer Pfizer

Other possible allergic (5)

Pfizer ORS Pfizer

20(1) Mod	
Pfizer	
Pfizer	
Neurological (1)	
Pfizer $20(1)$ F, seizure $20(1)$	
Other non-serious (8)	
20(1) Mod $20(1)$ F, erythema multiforme rash $20(1)$	
20(1)	
20(1) Mod $20(1)$ M, petechial rash/?hives $\overline{2}0(1)$	
Mod 20(1) F, hyperthyroidism, 20(1)	
Pfz 20(1) F, "?pericarditis" on AEFI form but NO findings on investigations	
_ indicating this, P0(1)	٦
20(1)	-
20(1) Mod 20(1) M, ITP 20(1)	
Mod 20(1) M, PE 20(1) more information	
requested	
20(1) Mod 20(1) F, vitreous detachment	_
Mod $20(1)$ F, rash toes $20(1)$	
20(1)	
Serious Hospitalized (6)	
20(1) Pfizer 20(1) M, cardiac arrhythmia, 20(1)	

20(1)	Pfizer ²⁰⁽¹⁾ M, cardiac arrhythmia, ²⁰⁽¹⁾
	Mod $20(1)$ F, thrombotic stroke $20(1)$
	Pfizer ²⁰⁽¹⁾ F, pericarditis ²⁰⁽¹⁾
20(1)	
20(1)	Mod 20(1) F, ischemic stroke, 20(1)
20(1)	
20(1)	Pfizer 20(1) F, ischemic stroke, 20(1)
20(1)	
20(1)	Mod ²⁰⁽¹⁾ F, hemorrhagic stroke ²⁰⁽¹⁾
20(1)	

Serious Death (1)	
²⁰⁽¹⁾ Mod ²⁰⁽¹⁾ F,	PE ²⁰⁽¹⁾

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) cell lesley.whynot@nshealth.ca

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: MOH AEFIs June 14- 18

 Date:
 January 10, 2023 9:15:55 AM

From: Strang, Robert
Sent: Monday, June 21, 2021 8:17 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Subject: Re: MOH AEFIs June 14- 18

So we would have to acknowledge a singe case but with few details due to privacy.

Rob

Sent from my iPhone

On Jun 21, 2021, at 8:11 PM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca>

Sent: June 18, 2021 6:14 PM

To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; episupport <episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca>; Cole, Teri <Teri.Cole@iwk.nshealth.ca>
Subject: MOH AEFIs June 14- 18

Hi this is a quick summary of all 20 AEFIs that have come across my desk June 14-18. Some may not yet be completed in Panorama. Any questions welcome. Let me know if you need me to sort these a little differently .

Allergic- possible anaphylaxis (4)

20(1) Pfizer Pfizer Pfizer 20(1) Mod

Other possible allergic (2)20(1)Mod20(1)Pfizer

Neurological (0)

Other non-serious (5)

20(1) Pfizer ISRR	
20(1) Pfizer ISRR 20(1) Mod 2nd dose, 20(1) M, ?pericarditis (ques	tionable-20(1)
20(1) Pfizer ISRR	
20(1) Pfizer 20(1) F, HTN, tachycardia 20(1)	
Mod Rash toes 20(1)	

Serious Hospitalized (5)

20(1) Pfizer $20(1)$ F Seizure/ischemic stroke (?vasculitis) $20(1)$ $20(1)$	٦
20(1) Mod, 2nd dose, 20(M, pericarditis 20(1)	-
20(1)	
20(1) Pfizer 20(1) F, STEMI 20(1) Pfizer 20(1) F, bilat PE, 20(1)	

20(1) Pfizer 20(1 M, colitis 20(1)
Serious Death (0)
Other (Old cases open > 4 weeks that needed sorting) $20(1)$ Serious $20(1)$ $20(1)$ PE,- $20(1)$ $20(1)$ PE,- $20(1)$ $20(1)$ PEG allergy $20(1)$ $20(1)$ PEG allergy $20(1)$ $20(1)$ PeG only $20(1)$ $20(1)$ Polyarthritis $20(1)$ $20(1)$ Serious, $20(1)$
20(1) Mod 20(1) M, 20(1) IJ thrombus, 20(1) not reported b/c of time frame
Lesley Whynot, MD, CCFP
Physician Lead, AEFI Management, Nova Scotia Health & Wellness
Assistant Professor, Dept. Family Medicine, Dalhousie University
20(1) cell
lesley.whynot@nshealth.ca

 From:
 Dean, Kelly E on behalf of Strang, Robert

 To:
 Dean, Kelly E

 Subject:
 Fw: Client ID # 561592 ZM - SBAR, AEFI - myocarditis, hospitalization

 Date:
 January 10, 2023 9:15:09 AM

From: Strang, Robert Sent: Monday, July 12, 2021 2:54 PM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca> Cc: Barbrick, Tracey L <Tracey.Barbrick@novascotia.ca> Subject: Re: Client ID #²⁰⁽¹⁾ SBAR, AEFI - myocarditis,²⁰⁽¹⁾

Concerning

Rob

Sent from my iPhone

On Jul 12, 2021, at 2:51 PM, Deeks, Shelley <Shelley.Deeks@novascotia.ca> wrote:

For awareness.

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Deeks, Shelley Sent: July 12, 2021 2:51 PM To: 'Whynot, Lesley' <Lesley.Whynot@nshealth.ca>; episupport <episupport@nshealth.ca>; Billard, Bev A <Bev.Billard@novascotia.ca> Subject: RE: Client ID # 20(1) - SBAR, AEFI - myocarditis, 20(1)

Thanks Lesley – and the team knows to send surveillance information to DHW now and update later. This is critical as we are looking at this both provincially but also nationally.

Bev - how many cases have you reported from NS to PHAC?

Shelley

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <<u>Lesley.Whynot@nshealth.ca</u>>
Sent: July 12, 2021 2:43 PM
To: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; episupport <<u>episupport@nshealth.ca</u>>;
Billard, Bev A <<u>Bev.Billard@novascotia.ca</u>>
Subject: Fw: Client ID #²⁰⁽¹⁾ - SBAR, AEFI - myocarditis, ²⁰⁽¹⁾

Hi FYI this is the first of a couple of newly reported pericarditis/myocarditis cases coming in this week.

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) ________rell lesley.whynot@nshealth.ca

From: COVID-19 AEFIs	
Sent: July 12, 2021 12:41 PM	
To: Whynot, Lesley	
Cc: MacLellan, Kristin	
Subject: Client ID #20(1) - SBAR, AEFI - myocarditis, 20(1)	

Hi Dr Whynot,

We have several myocarditis/pericarditis reports that we received today. This is the first one.

Noella

From: MacLellan, Kristin < Kristin.MacLellan@nshealth.ca>
Sent: Monday, July 12, 2021 12:23 PM
To: COVID-19 AEFIs < <u>CovidAEFI@nshealth.ca</u> >
Subject: Client ID ²⁰⁽¹⁾ - SBAR, AEFI - myocarditis, ²⁰⁽¹⁾

Hi Noella - here is my SBAR

Thanks, Kristin

Client Demographics	Client ID ²⁰⁽¹⁾ M CZ
Situation	20(1) Client received Moderna (Lot# 052C21A) 20(1) 20(1) and Pfizer (lot# EW0221) 20(1) 20(1) myocarditis. 20(1) 20(1)
Background	20(1)

321

	20(1)
Assessment	
Assessment	
Recommendations	
Questions for MOH	

<image001.png>

Kristin MacLellan, RN, BScN, MPH Public Health Nurse
Public Health Nurse
Covid AEFI Response Team
Tel: 902-956-0923
For information on Covid 19, please visit
www.novascotia.ca/coronavirus

2	<u>Coronavirus</u> (<u>COVID-19)</u> = <u>Government</u> <u>of Nova</u> <u>Scotia,</u> <u>Canada</u>
	www.novascotia.ca
	Government of Nova Scotia's response to the COVID-19 pandemic.

From:	<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
To:	Dean, Kelly E
Subject:	Fw: MOH weekly AEFI summary August 9-12
Date:	January 10, 2023 9:13:53 AM

From: Strang, Robert
Sent: Friday, August 13, 2021 1:42 PM
To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Subject: RE: MOH weekly AEFI summary August 9-12

Thank you both.

Rob

From: Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Sent: August 13, 2021 8:23 AM
To: Strang, Robert <Robert.Strang@novascotia.ca>
Cc: Whynot, Lesley <Lesley.Whynot@nshealth.ca>
Subject: FW: MOH weekly AEFI summary August 9-12

FYI - Lesley will send directly to you while I am away.

Cheers Shelley

Shelley Deeks, MD, MHSc, FRCPC, FAFPHM Deputy Chief Medical Officer of Health Department of Health and Wellness

From: Whynot, Lesley <<u>Lesley.Whynot@nshealth.ca</u>>

Sent: August 12, 2021 6:20 PM
To: Deeks, Shelley <<u>Shelley.Deeks@novascotia.ca</u>>; Billard, Bev A <<u>Bev.Billard@novascotia.ca</u>>; episupport
<<u>episupport@nshealth.ca</u>>
Subject: MOH weekly AEFI summary August 9-12

Summary of AEFIs that have come across my desk Mon Aug 9- Thur Aug 12. This is only for 4 days, as tomorrow's cases will be rolled into next week, because we are moving to a Fri-Thurs cycle. Some cases may not yet be completed in Panorama. Any questions welcome.

Pls note the peri/myocarditis cases are separated out into their own category for clarity, and some may have changed from probable to confirmed, etc. since my original review and **several cases were changed to to non-cardiac since originally reported**. All cardiac cases have been reported to PHAC according to investigating PHNs.

Allergic- possible anaphylaxis

20(1)	Pfz2
	Pfz2
	Pfz2

Other possible allergic

20(1) Pfz1 (second look at request of SiC), 20 M, local soft tissue swelling, 20(1)

Neurological (0)

Other non-serious

20(1) Pfz2, costochondritis	
Pfz2, chest pain NYD $20(1)$ F, $20(1)$	
20(1) Mod1, 20F, chest pain/ISRR (originally reported as chest pain)	•
20(1) Pfz2, 2 F, reported as chest pain-20(1)	
Pfz2, poM, reported as chest pain/?cardiac, p0(1)	
20(1) Pfz1,20 F, flare inflammatory oligoarthritis 20(1)	
20(1) Pfz2, (originally reported as probable Myocarditis) 2 F 20(1)	
20(1)	

Serious Hospitalized (0)

Serious Death (0)

Cardiac 20(1) Pfz2, 2 M, 20(1) probable pericarditis, 20(1)

Other 20(1) Mod2, (originally possible myocarditis)20(1) F 20(1) did not feel vaccine related, not reported to PHAC 20(1)

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University cell 20(1)

lesley.whynot@nshealth.ca

From:	Dean, Kelly E on behalf of Strang, Robert	
To:	Dean, Kelly E	
Subject:	Fw: Weekly AEFI MOH Summary August 16-20 2021	
Date:	January 10, 2023 9:13:37 AM	

From: Strang, Robert

Sent: Sunday, August 22, 2021 9:33 PM
To: Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>
Subject: RE: Weekly AEFI MOH Summary August 16-20 2021

Thank you Lesley

Rob

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca> Sent: August 21, 2021 9:50 AM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Strang, Robert <Robert.Strang@novascotia.ca> Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; episupport <episupport@nshealth.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca> Subject: Weekly AEFI MOH Summary August 16-20 2021 Good morning, Summary of AEFIs that have come across my desk Aug 13- 19 . Sorry for delay, we had a power outage here most of yesterday. Some cases may not yet be completed in Panorama.

Of note- 3 cases of facial nerve palsy, plus one unconfirmed case. One death- 20(1) details below.

NO cases of myo/pericarditis this week! Any questions welcome.

Allergic- possible anaphylaxis

20(1) F, Pfz2

Other possible allergic

20(1)

Neurological

20(1) probable Bell's Palsy (still investigating)20(1) Mod1,20
Bell's Palsy, 20(1) Mod2, 20M,
20(1) Bell's palsy vs TGNeuralgia, <u>20(1)</u> Pfz1, <u>20</u> F, <u>20(1)</u>
Bell's Palsy, 20(1) Pfz 2, 20M
20(1) bilateral leg pain/paresthesia,20(1) Pfz1,20(1)
optic neuritis, 20(1) Pfz1,20(1)
20(1)
²⁰⁽¹⁾ paresthesia face,20(1) Mod2,20F
Bell's palsy vs TGNeuralgia, 20(1) Pfz1, 20F, 20(1) Bell's Palsy, 20(1) Pfz 2, 20M 20(1) bilateral leg pain/paresthesia, 20(1) Pfz1, 20(1) poptic neuritis, 20(1) 20(1) Pfz1, 20(1)

Other non-serious

ź	20(1)	ISRR (reported as neuro symptoms)
L		(old case from May) 20F 20(1)
Ī	20(1)	leg cramps
	. ,	ISRR vs TIA, 20M, Pfz1,20(1)
		chest pain NYD, (ruled non-cargiac)20(1) Viod2,201
		ISRR/pseudoseizures20(F, Mod2
	20(1)	20(1) Mod2, 20 M 20(1)
	0(1)	
2	0(1)	rash toes, 20(1) Pfz2,20(M

20(1)	chest pain/fever (cardiac ruled out), ²⁰⁽ vertigo 20(1) Pfz1, ²⁰ F	1) M, ²⁰⁽¹⁾
20(1)	palpitations, Pfz2,20 M	
20(1)	chest pain NYD20(1)	Pfz2,20M,
20(1)	ISRR (reported as alleray)	
20(1)	abdominal pain, pnF 20(1)	
	ISRR (reported as neuro sx)	2

Serious Hospitalized

20(1) 20(1)	Mod2, 20(M, 20(1)
20(1)	

Serious Death 20(1) CVA, 20(1)

20(1)	С
20(1)	

Mod2, 20 M, 20(1)

Lesley Whynot, MD, CCFP

Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) cell lesley.whynot@nshealth.ca

<u>Dean, Kelly E</u> on behalf of <u>Strang, Robert</u>
Dean, Kelly E
Fw: MOH AEFI weekly summary Aug 20-26
January 10, 2023 9:13:17 AM

From: Strang, Robert

Sent: Friday, August 27, 2021 11:46 AM
To: Whynot, Lesley <Lesley.Whynot@nshealth.ca>; Deeks, Shelley <Shelley.Deeks@novascotia.ca>
Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; episupport
<episupport@nshealth.ca>
Subject: RE: MOH AEFI weekly summary Aug 20-26

Thank you for this and your ongoing work in this important component of our vaccine program.

Rob

From: Whynot, Lesley <Lesley.Whynot@nshealth.ca> Sent: August 27, 2021 10:45 AM To: Deeks, Shelley <Shelley.Deeks@novascotia.ca>; Strang, Robert <Robert.Strang@novascotia.ca> Cc: Billard, Bev A <Bev.Billard@novascotia.ca>; Fleming, Sarah A <Sarah.Fleming@novascotia.ca>; episupport <episupport@nshealth.ca> Subject: MOH AEFI weekly summary Aug 20-26 Good morning, Summary of AEFIs that have come across my desk_Aug 20-27 . Some cases may not yet be completed in Panorama

Summary of AEL is that have come across my c	deak Aug 20-27 . Oome cases may n	or yet be completed in r anorama.
* Death reported last week changed to stroke	20(1)	as date of death was found to be
incorrect.		

One possible (low likelihood) peri/myocarditis case, 20(1) see below. One confirmed GBS and one query GBS- 20(1)

20(1) Any questions welcome.

Allergic- possible anaphylaxis

20(1) Pfz2, SIC 20(1)

Other possible allergic (0)

Neurological 20(1) Pfz2, GBS 20(1) Pfz2, GBS, 20F, 20(1) 20(1) 20(1) Pfz1, persistent headaches 20(1) Pfz1 paresthesias, 20(1)

Other non-serious

011101 1		
20(1)	AZ, (old case from April), thrombocytopenia, 20(1)	
20(1)	Pfz2, fatigue/myalgias, 20(1)	
	Mod2, chest pain NYD 20(1)	
20(1)	Pfz1, hyperthyroidism, 20(1) d	letermined not reportable
20(1)	Pfz1, ISRR 20(1)	
	Pfz1, palpitations (PVCs)	
20(1)	Mod2 vision changes (not an AEFI)	
20(1)	Pfz1, chest pain/palpitations, 20 F, 20(1)	
20(1)		

Serious Hospitalized

20(1)	Mod2, (reported last week as death, but dates in	correct)- changed to CVA	20(1)
20(1)			
_0(1)			

Serious Death (0)

Lesley Whynot, MD, CCFP Physician Lead, AEFI Management, Nova Scotia Health & Wellness Assistant Professor, Dept. Family Medicine, Dalhousie University 20(1) cell lesley.whynot@nshealth.ca TAB 16

2021	YAR 510031
This is Exhibit 16 referred to in t sworn before me on November	
Notary Public sig	gnature and seal

EXHIBIT 16

Freedom of Information Document Number: 2021-01108-HEA

On June 15, 2021, I applied for the following FOIPOP information from the Department of Health and Wellness:

Copies of All scientific data, correspondence and studies that justify/support the government's actions (1) to lock down and restrict the freedom of movement of Nova Scotians and (2) the wearing of face masks -reduce the spread of Covid-19 held by staff within any program, branch, or office in the department that has been working on the development and implementation of COVID-19 government restrictions as outlined above.

The below excerpt is part of the response I received:

"Nova Scotia's Covid -19 response actions have been based on national and international guidance from the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO). As the leading agencies for pandemic response nationally and internationally, both PHAC and WHO are continuously reviewing the evolving scientific evidence regarding COVID-19 and the effectiveness of various measures."

Date Range for Record Search: March 1, 2020 to June 3, 2021

Exhibit 16 is a true copy of what I received back.



Health and Wellness Office of the Deputy Minister

September 9, 2021

Shelly Hipson RR3, Shelburne Nova Scotia B0T1W0

Dear Shelly Hipson:

Re: You are entitled to part of the information you requested – 2021-01108-HEA

The Department of Health and Wellness received your application for access to information under the *Freedom of Information and Protection of Privacy Act* on June 15, 2021.

In your application, you requested a copy of the following records:

All scientific data, correspondence and studies that justify/support the government's actions (1) to lock down and restrict the freedom of movement of Nova Scotians and (2) the wearing of face masks - reduce the spread of Covid-19 held by staff within any program, branch, or office in the department that has been working on the development and implementation of COVID-19 government restrictions as outlined above. (Date Range for Record Search: From 3/1/2020 To 6/3/2021)

You are entitled to part of the records requested. However, we have removed some of the information from this record according to subsection 5(2) of the *Act*. The severed information is exempt from disclosure under the Act for the following reasons:

1. Section 14: Advice to public body or minister

Section 14(1) The head of a public body may refuse to disclose to an applicant information that would reveal advice, recommendations or draft regulations developed by or for a public body or a minister.

2. Section 16: Information that would reveal information that is subject to solicitorclient privilege according to Section 16:

Section 16 The head of a public body may refuse to disclose to an applicant information that is subject to solicitor-client privilege.

3. Section 20: Information that would be an unreasonable invasion of the privacy of individuals mentioned in the records

Section 20 (1) The head of a public body shall refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy

We are refusing access to a portion of the records for the following reason pursuant to subsection 4(2) of the Act:

Section 4(2)(a): Published Material

PO Box 488 Halifax, Nova Scotia Canada B3J 2R8 902 424-7570 T 902-424-4570 F novascotia.ca/dhw The Act does not apply to the following kinds of information in the custody or control of a public body:

 published information, material available for purchase and material that is a matter of public record.

The remainder of the records are enclosed.

Nova Scotia's Covid - 19 response actions have been based on national and international guidance from the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO). As the leading agencies for pandemic response nationally and internationally, both PHAC and WHO are continuously reviewing the evolving scientific evidence regarding COVID-19 and the effectiveness of various measures. These reviews are used to form their guidance, position statements, and other documents all of which are in the public domain.

The Government of Canada's resources, including COVID-19 guidance documents, are available at https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html.

The WHO's resources, including COVID-19 technical guidance, are available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

The Department of Health and Wellness Public Health Branch continues to be in ongoing contact with PHAC and WHO as evidence has evolved throughout the pandemic. This includes as a participant in federal/provincial/territorial conversations, including committees and networks. This has enabled recommendations on public health measures to be informed by the most up to date evidence.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at <u>https://openinformation.novascotia.ca/</u>. The letter will not include your name, address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Tim Gregory at 902-424-3773 or by e-mail at timothy.gregory@novascotia.ca, if you need further assistance regarding this application.

Sincerely,

Craig Beaton Associate Deputy Minister

Attachment

From:	Office of the Chief Medical Officer of Health
То:	<u>Strang, Robert; Watson-Creed, Gaynor; Sommers, Ryan; Kempkens, Daniela; Cram, Jennifer; Jackman, Jessica</u> <u>F; Sarbu, Claudia; Earle, Lynda inc#478781 kg; Hmidan, Cara-Leah; Piek, Krista; Burghgraef, Paula; Jackman,</u> <u>Jessica F; MacNeil, Cheryl</u>
Cc:	Dean, Kelly E; O"Toole, Gary; Best, Angela; Hebb, Catherine W; Arseneau, Marc; DeSantis, Marcia; Broesch, James; Holmes, Elaine; Cole, Teri J; Passerini, Linda; Ryan, Colleen F; Boland, Melissa L; Billard, Bev A; Nichols, Michaela; Dohoo, Carolyn; Wuite, Sara; Shaver, Ali
Subject:	OCMOH Position Statement - COVID-19 and the Use of Non-Medical Masks in the Community – May 8, 2020
Date:	May 13, 2020 3:01:29 PM
Attachments:	OCMOH Position Statement - NMM 20200508.pdf

Good afternoon,

The OCMOH Position Statement, *COVID-19 and the Use of Non-Medical Masks in the Community* dated May 8, 2020, has been approved for circulation to Public Health. This document has been posted on the *Information for Professionals - Emerging Issues* section of the CDPC website which may be found here: <u>https://novascotia.ca/dhw/cdpc/coronavirus-documents.asp</u> This document outlines:

- recommendations and considerations for the use of a non-medical mask in the prevention of community transmission of COVID-19
- safe and appropriate practices when wearing a non-medical mask

Please distribute this information to individuals/teams within Public Health as needed. The website also has information for the general public: <u>https://novascotia.ca/coronavirus/staying-healthy/#masks</u>

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



Office of the Chief Medical Officer of Health

Position Statement: COVID-19 and the Use of Non-Medical Masks in the Community May 8, 2020

Position

The Office of the Chief Medical Officer of Health (OCMOH) recognizes that there are many questions about the use of non-medical masks (NMMs) to prevent the community transmission of COVID-19.

The use of NMMs in the community needs to be considered along with other core personal public health measures for the prevention of COVID-19. These are:

- staying informed, being prepared and following public health advice
- proper hand hygiene and respiratory etiquette
- physical distancing of 2 metres (6 feet) from others outside of your household
- avoidance of touching one's face, mouth, nose or eyes
- increased cleaning of common, high touch surfaces (e.g. counter tops, doorknobs, taps) in one's personal environment (home, personal workspace) with a disinfecting cleaning product
- staying at home when symptomatic or ill
- staying at home as much as possible if at high risk of severe illness
- reducing personal non-essential travel

The OCMOH **recommends** that individuals in the community wear a NMM if they have respiratory symptoms (cough, sneezing), and, will be in close contact with others or when going out to access medical care or other essential health services.

Given the evidence of transmission of the virus that causes COVID-19 by asymptomatic or mildly symptomatic people, **consideration should be given** to the use of a NMM by anyone in situations when exposure to crowded public spaces is unavoidable and consistent physical distancing is not possible (i.e. public transportation, stores and shopping areas and group living situations). If used widely and correctly and on a risk basis, NMMs can reduce viral transmission. The safe and appropriate use¹ of a NMM is an additional public health practice that can be taken to protect others.

NMMs should¹:

- allow for easy breathing
- fit securely to the head with ties or ear loops
- maintain their shape after washing and drying

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



- be changed as soon as possible if damp or dirty
- be comfortable and not require frequent adjustment
- be made of at least 2 layers of tightly woven material fabric (such as cotton or linen)
- be large enough to completely and comfortably cover the nose and mouth without gaping

NMMs should not¹:

- be shared with others
- impair vision or interfere with tasks
- be placed on children under the age of 2 years
- be made of plastic or other non-breathable materials
- · be secured with tape or other inappropriate materials
- be made exclusively of materials that easily fall apart, such as tissues
- be placed on anyone unable to remove them without assistance or anyone who has trouble breathing

The OCMOH continues to monitor evidence on the use of NMMs and local spread of COVID-19. As evidence and understanding of community transmission evolves, the recommendations and guidance in this position statement may change.

Background

The use of masks for the general public has been reviewed as a possible consideration among various COVID-19 pandemic mitigation strategies. The Public Health Agency of Canada has provided advice that Canadians can use NMMs along with physical distancing, hand hygiene, and other measures to limit the transmission of COVID-19¹. The World Health Organization revised guidance² on the use of masks in the context of COVID-19, emphasizing conservation of medical masks for healthcare workers, the importance of other infection prevention measures, and providing a framework³ for decision makers when considering public masking.

Globally, medical masks are in short supply and their use should be reserved for health care workers. The use of NMMs in the community setting has not been well evaluated. There is no definitive research demonstrating that wearing a NMM in the community protects the person wearing it. However, the use of a NMM is potentially beneficial in preventing an infected person from transmitting virus by limiting spread of respiratory droplets. This may be particularly valuable in settings outside of the person's household. Wearing a NMM is not a substitute for physical distancing, hand washing and other core personal public health measures.

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



337

References

- 1. <u>https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html</u>
- 2. <u>https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-</u> <u>community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-</u> <u>coronavirus-(2019-ncov)-outbreak</u>
- 3. <u>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-and-masks</u>

Boland, Melissa L

Boland, Melissa L
May 19, 2020 2:50 PM
Preeper, Andrew R
RE: NMM website language
Mask update May 19_AP_MB.docx

Ok, 14(1)

Thanks, Melissa

From: Preeper, Andrew R <Andrew.Preeper@novascotia.ca>
Sent: May 19, 2020 2:44 PM
To: Boland, Melissa L <Melissa.Boland@novascotia.ca>
Subject: RE: NMM website language

14(1)

From: Boland, Melissa L Sent: May 19, 2020 2:20 PM To: Preeper, Andrew R <<u>Andrew.Preeper@novascotia.ca</u>> Subject: RE: NMM website language

Hi Andrew-

14(1)

Thanks, Melissa

From: Preeper, Andrew R <<u>Andrew.Preeper@novascotia.ca</u>> Sent: May 19, 2020 2:03 PM To: Boland, Melissa L <<u>Melissa.Boland@novascotia.ca</u>> Subject: RE: NMM website language

See attached. Are you ok with this?14(1) 14(1)

From: Boland, Melissa L Sent: May 19, 2020 9:22 AM

To: Preeper, Andrew R <<u>Andrew.Preeper@novascotia.ca</u>> Subject: NMM website language

Hi Andrew-

Based on PHAC's new recommendation with the caveat that PH officials will make their own recommendations based on epi and rates of transmission, below is what I am proposing. 14(1)

14(1)	

Thanks,

Melissa

14(1)

Doyle-Bedwell, George H
Stevens, Catherine L; alkesh.patel@medportal.ca; Armstrong, Brooke J; Billard, Bev A; Boland, Melissa L; Bourke,
Kevin; Broesch, James; Cole, Teri J; Comeau, Jeannette; Cram, Jennifer; Davis, Heather; Davis, Ian; Dean, Kelly
E; Earle, Lynda inc#478781 kg; Fairbairn, Heather J; Fuller, Adrian M; Hatchette, Todd; Holmes, Elaine; Howlett,
Todd; Jackman, Jessica F; Kempkens, Daniela; Lamb, Alyson; MacDonald, Tammy; McNeil, Shelly; O"Toole,
Gary; Passerini, Linda; Preeper, Andrew R; Rankin, Carole E; Ryan, Colleen F; Sarbu, Claudia; Strang, Robert;
Watson-Creed, Gaynor; White, Noma; Wilson, Rod; Wong-Petrie, Karen; Barro, Kimberlee X; Boutilier, Andy P;
Sommers, Ryan
Doyle-Bedwell, George H
RE: OCMOH IMT Meeting
June 3, 2020 1:31:39 PM

Chu, Schünemann et al (Jun 1 2020) - Physical distancing, face masks, and eye protection to prevent person-to-

MacIntyre & Wang (Jun 1 2020) - Lancet Comment - Physical distancing, face masks, and eye protection to

Dear All:

From: To:

Cc: Subject: Date: Attachments:

Here are some reviews of the Lancet article for your review.

prevention of COVID-19.pdf

Thank you Take Care George

From: Doyle-Bedwell, George H <George.Doyle-Bedwell@novascotia.ca>

person transmission of SARS-CoV-2 and COVID-19.pdf

Sent: June 3, 2020 12:56 PM

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Dear All:

34(

Here is the <u>Lancet</u> article we discussed on today's OCMOH IMT call. Thank you, Dr. Watson-Creed, for sending it!

Enjoy

Take Care George

Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis

Derek K Chu, Elie A Akl, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger J Schünemann, on behalf of the COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors*

Summary

Background Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19 and is spread personto-person through close contact. We aimed to investigate the effects of physical distance, face masks, and eye protection on virus transmission in health-care and non-health-care (eg, community) settings.

Methods We did a systematic review and meta-analysis to investigate the optimum distance for avoiding person-toperson virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses. We obtained data for SARS-CoV-2 and the betacoronaviruses that cause severe acute respiratory syndrome, and Middle East respiratory syndrome from 21 standard WHO-specific and COVID-19-specific sources. We searched these data sources from database inception to May 3, 2020, with no restriction by language, for comparative studies and for contextual factors of acceptability, feasibility, resource use, and equity. We screened records, extracted data, and assessed risk of bias in duplicate. We did frequentist and Bayesian meta-analyses and random-effects metaregressions. We rated the certainty of evidence according to Cochrane methods and the GRADE approach. This study is registered with PROSPERO, CRD42020177047.

Findings Our search identified 172 observational studies across 16 countries and six continents, with no randomised controlled trials and 44 relevant comparative studies in health-care and non-health-care settings (n=25 697 patients). Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (n=10736, pooled adjusted odds ratio [aOR] 0.18, 95% CI 0.09 to 0.38; risk difference [RD] –10.2%, 95% CI –11.5 to –7.5; moderate certainty); protection was increased as distance was lengthened (change in relative risk [RR] 2.02 per m; $p_{interaction}$ =0.041; moderate certainty). Face mask use could result in a large reduction in risk of infection (n=2647; aOR 0.15, 95% CI 0.07 to 0.34, RD –14.3%, –15.9 to –10.7; low certainty), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (eg, reusable 12–16-layer cotton masks; $p_{interaction}$ =0.090; posterior probability >95%, low certainty). Eye protection also was associated with less infection (n=3713; aOR 0.22, 95% CI 0.12 to 0.39, RD –10.6%, 95% CI –12.5 to –7.7; low certainty). Unadjusted studies and subgroup and sensitivity analyses showed similar findings.

Interpretation The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomised trials are needed to better inform the evidence for these interventions, but this systematic appraisal of currently best available evidence might inform interim guidance.

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Introduction

As of May 28, 2020, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected more than $5 \cdot 85$ million individuals worldwide and caused more than 359 000 deaths.¹ Emergency lockdowns have been initiated in countries across the globe, and the effect on health, wellbeing, business, and other aspects of daily life are felt

throughout societies and by individuals. With no effective pharmacological interventions or vaccine available in the imminent future, reducing the rate of infection (ie, flattening the curve) is a priority, and prevention of infection is the best approach to achieve this aim.

SARS-CoV-2 spreads person-to-person through close contact and causes COVID-19. It has not been solved if

Articles



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See Online for appendix

Research in context

Evidence before this study

We searched 21 databases and resources from inception to May 3, 2020, with no restriction by language, for studies of any design evaluating physical distancing, face masks, and eye protection to prevent transmission of the viruses that cause COVID-19 and related diseases (eg, severe acute respiratory syndrome [SARS] and Middle East respiratory syndrome [MERS]) between infected individuals and people close to them (eq, household members, caregivers, and health-care workers). Previous related meta-analyses have focused on randomised trials and reported imprecise data for common respiratory viruses such as seasonal influenza, rather than the pandemic and epidemic betacoronaviruses causative of COVID-19 (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]), SARS (SARS-CoV), or MERS (MERS-CoV). Other meta-analyses have focused on interventions in the health-care setting and have not included non-health-care (eg, community) settings. Our search did not retrieve any systematic review of information on physical distancing, face masks, or eye protection to prevent transmission of SARS-CoV-2, SARS-CoV, and MERS-CoV.

Added value of this study

We did a systematic review of 172 observational studies in health-care and non-health-care settings across 16 countries and six continents; 44 comparative studies were included in a meta-analysis, including 25 697 patients with COVID-19, SARS, or MERS. Our findings are, to the best of our knowledge, the first to rapidly synthesise all direct information on COVID-19 and, therefore, provide the best available evidence to inform optimum use of three common and simple interventions to help reduce the rate of infection and inform non-pharmaceutical interventions, including pandemic mitigation in non-health-care settings. Physical distancing of 1 m or more was associated with a much lower risk of infection, as was use of face masks (including N95 respirators or similar and surgical or similar masks [eg, 12-16-layer cotton or gauze masks]) and eye protection (eg, goggles or face shields). Added benefits are likely with even larger physical distances (eg, 2 m or more based on modelling) and might be present with N95 or similar respirators versus medical masks or similar. Across 24 studies in health-care and non-health-care settings of contextual factors to consider when formulating recommendations, most stakeholders found these

SARS-CoV-2 might spread through aerosols from respiratory droplets; so far, air sampling has found virus RNA in some studies²⁻⁴ but not in others.⁵⁻⁸ However, finding RNA virus is not necessarily indicative of replication-competent and infection-competent (viable) virus that could be transmissible. The distance from a patient that the virus is infective, and the optimum person-toperson physical distance, is uncertain. For the currently foreseeable future (ie, until a safe and effective vaccine or treatment becomes available), COVID-19 prevention will continue to rely on non-pharmaceutical interventions, including pandemic mitigation in community settings.⁹

personal protection strategies acceptable, feasible, and reassuring but noted harms and contextual challenges, including frequent discomfort and facial skin breakdown, high resource use linked with the potential to decrease equity, increased difficulty communicating clearly, and perceived reduced empathy of care providers by those they were caring for.

Implications of all the available evidence

In view of inconsistent guidelines by various organisations based on limited information, our findings provide some clarification and have implications for multiple stakeholders. The risk for infection is highly dependent on distance to the individual infected and the type of face mask and eye protection worn. From a policy and public health perspective, current policies of at least 1 m physical distancing seem to be strongly associated with a large protective effect, and distances of 2 m could be more effective. These data could also facilitate harmonisation of the definition of exposed (eq, within 2 m), which has implications for contact tracing. The quantitative estimates provided here should inform disease-modelling studies, which are important for planning pandemic response efforts. Policy makers around the world should strive to promptly and adequately address equity implications for groups with currently limited access to face masks and eye protection. For health-care workers and administrators, our findings suggest that N95 respirators might be more strongly associated with protection from viral transmission than surgical masks. Both N95 and surgical masks have a stronger association with protection compared with single-layer masks. Eye protection might also add substantial protection. For the general public, evidence shows that physical distancing of more than 1 m is highly effective and that face masks are associated with protection, even in non-health-care settings, with either disposable surgical masks or reusable 12-16-layer cotton ones, although much of this evidence was on mask use within households and among contacts of cases. Eye protection is typically underconsidered and can be effective in community settings. However, no intervention, even when properly used, was associated with complete protection from infection. Other basic measures (eg, hand hygiene) are still needed in addition to physical distancing and use of face masks and eye protection.

Thus, quantitative assessment of physical distancing is relevant to inform safe interaction and care of patients with SARS-CoV-2 in both health-care and non-health-care settings. The definition of close contact or potentially exposed helps to risk stratify, contact trace, and develop guidance documents, but these definitions differ around the globe.

To contain widespread infection and to reduce morbidity and mortality among health-care workers and others in contact with potentially infected people, jurisdictions have issued conflicting advice about physical or social distancing. Use of face masks with or without eye protection to achieve additional protection is debated in the mainstream media and by public health authorities, in particular the use of face masks for the general population;¹⁰ moreover, optimum use of face masks in health-care settings, which have been used for decades for infection prevention, is facing challenges amid personal protective equipment (PPE) shortages.¹¹

Any recommendations about social or physical distancing, and the use of face masks, should be based on the best available evidence. Evidence has been reviewed for other respiratory viral infections, mainly seasonal influenza,^{12,13} but no comprehensive review is available of information on SARS-CoV-2 or related betacoronaviruses that have caused epidemics, such as severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS). We, therefore, systematically reviewed the effect of physical distance, face masks, and eye protection on transmission of SARS-CoV-2, SARS-CoV, and MERS-CoV.

Methods

Search strategy and selection criteria

To inform WHO guidance documents, on March 25, 2020, we did a rapid systematic review.¹⁴ We created a large international collaborative and we used Cochrane methods¹⁵ and the GRADE approach.¹⁶ We prospectively submitted the systematic review protocol for registration on PROSPERO (CRD42020177047; appendix pp 23–29). We have followed PRISMA¹⁷ and MOOSE¹⁸ reporting guidelines (appendix pp 30–33).

From database inception to May 3, 2020, we searched for studies of any design and in any setting that included patients with WHO-defined confirmed or probable COVID-19, SARS, or MERS, and people in close contact with them, comparing distances between people and COVID-19 infected patients of 1 m or larger with smaller distances, with or without a face mask on the patient, or with or without a face mask, eye protection, or both on the exposed individual. The aim of our systematic review was for quantitative assessment to ascertain the physical distance associated with reduced risk of acquiring infection when caring for an individual infected with SARS-CoV-2, SARS-CoV, or MERS-CoV. Our definition of face masks included surgical masks and N95 respirators, among others; eye protection included visors, faceshields, and goggles, among others.

We searched (up to March 26, 2020) MEDLINE (using the Ovid platform), PubMed, Embase, CINAHL (using the Ovid platform), the Cochrane Library, COVID-19 Open Research Dataset Challenge, COVID-19 Research Database (WHO), Epistemonikos (for relevant systematic reviews addressing MERS and SARS, and its COVID-19 Living Overview of the Evidence platform), EPPI Centre living systematic map of the evidence, ClinicalTrials.gov, WHO International Clinical Trials Registry Platform, relevant documents on the websites of governmental and other relevant organisations, reference lists of included papers, and relevant systematic reviews.^{19,20} We handsearched (up to May 3, 2020) preprint servers (bioRxiv, medRxiv, and Social Science Research Network First Look) and coronavirus resource centres of *The Lancet*, *JAMA*, and *N Engl J Med* (appendix pp 3–5). We did not limit our search by language. We initially could not obtain three full texts for evaluation, but we obtained them through interlibrary loan or contacting a study author. We did not restrict our search to any quantitative cutoff for distance.

Data collection

We screened titles and abstracts, reviewed full texts, extracted data, and assessed risk of bias by two authors and independently, using standardised prepiloted forms (Covidence; Veritas Health Innovation, Melbourne, VIC, Australia), and we cross-checked screening results using artificial intelligence (Evidence Prime, Hamilton, ON, Canada). We resolved disagreements by consensus. We extracted data for study identifier, study design, setting, population characteristics, intervention and comparator characteristics, quantitative outcomes, source of funding

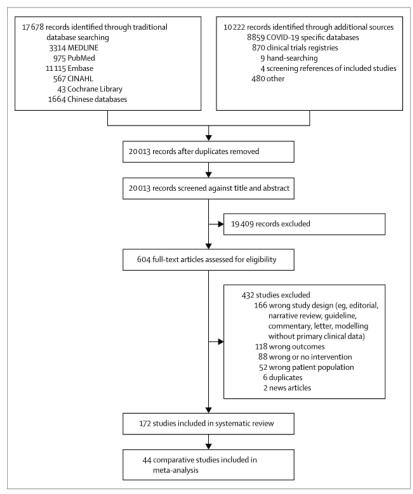


Figure 1: Study selection

	Population size (n)	Country	Setting	Disease caused by virus	Case definition (WHO)	Adjusted estimates	Risk of bias*
Alraddadi et al (2016) ³⁴	283	Saudi Arabia	Health care	MERS	Confirmed	Yes	****
Arwady et al (2016) ³⁵			(household and family	MERS	Confirmed	No	****
Bai et al (2020) ³⁶	118	China	Health care	COVID-19	Confirmed	No	****
Burke et al (2020) ³⁷	338	USA	Health care and non-health care (including household and community)	COVID-19	Confirmed	No	谢·谢·谢·谢
Caputo et al (2006) ³⁸	33	Canada	Health care	SARS	Confirmed	No	****
Chen et al (2009)39	758	China	Health care	SARS	Confirmed	Yes	****
Cheng et al (2020) [∞]	226	China	Non-health care (household and family contacts)	COVID-19	Confirmed	No	****
Ha et al (2004)42	117	Vietnam	Health care	SARS	Confirmed	No	**
Hall et al (2014)43	48	Saudi Arabia	Health care	MERS	Confirmed	No	***
Heinzerling et al (2020)44	37	USA	Health care	COVID-19	Confirmed	No	****
Ho et al (2004)45	372	Taiwan	Health care	SARS	Confirmed	No	非市市市市市市
Ki et al (2019)47	446	South Korea	Health care	MERS	Confirmed	No	非市市市市
Kim et al (2016)48	9	South Korea	Health care	MERS	Confirmed	No	****
Kim et al (2016)49	1169	South Korea	Health care	MERS	Confirmed	No	****
Lau et al (2004)⁵	2270	China	Non-health care (households)	SARS	Probable	Yes	ગોર ગોર ગોર ગોર ગોર
Liu et al (2009)51	477	China	Health care	SARS	Confirmed	Yes	非非非非非
Liu et al (2020) ⁵²	20	China	Non-health care (close contacts)	COVID-19	Confirmed	No	非非非非非非
Loeb et al (2004)53	43	Canada	Health care	SARS	Confirmed	No	**
Ma et al (2004)54	426	China	Health care	SARS	Confirmed	Yes	*****
Nishiura et al (2005)55	115	Vietnam	Health care	SARS	Confirmed	Yes	*****
Nishiyama et al (2008) ⁵⁶	146	Vietnam	Health care	SARS	Confirmed	Yes	非非非非非
Olsen et al (2003) ^{ਨਾ}	304	China	Non-health care (airplane)	SARS	Confirmed	No	*****
Park et al (2004)⁵	110	USA	Health care	SARS	Confirmed	No	*****
Park et al (2016)59	80	South Korea	Health care	MERS	Confirmed and probable	No	₩ ₩ ₩
Peck et al (2004)60	26	USA	Health care	SARS	Confirmed	No	非非非非非非非非
Pei et al (2006)61	443	China	Health care	SARS	Confirmed	No	*****
Rea et al (2007) ⁶²	8662	Canada	Non-health care (community contacts)	SARS	Probable	No	***
Reuss et al (2014)63	81	Germany	Health care	MERS	Confirmed	No	****
Reynolds et al (2006) ⁶⁴	153	Vietnam	Health care	SARS	Confirmed	No	非市市
Ryu et al (2019) ⁶⁵	34	South Korea	Health care	MERS	Confirmed	No	****
Scales et al (2003) ⁶⁶	69	Canada	Health care	SARS	Probable	No	**
Seto et al (2003) ⁶⁷	254	China	Health care	SARS	Confirmed	Yes	*****
Teleman et al (2004) ⁶⁸	86	Singapore	Health care	SARS	Confirmed	Yes	*****
Tuan et al (2007) ⁶⁹	212	Vietnam	Non-health care (household and community contacts)	SARS	Confirmed	Yes	****
Van Kerkhove et al (2019) ⁴⁶	828	Saudi Arabia	Non-health care (dormitory)	MERS	Confirmed	Yes	非非非非非非非
Wang et al (2020)41	493	China	Health care	COVID-19	Confirmed	Yes	***

	n	Country	Setting	Disease caused by virus	Case definition (WHO)	Adjusted estimates	Risk of bias*
(Continued from previo	us page)						
Wang et al (2020) ⁷⁰	5442	China	Health care	COVID-19	Confirmed	No	非非非非非
Wiboonchutikul et al (2016) ⁷¹	38	Thailand	Health care	MERS	Confirmed	No	****
Wilder-Smith et al (2005) ⁷²	80	Singapore	Health care	SARS	Confirmed	No	*****
Wong et al (2004) ⁷³	66	China	Health care	SARS	Confirmed	No	****
Wu et al (2004) ⁷⁴	375	China	Non-health care (community)	SARS	Confirmed	Yes	*****
Yin et al (2004)75	257	China	Health care	SARS	Confirmed	Yes	非非非非非非
Yu et al (2005) ⁷⁶	74	China	Health care	SARS	Confirmed	No	*****
Yu et al (2007)77	124 wards	China	Health care	SARS	Confirmed	Yes	*****

Across studies, mean age was 30–60 years. SARS=severe acute respiratory syndrome. MERS=Middle East respiratory syndrome. *The Newcastle-Ottawa Scale was used for the risk of bias assessment, with more stars equalling lower risk.

Table 1: Characteristics of included comparative studies

and reported conflicts of interests, ethics approval, study limitations, and other important comments.

Outcomes

Outcomes of interest were risk of transmission (ie, WHOdefined confirmed or probable COVID-19. SARS, or MERS) to people in health-care or non-health-care settings by those infected; hospitalisation; intensive care unit admission; death; time to recovery; adverse effects of interventions; and contextual factors such as acceptability, feasibility, effect on equity, and resource considerations related to the interventions of interest. However, data were only available to analyse intervention effects for transmission and contextual factors. Consistent with WHO, studies generally defined confirmed cases with laboratory confirmation (with or without symptoms) and probable cases with clinical evidence of the respective infection (ie, suspected to be infected) but for whom confirmatory testing either had not yet been done for any reason or was inconclusive.

Data analysis

Our search did not identify any randomised trials of COVID-19, SARS, or MERS. We did a meta-analysis of associations by pooling risk ratios (RRs) or adjusted odds ratios (aORs) depending on availability of these data from observational studies, using DerSimonian and Laird random-effects models. We adjusted for variables including age, sex, and severity of source case; these variables were not the same across studies. Because between-study heterogeneity can be misleadingly large when quantified by *I*² during meta-analysis of observational studies,^{21,22} we used GRADE guidance to assess between-study heterogeneity.²¹ Throughout, we present RRs as unadjusted estimates and aORs as adjusted estimates.

We used the Newcastle-Ottawa scale to rate risk of bias for comparative non-randomised studies corresponding to every study's design (cohort or case-control).^{23,24} We planned to use the Cochrane Risk of Bias tool 2.0 for randomised trials,²⁵ but our search did not identify any eligible randomised trials. We synthesised data in both narrative and tabular formats. We graded the certainty of evidence using the GRADE approach. We used the GRADEpro app to rate evidence and present it in GRADE evidence profiles and summary of findings tables^{26,27} using standardised terms.^{28,29}

We analysed data for subgroup effects by virus type, intervention (different distances or face mask types), and setting (health care vs non-health care). Among the studies assessing physical distancing measures to prevent viral transmission, the intervention varied (eg, direct physical contact [0 m], 1 m, or 2 m). We, therefore, analysed the effect of distance on the size of the associations by random-effects univariate meta-regressions, using restricted maximum likelihood, and we present mean effects and 95% CIs. We calculated tests for interaction using a minimum of 10000 Monte Carlo random permutations to avoid spurious findings.30 We formally assessed the credibility of potential effect-modifiers using GRADE guidance.21 We did two sensitivity analyses to test the robustness of our findings. First, we used Bayesian meta-analyses to reinterpret the included studies considering priors derived from the effect point estimate and variance from a meta-analysis of ten randomised trials evaluating face mask use versus no face mask use to prevent influenza-like illness in health-care workers.31 Second, we used Bayesian meta-analyses to reinterpret the efficacy of N95 respirators versus medical masks on preventing influenza-like illness after seasonal viral (mostly influenza) infection.¹³ For these sensitivity analyses, we used hybrid Metropolis-Hastings and Gibbs sampling, a 10000 sample burn-in, 40000 Markov chain Monte Carlo samples, and we tested non-informative and sceptical priors (eg, four time variance)32,33 to inform

For more on the GRADEpro app see https://www.gradepro.org

	Country	Respirator (0=no)	Distance (m)	Events, further distance (n/N)	Events, shorter distance (n/N)		RR (95% CI)	% weigh (random
MERS								
/an Kerkhove et al (2019)46	Saudi Arabia	0	0	8/774	11/54	_	0.05 (0.02-0.12)	5.5
rwady et al (2016)35	Saudi Arabia	0	1	1/10	8/20		0.25 (0.04-1.73)	2.6
i et al (2019) ⁴⁷	South Korea	1	2	2/29	4/42		0.72 (0.14-3.70)	3-2
ark et al (2016)59	South Korea	0	2	0/3	5/25	•	0.59 (0.04-8.77)	1.6
all et al (2014)43	Saudi Arabia	1	1	0/5	0/43	_	(Not calculable)	0
/iboonchutikul et al (2019) ⁷¹	Thailand	1	1	0/16	0/22		(Not calculable)	õ
euss et al (2014) ⁶³	Germany	1	2	0/12	0/69		(Not calculable)	õ
tyu et al (2019) ⁶⁵	South Korea	1	2	0/7	0/27		(Not calculable)	ő
andom, subtotal (I²=75%)	Sootii Kolea	1	2	11/856	28/302		0.23 (0.04-1.20)	12.9
ARS								
cales et al (2003) ⁶⁶	Canada	0	0	1/12	6/19	i	0.35 (0.05-2.57)	2.6
la et al (2004) ⁵⁴	China	1	0*	4/149	43/294	• ·	0.18 (0.07-0.50)	5.0
lishiyama et al (2008) ⁵⁶	Vietnam	0	0	1/12	26/73		0.23 (0.03-1.57)	2.7
uan et al (2007) ⁶⁹	Vietnam	0	0	3/123	6/57	.	0.23 (0.06-0.89)	3.9
ea et al (2007) ⁶²	Canada	0	1	18/3493	41/647	• · · · · · · · · · · · · · · · · · · ·	0.08 (0.05-0.14)	6.6
hen et al (2009) ³⁹	China	0	1*	28/314	63/445		0.63 (0.41-0.96)	6.9
au et al (2004)50	China	0	1	39/965	136/1124	-	0.33 (0.24-0.47)	7.1
iu et al (2009) ⁵¹	China	0	0	14/133	39/341		0.92 (0.52-1.64)	6.5
ei et al (2006) ⁶¹	China	0	1	8/61	139/382		0.36 (0.19-0.70)	6-2
Vong et al (2004) ⁷³	China	0	1	0/4	3/3 -		0.11 (0.01-1.63)	1.7
eleman et al (2004) ⁶⁸	Singapore	1	1	4/9	32/77		1.07 (0.49-2.33)	5.8
evnolds et al (2006) ⁶⁴	Vietnam	0	1	5/38	17/29	I	0.22 (0.09-0.54)	5.5
lsen et al (2003) ⁵⁷	China	0	1.5	9/84	11/35	-	0.34 (0.16-0.75)	5.8
/ong et al (2003)	China	0	2	0/4	4/8		0.20 (0.01-3.00)	1.6
oeb et al (2004) ⁵³	Canada	1	2*	0/11	4/8 8/40 -		0.20 (0.01-3.24)	1.6
(.,						-	· · · ·	6.6
u et al (2005) ⁷⁶	China USA	1	2	17/54	13/20 0/38		0.48 (0.29-0.81)	0.0
eck et al (2004) ⁶⁰	USA	1	1	0/3			(Not calculable)	76·1
andom, subtotal (l²=75%)				151/5469	587/3632		0·35 (0·23-0·52)	70-1
OVID-19	China			0.176	12/12		0.02 (0.001.0.27)	15
ai et al (2020) ³⁶	China	1	0	0/76	12/42	-	0.02 (0.001-0.37)	1.5
urke et al (2020) ³⁷	USA	0	0	0/13	2/2		0.04 (0.003-0.68)	1.6
iu et al (2020) ⁵²	China	0	1	0/17	2/3		0.04 (0.003-0.76)	1.5
heng et al (2020) ⁴⁰	Taiwan	0	1*	5/47	7/36		0.55 (0.19-1.58)	4.8
leinzerling et al (2020) ⁴⁴	USA	0	1.8	0/4	3/33	Ť	0.97 (0.06-16.14)	1.5
urke et al (2020) ³⁷	USA	1	0	0/50	0/76		(Not calculable)	0
urke et al (2020) ³⁷ andom, subtotal (I²=59%)	USA	0	2	0/41 5/248	0/37 26/229		(Not calculable) 0· 15 (0·03–0·73)	0 10·9
nadiusted estimator overall	(P=72%)			167/6573	641/4163		0.20 (0.20 0.44)	100-0
nadjusted estimates, overall diurted estimates, overall (1				10//05/3	041/4103	\sim	0·30 (0·20-0·44) aOR 0·18 (0·09-0·38)	100-0
djusted estimates, overall (1	WERS, & SARS)						(= = ;	
nteraction by type of virus p=0	-49						aRR 0·20 (0·10–0·41)	
					Favo	ours further distance Favours shorte	er distance	

Figure 2: Forest plot showing the association of COVID-19, SARS, or MERS exposure proximity with infection

SARS=severe acute respiratory syndrome. MERS=Middle East respiratory syndrome. RR=relative risk. aOR=adjusted odds ratio. aRR=adjusted relative risk. *Estimated values; sensitivity analyses excluding these values did not meaningfully alter findings.

mean estimates of effect, 95% credibility intervals (CrIs), and posterior distributions. We used non-informative hyperpriors to estimate statistical heterogeneity. Model convergence was confirmed in all cases with good mixing in visual inspection of trace plots, autocorrelation plots, histograms, and kernel density estimates in all scenarios. Parameters were blocked, leading to acceptance of approximately 50% and efficiency greater than 1% in all cases (typically about 40%). We did analyses using Stata version 14.3.

Role of the funding source

The funder contributed to defining the scope of the review but otherwise had no role in study design and data collection. Data were interpreted and the report drafted and submitted without funder input, but according to contractual agreement, the funder provided review at the time of final publication. The corresponding author had full access to all data in the study and had final responsibility for the decision to submit for publication.

	Studies and participants	Relative effect (95% Cl)		Anticipated absolute effect (95% CI), I eg, chance of viral infection or (transmission		Certainty*	What happens (standardised GRADE terminology) ²⁹
			Comparison group	Intervention group			
Physical distance ≥1 m vs <1 m	Nine adjusted studies (n=7782); 29 unadjusted studies (n=10736)	aOR 0·18 (0·09 to 0·38); unadjusted RR 0·30 (95% Cl 0·20 to 0·44)	Shorter distance, 12∙8%	Further distance, 2·6% (1·3 to 5·3)	-10·2% (-11·5 to -7·5)	Moderate†	A physical distance of more than 1 m probably results in a large reduction in virus infection; for every 1 m further away in distancing, the relative effect might increase 2.02 times
Face mask vs no face mask	Ten adjusted studies (n=2647); 29 unadjusted studies (n=10 170)	aOR 0·15 (0·07 to 0·34); unadjusted RR 0·34 (95% Cl 0·26 to 0·45)	No face mask, 17·4%	Face mask, 3·1% (1·5 to 6·7)	-14·3% (-15·9 to -10·7)	Low‡	Medical or surgical face masks might result in a large reduction in virus infection; N95 respirators might be associated with a larger reduction in risk compared with surgical or similar masks§
Eye protection (faceshield, goggles) vs no eye protection	13 unadjusted studies (n=3713)	Unadjusted RR 0·34 (0·22 to 0·52)¶	No eye protection, 16∙0%	Eye protection, 5·5% (3·6 to 8·5)	–10·6% (–12·5 to –7·7)	Low	Eye protection might result in a large reduction in virus infection

Table based on GRADE approach.16-29 Population comprised people possibly exposed to individuals infected with SARS-CoV-2, SARS-CoV, or MERS-CoV. Setting was any health-care or non-health-care setting. Outcomes were infection (laboratory-confirmed or probable) and contextual factors. Risk (95% CI) in intervention group is based on assumed risk in comparison group and relative effect (95% CI) of the intervention. All studies were non-randomised and evaluated using the Newcastle-Ottawa Scale; some studies had a higher risk of bias than did others but no important difference was noted in sensitivity analyses excluding studies at higher risk of bias; we did not further rate down for risk of bias. Although there was a high P value (which can be exaggerated in non-randomised studies)" and no overlapping CIs, point estimates generally exceeded the thresholds for large effects and we did not rate down for inconsistency. We did not rate down for indirectness for the association between distance and infection because SARS-CoV-2, SARS-CoV, and MERS-CoV all belong to the same family and have each caused epidemics with sufficient similarity; there was also no convincing statistical evidence of effect-modification across viruses; some studies also used bundled interventions but the studies include only those that provide adjusted estimates. aOR=adjusted odds ratio. RR=relative risk. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. SARS-CoV=severe acute respiratory syndrome coronavirus. MERS-CoV=Middle East respiratory syndrome coronavirus. *GRADE category of evidence; high certainty (we are very confident that the true effect lies close to that of the estimate of the effect); moderate certainty (we are moderately confident in the effect estimate; the true effect is probably close to the estimate, but it is possibly substantially different): low certainty (our confidence in the effect estimate is limited: the true effect could be substantially different from the estimate of the effect): very low certainty (we have very little confidence in the effect estimate; the true effect is likely to be substantially different from the estimate of effect). †The effect is very large considering the thresholds set by GRADE, particularly at plausible levels of baseline risk, which also mitigated concerns about risk of bias; data also suggest a dose-response gradient, with associations increasing from smaller distances to 2 m and beyond, by meta-regression; we did not rate up for this domain alone but it further supports the decision to rate up in combination with the large effects. ‡The effect was very large, and the certainty of evidence could be rated up, but we made a conservative decision not to because of some inconsistency and risk of bias; hence, although the effect is qualitatively highly certain, the precise quantitative effect is low certainty. Sin a subgroup analysis comparing N95 respirators with surgical or similar masks (eq, 12-16-layer cotton), the association was more pronounced in the N95 group (aOR 0-04, 95% CI 0-004-0-30) compared with other masks (0-33, 0-17-0-61; p_minutes=0-090); there was also support for effect-modification by formal analysis of subgroup credibility. ¶Two studies^{54,55} provided adjusted estimates with n=295 in the eye protection group and n=406 in the group not wearing eye protection; results were similar to the unadjusted estimate (aOR 0-22, 95% CI 0-12-0-39). ||The effect is large considering the thresholds set by GRADE assuming that ORs translate into similar magnitudes of RR estimates; this mitigates concerns about risk of bias, but we conservatively decided not to rate up for large or very large effects.

Table 2: GRADE summary of findings

Results

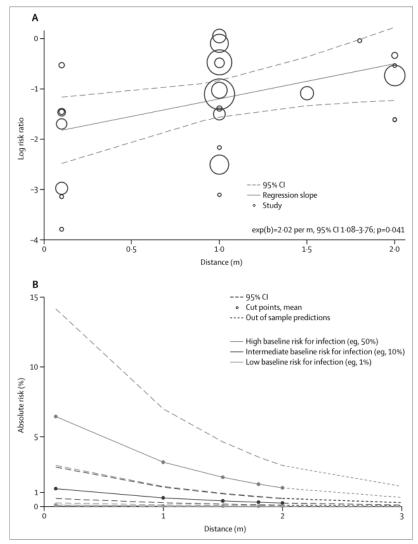
We identified 172 studies for our systematic review from 16 countries across six continents (figure 1; appendix pp 6–14, 41–47). Studies were all observational in nature; no randomised trials were identified of any interventions that directly addressed the included study populations. Of the 172 studies, 66 focused on how far a virus can travel by comparing the association of different distances on virus transmission to people (appendix pp 42–44). Of these 66 studies, five were mechanistic, assessing viral RNA, virions, or both cultured from the environment of an infected patient (appendix p 45).

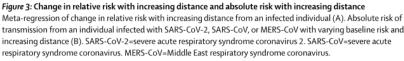
44 studies were comparative³⁴⁻⁷⁷ and fulfilled criteria for our meta-analysis (n=25697; figure 1; table 1). We used these studies rather than case series and qualitative studies (appendix pp 41–47) to inform estimates of effect. 30 studies^{34,37,41–45,47–51,53–56,58–61,64–70/22,74,75} focused on the association between use of various types of face masks and respirators by health-care workers, patients, or both with virus transmission. 13 studies^{34,37–39,47,49,51,54,58,60,61,65,75} addressed the association of eye protection with virus transmission.

Some direct evidence was available for COVID-19 (64 studies, of which seven were comparative in

design),^{36,37,40,41,44,52,70} but most studies reported on SARS (n=55) or MERS (n=25; appendix pp 6–12). Of the 44 comparative studies, 40 included WHO-defined confirmed cases, one included both confirmed and probable cases, and the remaining three studies included probable cases. There was no effect-modification by case-definition (distance $p_{interaction}=0.41$; mask $p_{interaction}=0.46$; all cases for eye protection were confirmed). Most studies reported on bundled interventions, including different components of PPE and distancing, which was usually addressed by statistical adjustment. The included studies all occurred during recurrent or novel outbreak settings of COVID-19, SARS, or MERS.

Risk of bias was generally low-to-moderate after considering the observational designs (table 1), but both within studies and across studies the overall findings were similar between adjusted and unadjusted estimates. We did not detect strong evidence of publication bias in the body of evidence for any intervention (appendix pp 15–18). As we did not use case series data to inform estimates of effect of each intervention, we did not systematically rate risk of bias of these data. Therefore, we report further only those studies with comparative data.





29 unadjusted and nine Across adiusted studies, 35-37,39,40,43,44,46,47,50-54,56,57,59-66,68,69,71,73,76 a strong association was found of proximity of the exposed individual with the risk of infection (unadjusted n=10736, RR 0.30, 95% CI 0 · 20 to 0 · 44; adjusted n=7782, aOR 0 · 18, 95% CI 0.09 to 0.38; absolute risk [AR] 12.8% with shorter distance vs 2.6% with further distance, risk difference [RD] -10.2%, 95% CI -11.5 to -7.5; moderate certainty; figure 2; table 2; appendix p 16). Although there were six studies on COVID-19, the association was seen irrespective of causative virus (p_{interaction}=0.49), health-care setting versus non-health-care setting $(p_{interaction}=0.14)$, and by type of face mask ($p_{interaction}=0.95$; appendix pp 17, 19). However, different studies used different distances for the intervention. By meta-regression, the strength of association was larger with increasing distance (2.02 change in RR per m, 95% CI 1.08 to 3.76; $p_{interaction}=0.041$; moderate credibility subgroup effect; figure 3A; table 2). AR values with increasing distance given different degrees of baseline risk are shown in figure 3B, with potential values at 3 m also shown.

Across 29 unadjusted studies and ten adjusted studies,^{34,37,41-45,47-51,53-56,58-61,64-70,72,74,75} the use of both N95 or similar respirators or face masks (eg, disposable surgical masks or similar reusable 12-16-layer cotton masks) by those exposed to infected individuals was associated with a large reduction in risk of infection (unadjusted n=10170, RR 0.34, 95% CI 0.26 to 0.45; adjusted studies n=2647, aOR 0.15, 95% CI 0.07 to 0.34; AR 3.1% with face mask vs 17.4% with no face mask, RD -14.3%, 95% CI -15.9 to -10.7; low certainty; figure 4; table 2; appendix pp 16, 18) with stronger associations in healthcare settings (RR 0.30, 95% CI 0.22 to 0.41) compared with non-health-care settings (RR 0.56, 95% CI 0.40 to 0.79; $p_{interaction}=0.049$; low-to-moderate credibility for subgroup effect; figure 4; appendix p 19). When differential N95 or similar respirator use, which was more frequent in health-care settings than in nonhealth-care settings, was adjusted for the possibility that face masks were less effective in non-health-care settings, the subgroup effect was slightly less credible (p_{interaction}=0·11, adjusted for differential respirator use; figure 4). Indeed, the association with protection from infection was more pronounced with N95 or similar respirators (aOR 0.04, 95% CI 0.004 to 0.30) compared with other masks (aOR 0.33, 95% CI 0.17 to 0.61; p_{interaction}=0.090; moderate credibility subgroup effect; figure 5). The interaction was also seen when additionally adjusting for three studies that clearly reported aerosol-generating procedures (p_{interaction}=0.048; figure 5). Supportive evidence for this interaction was also seen in within-study comparisons (eg, N95 had a stronger protective association compared with surgical masks or 12-16-layer cotton masks); both N95 and surgical masks also had a stronger association with protection versus single-layer masks.38,39,51,53,54,61,66,67,75

We did a sensitivity analysis to test the robustness of our findings and to integrate all available information on face mask treatment effects for protection from COVID-19. We reconsidered our findings using random-effects Bayesian meta-analysis. Although noninformative priors showed similar results to frequentist approaches (aOR 0.16, 95% CrI 0.04-0.40), even using informative priors from the most recent meta-analysis on the effectiveness of masks versus no masks to prevent influenza-like illness (RR 0.93, 95% CI 0.83-1.05)³¹ yielded a significant association with protection from COVID-19 (aOR 0.40, 95% CrI 0.16-0.97; posterior probability for RR <1, 98%). Minimally informing (25% influence with or without four-fold smaller mean effect size) the most recent and rigorous meta-analysis of the effectiveness of N95

	Country	Respirator (0=no)	Infection	Events, face mask (n/N)	Events, no face mask (n/N)		RR (95% CI)	% weigh (random
Health-care setting								
Scales et al (2003) ⁶⁶	Canada	0	SARS	3/16	4/15	• •	0.70 (0.19-2.63)	3-2
Liu et al (2009)51	China	0	SARS	8/123	43/354		0.54 (0.26-1.11)	6.7
Pei et al (2006)61	China	0	SARS	11/98	61/115		0.21 (0.12-0.38)	7.9
Yin et al (2004) ⁷⁵	China	0	SARS	46/202	31/55		0.40 (0.29-0.57)	10-3
2 ark et al (2016)59	South Korea	0	MERS	3/24	2/4		0.25 (0.06-1.06)	2.8
Kim et al (2016) ⁴⁸	South Korea	0	MERS	0/7	1/2		0.13 (0.01-2.30)	0.8
Heinzerling et al (2020) ⁴⁴	USA	0	COVID-19	0/31	3/6 🔶	e	0.03 (0.002-0.54)	0.9
Nishiura et al (2005)55	Vietnam	0	SARS	8/43	17/72	·	0.79 (0.37-1.67)	6-5
Nishiyama et al (2008) ⁵⁶	Vietnam	0	SARS	17/61	14/18		0.36 (0.22-0.58)	9.0
Reynolds et al (2006) ⁶⁴	Vietnam	0	SARS	8/42	14/25		0.34 (0.17-0.69)	6.7
Loeb et al (2004)53	Canada	1	SARS	3/23	5/9	•	0.23 (0.07-0.78)	3.6
Wang et al (2020)41	China	1	COVID-19	0/278	10/215	•	0.04 (0.002-0.63)	0.9
Seto et al (2003)67	China	1	SARS	0/51	13/203		0.15 (0.01-2.40)	0.9
Wang et al (2020) ⁷⁰	China	1	COVID-19	1/1286	119/4036 -	• <u> </u>	0.03 (0.004-0.19)	1.7
Alraddadi et al (2016) ³⁴	Saudi Arabia	1	MERS	6/116	12/101		0.44 (0.17-1.12)	5.0
Ho et al (2004)45	Singapore	1	SARS	2/62	2/10	• :	0.16 (0.03-1.02)	1.9
Teleman et al (2004)68	Singapore	1	SARS	3/26	33/60		0.21 (0.07-0.62)	4-2
Wilder-Smith et al (2005)72	Singapore	1	SARS	6/27	39/71		0.40 (0.19-0.84)	6-5
Ki et al (2019)47	South Korea	1	MERS	0/218	6/230		0.08 (0.005-1.43)	0.8
Kim et al (2016)49	South Korea	1	MERS	1/444	16/308		0.04 (0.01-0.33)	1.6
Hall et al (2014)43	Saudi Arabia	1	MERS	0/42	0/6		(Not calculable)	0
Ryu et al (2019) ⁶⁵	South Korea	1	MERS	0/24	0/10		(Not calculable)	0
Park et al (2004)58	USA	1	SARS	0/60	0/45		(Not calculable)	0
Peck et al (2004)60	USA	1	SARS	0/13	0/19		(Not calculable)	0
Burke et al (2020)37	USA	1	COVID-19	0/64	0/13		(Not calculable)	0
Ha et al (2004)42	Vietnam	1	SARS	0/61	0/1		(Not calculable)	0
Random subtotal (I ² =50%)				126/3442	445/6003	\diamond	0.30 (0.22-0.41)	81.9
Non-health-care setting								
Lau et al (2004)50	China	0	SARS	12/89	25/98		0.53 (0.28-0.99)	7.5
Wu et al (2004) ⁷⁴	China	0	SARS	25/146	69/229	-	0.57 (0.38-0.85)	9.7
Tuan et al (2007) ⁶⁹	Vietnam	0	SARS	0/9	7/154		1.03 (0.06-16.83)	0.9
Random subtotal (I²=0%)				37/244	101/481	\diamond	0.56 (0.40-0.79)	18.1
Unadjusted estimates, over	all (I²=48%)			163/3686	546/6484	\diamond	0·34 (0·26–0·45)	100-0
Adjusted estimates, overall	(1 COVID-19, 1	MERS, 8 SARS	5)			\sim	aOR 0·15 (0·07–0·34) aRR 0·18 (0·08–0·38)	
Interaction by setting, p=0·0	49; adjusted for	N95 and dista	nce, p=0·11			0.1 0.5 1 2 10	unit 0.10 (0.00-0.30)	
						0.1 0.5 1 2 10		

Figure 4: Forest plot showing unadjusted estimates for the association of face mask use with viral infection causing COVID-19, SARS, or MERS SARS=severe acute respiratory syndrome. MERS=Middle East respiratory syndrome. RR=relative risk. aOR=adjusted odds ratio. aRR=adjusted relative risk.

respirators versus medical masks in randomised trials (OR 0.76, 95% CI 0.54–1.06)¹³ with the effectmodification seen in this meta-analysis on COVID-19 (ratio of aORs 0.14, 95% CI 0.02–1.05) continued to support a stronger association of protection from COVID-19, SARS, or MERS with N95 or similar respirators versus other face masks (posterior probability for RR <1, 100% and 95%, respectively).

In 13 unadjusted studies and two adjusted studies, $^{34,37-39,07,49,51,54,58,60,61,65,75}$ eye protection was associated with lower risk of infection (unadjusted n=3713, RR 0.34, 95% CI 0.22 to 0.52; AR 5.5% with eye protection vs 16.0% with no eye protection, RD –10.6%, 95% CI –12.5 to –7.7; adjusted n=701, aOR 0.22,

95% CI 0.12 to 0.39; low certainty; figure 6; table 2; appendix pp 16–17).

Across 24 studies in health-care and non-health-care settings during the current pandemic of COVID-19, previous epidemics of SARS and MERS, or in general use, looking at contextual factors to consider in recommendations, most stakeholders found physical distancing and use of face masks and eye protection acceptable, feasible, and reassuring (appendix pp 20–22). However, challenges included frequent discomfort, high resource use linked with potentially decreased equity, less clear communication, and perceived reduced empathy of care providers by those they were caring for.

	Country	Virus	Setting		aOR (95% CI)	% weight (random)
N95 respirator or similar vs ı	no face mask					
Seto et al (2003) ⁶⁷	China	SARS	Health care —	÷	0.08 (0.02-0.34)	9.0
Ma et al* (2004) ⁵⁴	China	SARS	Health care —		0.01 (0.003-0.06)	8.9
Wang et al (2020) ⁴¹	China	COVID-19	Health care 🛛 🛶		0.002 (0.000-0.02)	6-2
Alraddadi et al* (2016) ³⁴	Saudi Arabia	MERS	Health care		0.41 (0.13-1.26)	10.4
Random subtotal (I²=87%)			\sim	\rightarrow	0.04 (0.004-0.30)	34.5
Surgical face mask or similar	(eg, 12–16-layer co	otton) vs no fac	e mask			
Wu et al (2004) ⁷⁴	China	SARS	Non-health care	-	0.30 (0.12-0.73)	11-2
Lau et al (2004)50	China	SARS	Non-health care	-	0.32 (0.17-0.61)	12.0
Yin et al (2004) ⁷⁵	China	SARS	Health care		0.78 (0.61-1.00)	12.8
Liu et al* (2009)51	China	SARS	Health care -	·	0.22 (0.08-0.62)	10.8
Nishiura et al (2005) ⁵⁵	Vietnam	SARS	Health care		0.29 (0.11-0.75)	11.0
Nishiyama et al (2008) ⁵⁶	Vietnam	SARS	Health care —	<u>+</u>	0.08 (0.01-0.50)	7.7
Random subtotal (I²=76%)				\diamond	0-33 (0-17-0-61)	65.5
Random overall (I²=88%)			<	\Rightarrow	0.15 (0.07-0.34)	100-0
Bayesian overall (Jefferson ³¹	seasonal viruses)			\diamond	0.40 (0.16-0.97)	
Interaction p=0·090; adjusted	l for setting, p=0-17	adjusted for A	5P, p=0·048			
			0	1 0.51 2 1	0	
			Favours fac	e mask Favour	s no face mask	

Figure 5: Forest plot showing adjusted estimates for the association of face mask use with viral infection causing COVID-19, SARS, or MERS SARS=severe acute respiratory syndrome. MERS=Middle East respiratory syndrome. RR=relative risk. aOR=adjusted odds ratio. AGP=aerosol-generating procedures. *Studies clearly reporting AGP.

Discussion

The findings of this systematic review of 172 studies (44 comparative studies; n=25697 patients) on COVID-19, SARS, and MERS provide the best available evidence that current policies of at least 1 m physical distancing are associated with a large reduction in infection, and distances of 2 m might be more effective. These data also suggest that wearing face masks protects people (both health-care workers and the general public) against infection by these coronaviruses, and that eye protection could confer additional benefit. However, none of these interventions afforded complete protection from infection, and their optimum role might need risk assessment and several contextual considerations. No randomised trials were identified for these interventions in COVID-19, SARS, or MERS.

Previous reviews are limited in that they either have not provided any evidence from COVID-19 or did not use direct evidence from other related emerging epidemic betacoronaviruses (eg, SARS and MERS) to inform the effects of interventions to curtail the current COVID-19 pandemic.^{13,19,31,78} Previous data from randomised trials are mainly for common respiratory viruses such as seasonal influenza, with a systematic review concluding low certainty of evidence for extrapolating these findings to COVID-19.¹³ Further, previous syntheses of available randomised controlled trials have not accounted for cluster effects in analyses, leading to substantial imprecision in treatment effect estimates. In betweenstudy and within-study comparisons, we noted a larger effect of N95 or similar respirators compared with other masks. This finding is inconsistent with conclusions of a review of four randomised trials,13 in which low certainty of evidence for no larger effect was suggested. However, in that review, the CIs were wide so a meaningful protective effect could not be excluded. We harmonised these findings with Bayesian approaches, using indirect data from randomised trials to inform posterior estimates. Despite this step, our findings continued to support the ideas not only that masks in general are associated with a large reduction in risk of infection from SARS-CoV-2, SARS-CoV, and MERS-CoV but also that N95 or similar respirators might be associated with a larger degree of protection from viral infection than disposable medical masks or reusable multilayer (12-16-layer) cotton masks. Nevertheless, in view of the limitations of these data, we did not rate the certainty of effect as high.²¹ Our findings accord with those of a cluster randomised trial showing a potential benefit of continuous N95 respirator use over medical masks against seasonal viral infections.79 Further high-quality research, including randomised trials of the optimum physical distance and the effectiveness of different types of masks in the general population and for health-care workers' protection, is urgently needed. Two trials are registered to better inform the optimum use of face masks for COVID-19 (NCT04296643 [n=576] and

	Country	Respirator (0=no)	Events, eye protection (n/N)			RR (95% CI)	% weigh (random
MERS							
Alraddadi et al (2016) ³⁴	Saudi Arabia	1	1/47	17/165	•	0.21 (0.03–1.51)	4-0
Ki et al (2019)47	South Korea	1	0/9	6/64		0.50 (0.03-8.21)	2.2
Kim et al (2016) ⁴⁹	South Korea	1	0/443	2/294	• • • · · · · · · · · · · · · · · · · ·	0.13 (0.01-2.76)	1.8
Ryu et al (2019) ⁶⁵	South Korea	1	0/24	0/10		(Not calculable)	0
Random subtotal (I²=0%	5)		1/523	25/533		0-24 (0-06-0-99)	8-0
SARS							
Chen et al (2009) ³⁹	China	0	1/45	90/703		0.17 (0.02-1.22)	4.2
Liu et al (2009) ⁵¹	China	0	17/221	34/256		0.58 (0.33-1.01)	21-2
Pei et al (2006)61	China	0	24/120	123/323		0.53 (0.36-0.77)	26.0
Yin et al (2004)75	China	0	10/120	67/137		0.17 (0.09-0.32)	19-4
Caputo et al (2006) ³⁸	Canada	1	2/46	4/32		0.35 (0.07-1.79)	5.6
Ma et al (2004) ⁵⁴	China	1	7/175	40/269		0.27 (0.12-0.59)	15.6
Park et al (2004)58	USA	1	0/30	0/72		(Not calculable)	0
Peck et al (2004)60	USA	1	0/13	0/19		(Not calculable)	0
Random subtotal (I²=62	%)		61/770	358/1811	\diamond	0.34 (0.21-0.56)	92-0
COVID-19							
Burke et al (2020) ³⁷	USA	1	0/42	0/34		(Not calculable)	0
Random subtotal			0/42	0/34		(Not calculable)	0
Random overall (I²=43%)		62/1335	383/2378	\diamond	0.34 (0.22-0.52)	100-0
Adjusted estimates, ove	rall (2 studies, Y	in ⁷⁵ and Ma ⁵⁴)			\diamond	aOR 0.22 (0.12-0.39)	
Interaction by virus, p=0.7	'5					aRR 0.25 (0.14-0.43)	
				-	0.1 0.5 1 2	10	
					Favours eye protection Favours r		

Figure 6: Forest plot showing the association of eye protection with risk of COVID-19, SARS, or MERS transmission

Forest plot shows unadjusted estimates. SARS=severe acute respiratory syndrome. MERS=Middle East respiratory syndrome. RR=relative risk. aOR=adjusted odds ratio. aRR=adjusted relative risk.

NCT04337541 [n=6000]). Until such data are available, our findings represent the current best estimates to inform face mask use to reduce infection from COVID-19. We recognise that there are strong, perhaps opposing, sentiments about policy making during outbreaks. In one viewpoint, the 2007 SARS Commission report stated:

"...recognize, as an aspect of health worker safety, the precautionary principle that reasonable action to reduce risk, such as the use of a fitted N95 respirator, need not await scientific certainty".⁸⁰

"...if we do not learn from SARS and we do not make the government fix the problems that remain, we will pay a terrible price in the next pandemic".⁸¹

A counter viewpoint is that the scientific uncertainty and contextual considerations require a more nuanced approach. Although challenging, policy makers must carefully consider these two viewpoints along with our findings.

We found evidence of moderate certainty that current policies of at least 1 m physical distancing are probably

associated with a large reduction in infection, and that distances of 2 m might be more effective, as implemented in some countries. We also provide estimates for 3 m. The main benefit of physical distancing measures is to prevent onward transmission and, thereby, reduce the adverse outcomes of SARS-CoV-2 infection. Hence, the results of our current review support the implementation of a policy of physical distancing of at least 1 m and, if feasible, 2 m or more. Our findings also provide robust estimates to inform models and contact tracing used to plan and strategise for pandemic response efforts at multiple levels.

The use of face masks was protective for both healthcare workers and people in the community exposed to infection, with both the frequentist and Bayesian analyses lending support to face mask use irrespective of setting. Our unadjusted analyses might, at first impression, suggest use of face masks in the community setting to be less effective than in the health-care setting, but after accounting for differential N95 respirator use between health-care and non-health-care settings, we did not detect any striking differences in effectiveness of

face mask use between settings. The credibility of effectmodification across settings was, therefore, low. Wearing face masks was also acceptable and feasible. Policy makers at all levels should, therefore, strive to address equity implications for groups with currently limited access to face masks and eye protection. One concern is that face mask use en masse could divert supplies from people at highest risk for infection.10 Health-care workers are increasingly being asked to ration and reuse PPE, 82,83 leading to calls for government-directed repurposing of manufacturing capacity to overcome mask shortages⁸⁴ and finding solutions for mask use by the general public.84 In this respect, some of the masks studied in our review were reusable 12-16-layer cotton or gauze masks.^{51,54,61,75} At the moment, although there is consensus that SARS-CoV-2 mainly spreads through large droplets and contact, debate continues about the role of aerosol,2-8,85,86 but our meta-analysis provides evidence (albeit of low certainty) that respirators might have a stronger protective effect than surgical masks. Biological plausibility would be supported by data for aerosolised SARS-CoV-25-8 and preclinical data showing seasonal coronavirus RNA detection in fine aerosols during tidal breathing,⁸⁷ albeit, RNA detection does not necessarily imply replication and infection-competent virus. Nevertheless, our findings suggest it plausible that even in the absence of aerosolisation, respirators might be simply more effective than masks at preventing infection. At present, there is no data to support viable virus in the air outside of aerosol generating procedures from available hospital studies. Other factors such as super-spreading events, the subtype of health-care setting (eg. emergency room, intensive care unit, medical wards, dialysis centre), if aerosolising procedures are done, and environmental factors such as ventilation. might all affect the degree of protection afforded by personal protection strategies, but we did not identify robust data to inform these aspects.

Strengths of our review include adherence to full systematic review methods, which included artificial intelligence-supported dual screening of titles and abstracts, full-text evaluation, assessment of risk of bias, and no limitation by language. We included patients infected with SARS-CoV-2, SARS-CoV, or MERS-CoV and searched relevant data up to May 3, 2020. We followed the GRADE approach¹⁶ to rate the certainty of evidence. Finally, we identified and appraise a large body of published work from China, from which much evidence emerged before the pandemic spread to other global regions.

The primary limitation of our study is that all studies were non-randomised, not always fully adjusted, and might suffer from recall and measurement bias (eg, direct contact in some studies might not be measuring near distance). However, unadjusted, adjusted, frequentist, and Bayesian meta-analyses all supported the main findings, and large or very large effects were recorded. Nevertheless, we are cautious not to be overly certain in the precise quantitative estimates of effects, although the qualitative effect and direction is probably of high certainty. Many studies did not provide information on precise distances, and direct contact was equated to 0 m distance; none of the eligible studies quantitatively evaluated whether distances of more than 2 m were more effective, although our metaregression provides potential predictions for estimates of risk. Few studies assessed the effect of interventions in non-health-care settings, and they primarily evaluated mask use in households or contacts of cases, although beneficial associations were seen across settings. Furthermore, most evidence was from studies that reported on SARS and MERS (n=6674 patients with COVID-19, of 25697 total), but data from these previous epidemics provide the most direct information for COVID-19 currently. We did not specifically assess the effect of duration of exposure on risk for transmission, although whether or not this variable was judged a risk factor considerably varied across studies, from any duration to a minimum of 1 h. Because of inconsistent reporting, information is limited about whether aerosolgenerating procedures were in place in studies using respirators, and whether masks worn by infected patients might alter the effectiveness of each intervention, although the stronger association with N95 or similar respirators over other masks persisted when adjusting for studies reporting aerosol-generating medical procedures. These factors might account for some of the residual statistical heterogeneity seen for some outcomes, albeit 12 is commonly inflated in meta-analyses of observational data,^{21,22} and nevertheless the effects seen were large and probably clinically important in all adjusted studies.

Our comprehensive systematic review provides the best available information on three simple and common interventions to combat the immediate threat of COVID-19, while new evidence on pharmacological treatments, vaccines, and other personal protective strategies is being generated. Physical distancing of at least 1 m is strongly associated with protection, but distances of up to 2 m might be more effective. Although direct evidence is limited, the optimum use of face masks, in particular N95 or similar respirators in health-care settings and 12-16-layer cotton or surgical masks in the community, could depend on contextual factors; action is needed at all levels to address the paucity of better evidence. Eye protection might provide additional benefits. Globally collaborative and well conducted studies, including randomised trials, of different personal protective strategies are needed regardless of the challenges, but this systematic appraisal of currently best available evidence could be considered to inform interim guidance.

Contributors

DKC, EAA, SD, KS, SY, and HJS designed the study. SY, SD, KS, and HJS coordinated the study. SY and LH designed and ran the literature search. All authors acquired data, screened records, extracted data, and assessed risk of bias. DKC did statistical analyses. DKC and HJS wrote the report. All authors provided critical conceptual input, analysed and interpreted data, and critically revised the report. COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors Argentina—German Hospital of Buenos Aires (Ariel Izcovich): Canada-Cochrane Consumer Executive (Maureen Smith); McMaster University (Mark Loeb, Anisa Hajizadeh, Carlos A Cuello-Garcia, Gian Paolo Morgano, Leila Harrison, Tejan Baldeh, Karla Solo, Tamara Lotfi, Antonio Bognanni, Rosa Stalteri, Thomas Piggott, Yuan Zhang, Stephanie Duda, Derek K Chu, Holger J Schünemann); Southlake Regional Health Centre (Jeffrey Chan); University of British Columbia (David James Harris); Chile-Pontificia Universidad Católica de Chile (Ignacio Neumann); China-Beijing University of Chinese Medicine, Dongzhimen Hospital (Guang Chen); Guangzhou University of Chinese Medicine, The Fourth Clinical Medical College (Chen Chen); China Academy of Chinese Medical Sciences (Hong Zhao); Germany-Finn Schünemann; Italy-Azienda USL-IRCCS di Reggio Emilia (Paolo Giorgi Rossi); Universita Vita-Salute San Raffaele, Milan, Italy (Giovanna Elsa Ute Muti Schünemann); Lebanon-American University of Beirut (Layal Hneiny, Amena El-Harakeh, Fatimah Chamseddine, Joanne Khabsa, Nesrine Rizk, Rayane El-Khoury, Zahra Saad, Sally Yaacoub, Elie A Akl); Rafik Hariri University Hospital (Pierre AbiHanna); Poland-Evidence Prime, Krakow (Anna Bak, Ewa Borowiack); UK-The London School of Hygiene & Tropical Medicine (Marge Reinap); University of Hull (Assem Khamis).

Declaration of interests

ML is an investigator of an ongoing clinical trial on medical masks versus N95 respirators for COVID-19 (NCT04296643). All other authors declare no competing interests.

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357 THE LANCET

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet* 2020; published online June 1. https://doi.org/10.1016/S0140-6736(20)31142-9.

Supplementary material

Physical distancing, face masks, and eye protection to prevent person-person SARS-CoV2 and COVID-19 transmission: A systematic review and meta-analysis

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Zahra Saad	MSc	Global Evidence Synthesis Initiative (GESI) Secretariat	American University of Beirut
Assem Khamis	MD, MPH	Hull York Medical School	University of Hull
Marge Reinap	MA Economics	The London School of Hygiene & Tropical Medicine	The London School of Hygiene & Tropical Medicine
Stephanie Duda	MSc	Health Research Methods, Evidence & Impact	McMaster University
Karla Solo	BMSc, MSc	Department of Health Research Methods, Evidence, and Impact	McMaster University
Sally Yaacoub	BSPharm, MPH	Clinical Research Institute	American University of Beirut
Holger Schünemann	MD, PhD	Health Research Methods, Evidence & Impact; Medicine; WHO Collaborating Center for Infectious Diseases, Research Methods and Recommendations; Michael G DeGroote Cochrane Canada Centre; GRADE Canada Centre	McMaster University

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Contents:

- 1) Search strategies
- 2) Characteristics of included studies
- 3) Risk of bias assessments
- 4) Funnel plots
- 5) Evidence profiles
- 6) Forest plots for additional analyses
- 7) Sensitivity analyses
- 8) Credibility assessment of potential effect modifiers
- 9) Summary of contextual factor data
- 10) PROSPERO protocol registration
- 11) PRISMA checklist, MOOSE checklists, References

Appendix 1. Search strategies for the different databases ran on March 26, 2020. Preprint and coronavirus searches were run daily until May 3, 2020.

We developed the search strategy with the assistance of an information specialist experienced with systematic reviews (LH). Two information specialists (Ms. Neera Bhatnagar and Ms. Aida Farha) peer reviewed the search strategy. Other members of the team, particularly the content experts provided feedback to the search strategy. The strategies combined medical subject headings (MeSH) and keywords for the two following concepts: COVID-19 and personal protection by any of physical distancing, masks, or eye protection. PubMed search terms were informed by the Biomedical Information of the Dutch Library Association specialists curated search blocks at https://blocks.bmi-online.nl/catalog/397.

Medline (OVID)

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 26, 2020 1 (pneumonia/ or pneumonia, viral/ or exp Viruses/) and (exp Disease Outbreaks/ or exp Epidemiology/ or Epidemiology.fs.) (104129)

- 2 coronaviridae/ or exp coronavirus/ or exp Coronavirus Infections/ or exp Betacoronavirus/ (15998)
- 3 (Betacoronavirus or Beta-coronavirus or Coronavirus* or COVID).mp. (14380)
- 4 1 or 2 or 3 (121096)
- 5 limit 4 to ez="20191101-20200325" (1524)

6 (("2019" adj (novel or new) adj corona*) or ("2019" adj (CoV or nCoV)) or (coronavirus adj (disease adj "2019")) or COVID19 or COVID19 or ((Novel or New) adj Corona*) or SARS2 or SARS-CoV-2 or (SARS adj2 (coronaviridae or coronavirus)) or ((sars or Coronavirus) adj "2") or nCov or 2019ncov).mp. (4983)

7 5 or 6 (5522)

8 (Mask? or facemask? or face-mask? or ppe or (body adj substance* adj isolati*) or bsi or (infect* adj prevent* adj control*) or ipc or N95 or ffp or ffp1 or ffp3 or ffp2 or (filter* adj face adj piece) or ((face or respiratory or eye) adj2 (shield or equipment? or protect* or cover*)) or ((airborne or air-borne or droplet*) adj precau*) or N99 or N97 or respirator? or goggle? or ((patient? or person* or individual?) adj1 isolat*) or distanc* or space or spacing or separation or (aerosol adj generat* adj procedur*) or ((safety or protective) adj (supply or supplies or device* or equipment? or material* or measure* or gear?)) or (safely adj1 equipped) or meter? or metre? or foot or feet or (non-pharm* adj intervention*) or ((physical or person*) adj (intervention* or barrier? or protect*)) or transmission* or contamination? or shedding? or fomite? or gap? or ((head or face) adj cover?) or (protective adj clothing?)).mp. or masks/ or protective devices/ or personal protective equipment/ or respiratory protective devices/ or Eye Protective Devices/ (2489045) 9 7 and 8 (3314)

PubMed

Search Query

Search ((((#4 OR #5))) AND (((mask[tw] OR masks[tw] OR facemasks[tw] OR face-masks[tw] OR face-masks[t #7 masks[tw] OR PPE[tw] OR body substance isolation*[tw] OR bsi[tw] OR infection prevention control*[tw] OR ipc[tw] OR N95[tw] OR ffp[tw] OR ffp1[tw] OR ffp2[tw] OR M97[tw] OR N99[tw] OR physical barrier*[tw] OR physical intervention*[tw] OR physical protection*[tw] OR personal protection*[tw] OR person protection*[tw] OR transmission[tw] OR transmissions[tw] OR contamination[tw] OR contaminations[tw] OR shedding[tw] OR fomite[tw] OR gap[tw] OR gaps[tw] OR non-pharm intervention*[tw] OR non-pharmaceutical intervention*[tw] OR distancing[tw] OR space [tw] OR distances[tw] OR spacing[tw] OR separation[tw] OR respirator[tw] OR respirators[tw] OR aerosol-generating procedure*[tw] OR patient isolation*[tw] OR patient isolator*[tw] OR person isolation[tw] OR person isolator*[tw] OR individual isolation[tw] OR individual isolator*[tw] OR filtering face piece[tw] OR filtering face piece*[tw] OR [tw] OR face protection*[tw] OR face shield*[tw] OR face protective device*[tw] OR face protective gear*[tw] OR eye protection*[tw] OR eye shield*[tw] OR eye protective device*[tw] OR eye protective gear*[tw] OR airborne precaution*[tw] OR droplet precautions*[tw] OR safety supply*[tw] OR safety supplies*[tw] OR safety device*[tw] OR safety equipment*[tw] OR safety measure*[tw] OR safety gear*[tw] OR protective supply*[tw] OR protective supplies*[tw] OR protective device*[tw] OR protective equipment*[tw] OR protective measure*[tw] OR protective gear*[tw] OR person isolation[tw] OR personal isolation[tw] OR individual isolation[tw] OR respirator[tw] OR respirators[tw] OR respiratory protection*[tw] OR respiratory protective device*[tw] OR respiratory protective supply*[tw] OR respiratory protective supplies*[tw] OR respiratory protective equipment*[tw] OR respiratory protective gear*[tw] OR safely equipped*[tw] OR metre[tw] OR foot[tw] OR feet[tw] OR meters[tw] OR head cover*[tw] OR face cover*[tw] OR eye cover*[tw] OR goggle*[tw] OR protective clothing*[tw])) OR (((("Masks"[Mesh:NoExp]) OR "Protective Devices"[Mesh]) OR "Personal Protective Equipment" [Mesh:NoExp]) OR "Respiratory Protective Devices" [Mesh:NoExp] OR "Eye Protective Devices" [Mesh:NoExp]))) #6 Search ((#4 OR #5))

#5 Search (((2019-novel-corona* OR 2019-new-corona* OR novel-corona* OR new-corona* OR 2019-Cov OR 2019-nCov OR nCov OR coronavirus disease-2019 OR SARS2 OR SARS-2 OR SARS-CoV-2 OR sars cORona* OR CORonavirus-2 OR 2019ncov)))

#4 Search ((((#1 OR #2 OR #3) AND 2019/11:2020/03 [crdt])))

#3 Search (((BetacORonavirus[tw] OR Beta-cORonavirus[tw] OR corona[tw] OR corona'[tw] OR corona's[tw] OR OR coronaviral[tw] OR coronavirdae[tw] OR coronaviridae[tw] OR coronavir

coronaviruscpe[tw] OR coronaviruse[tw] OR coronaviruses[tw] OR coronaviruses'[tw] OR coronaviruslike[tw] OR coronavirus[tw] OR

#2 Search ((((pneumonia[Mesh:noexp] OR pneumonia, viral[Mesh:noexp] OR Viruses[Mesh]) and ("Disease Outbreaks"[Mesh] OR Epidemiology[Mesh] OR Epidemiology [Mesh subject heading]))))

#1 Search (((cORonaviridae[Mesh:noexp] OR cORonavirus[Mesh] OR "Coronavirus Infections"[Mesh] OR BetacORonavirus[Mesh])))

EMBASE

No. Query

#18 #7 AND #17

#17 #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16

#16 'mask'/de OR 'protective equipment'/de OR 'respiratory protection'/de OR 'eye mask'/de

- #15 meter\$:ti,ab,kw OR metre\$:ti,ab,kw OR foot:ti,ab,kw OR feet:ti,ab,kw OR (('non pharm*' NEXT/0 intervention*):ti,ab,kw) OR (((physical OR person*) NEXT/0 (intervention* OR barrier\$ OR protect*)):ti,ab,kw) OR transmission*:ti,ab,kw OR
- contamination\$:ti,ab,kw OR shedding\$:ti,ab,kw OR fomite\$:ti,ab,kw OR gap\$:ti,ab,kw

#14 ((filter* NEXT/0 face NEXT/0 piece):ti,ab,kw) OR (((face OR respiratory OR eye) NEAR/2 (shield OR equipment\$ OR protect* OR cover\$)):ti,ab,kw)

#13 ((safety OR protective) NEXT/0 (supply OR supplies OR device* OR equipment? OR material* OR measure* OR gear\$)) AND ti,ab,kw OR ((safety NEAR/1 equipped):ti,ab,kw)

#12 distanc*:ti,ab,kw OR space:ti,ab,kw OR spacing:ti,ab,kw OR separation:ti,ab,kw OR ((aerosol NEXT/0 generat* NEXT/0 procedur*):ti,ab,kw)

#11 (((airborne OR 'air borne' OR droplet\$) NEXT/0 precau*):ti,ab,kw) OR n99:ti,ab,kw OR n97:ti,ab,kw OR goggle\$:ti,ab,kw OR respirator\$:ti,ab,kw OR (((patient\$ OR person* OR individual\$) NEXT/0 isolat*):ti,ab,kw)

#10 ((filter* NEXT/0 face NEXT/0 piece):ti,ab,kw) OR (((face OR respiratory) NEAR/2 (shield OR equipment\$ OR protect*)):ti,ab,kw)

#9 'ppe':ti,ab,kw OR ((body NEXT/0 substance\$ NEXT/0 isolati*):ti,ab,kw) OR bsi:ti,ab,kw OR ((infect* NEXT/0 prevent* NEXT/0 control*):ti,ab,kw) OR ipc:ti,ab,kw OR n95:ti,ab,kw OR ffp:ti,ab,kw OR ffp1:ti,ab,kw OR ffp2:ti,ab,kw

#8 mask\$:ti,ab,kw OR facemask\$:ti,ab,kw OR 'face mask':ti,ab,kw

#7 #5 OR #6

#6 ((2019 NEXT/0 novel):ti,ab,kw) OR ((2019 NEXT/0 cov):ti,ab,kw) OR ((coronavirus NEXT/0 disease NEXT/0

2019):ti,ab,kw) OR covid19:ti,ab,kw OR 'covid 19':ti,ab,kw OR (((novel OR new) NEXT/0 corona*):ti,ab,kw) OR sars2:ti,ab,kw OR 'sars cov 2':ti,ab,kw OR ((sars NEAR/2 coronaviridae):ti,ab,kw) OR coronavirus:ti,ab,kw OR sars:ti,ab,kw OR ((coronavirus NEXT/0 '2'):ti,ab,kw) OR ncov:ti,ab,kw OR 2019ncov:ti,ab,kw

#5 #4 AND [1-11-2019]/sd

#4 #1 OR #2 OR #3

#3 betacoronavirus:ti,ab,kw OR 'beta coronavirus':ti,ab,kw OR coronavirus*:ti,ab,kw OR covid:ti,ab,kw

- #2 'coronaviridae'/exp OR 'coronavirus infection'/exp OR 'betacoronavirus'/exp
- #1 ('pneumonia'/de OR 'virus pneumonia'/de OR 'virus'/exp) AND ('epidemic'/exp OR 'epidemiology'/exp OR epidemiology:lnk)

CINAHL (OVID)

Cochrane Library

- ID Search Hits
- #1 MeSH descriptor: [Pneumonia, Viral] this term only 51
- #2 MeSH descriptor: [Pneumonia] this term only 1976
- #3 MeSH descriptor: [Viruses] explode all trees 8746
- #4 #1 OR #2 OR #3 10734
- #5 MeSH descriptor: [Disease Outbreaks] explode all trees 262
- #6 MeSH descriptor: [Epidemiology] explode all trees
- #7 (Epidemiology):ti,ab,kw 48587
- #8 #5 OR #6 OR #7 48682
- #9 #4 AND #8 1315
- #10 MeSH descriptor: [Coronaviridae] this term only
- #11 MeSH descriptor: [Coronavirus] explode all trees 11
- #12 MeSH descriptor: [Coronavirus Infections] explode all trees 12
- #13 MeSH descriptor: [Betacoronavirus] explode all trees 10
- #14 (Betacoronavirus or Beta-coronavirus or Coronavirus* or COVID):ti,ab,kw 98
- #15 #9 OR #10 OR #11 OR #12 OR #13 OR #14 with Cochrane Library publication date Between Nov 2019 and Mar 2020 44

37

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#16 ((2019 NEXT (novel or new) NEXT corona*)):ti,ab,kw 8

#17 (("2019" NEXT (CoV or nCoV)) or (coronavirus NEXT (disease NEXT "2019")) or COVID19 or COVID-19 or ((Novel or New) NEXT Corona*) or SARS2 or SARS-CoV-2 or (SARS NEAR/2 (coronaviridae or coronavirus)) or ((sars or Coronavirus) NEXT "2") or nCov or 2019ncov):ti,ab,kw 118

#18 #15 OR #16 OR #17 145

#19 MeSH descriptor: [Masks] this term only 475

#20 MeSH descriptor: [Protective Devices] this term only 207

#21 MeSH descriptor: [Personal Protective Equipment] this term only 19

#22 MeSH descriptor: [Respiratory Protective Devices] this term only 66

#23 MeSH descriptor: [Eye Protective Devices] this term only 65

#24 (Mask? OR facemask? OR face-mask? OR ppe OR (body NEAR substance* NEAR isolati*) OR bsi OR (infect* NEAR prevent* NEAR control*) OR ipc OR N95 OR ffp OR ffp1 OR ffp3 OR ffp2 OR (filter* NEAR face NEAR piece) OR ((face OR respiratORy OR eye) NEXT/2 (shield OR equipment? OR protect* OR cover*)) OR ((airbORne OR air-bORne OR droplet*) NEAR precau*) OR N99 OR N97 OR respiratOR? OR goggle? OR ((patient? OR person* OR individual?) NEXT/1 isolat*) OR distanc* OR space OR spacing OR separation OR (aerosol NEAR generat* NEAR procedur*) OR ((safety OR protective) NEAR (supply OR supplies OR device* OR equipment? OR material* OR measure* OR gear?)) OR (safely NEAR/1 equipped) OR meter? OR meter? OR foot OR feet OR (non-pharm* NEAR intervention*) OR ((physical OR person*) NEAR (intervention* OR barrier? OR protect*)) OR transmission* OR contamination? OR shedding? OR fomite? OR gap? OR ((head or face) NEXT cover?) OR (protective NEXT clothing?)):ti,ab,kw

#25 #19 OR #20 OR #21 OR #22 OR #23 OR #24 161945 #26 #18 AND #25 43

China National Knowledge Infrastructure (CNK)I 中国知网--topic words searching in Chinese

新型冠状病毒性肺炎,新冠肺炎,新型冠状病毒,冠状病毒感染,冠状病毒肺炎,冠状病毒,COVID-19

Science Chinese Biomedical Literature Database (SinoMed)—field searching in Chinese

("2019冠状病毒"[常用字段:智能] OR "新型冠状病毒"[常用字段:智能] OR "新冠肺炎"[常用字段:智能] OR "2019-nCoV"[常用字段:智能] OR "2019-nCoV"[常用字段:智能] OR "Poperational States of the S

Appendix 2. Characteristics of included studies	studies			
Study ID ^{Reference}	Study Design	Country	Setting	Virus
Alameer 2015(1)	Non-comparative	Saudi Arabia	Healthcare setting	MERS
Alanazi 2018(2)	Non-comparative	Saudi Arabia	Healthcare setting	MERS
Alfaraj 2018(3)	Comparative NRS	Saudi Arabia	Non-healthcare setting	MERS
Alraddadi 2016(4)	Comparative NRS	Saudi Arabia	Healthcare setting	MERS
Al-Tawfiq 2019(5)	Qualitative	Saudi Arabia	Healthcare setting	MERS
Assiri 2013(6)	Non-comparative	Saudi Arabia	Healthcare setting	MERS
Bai 2020(7)	Non-comparative	China	Non-healthcare setting	COVID-19
Bai 2020(8)	Comparative	China	Healthcare setting	COVID-19
Barratt 2019(9)	Qualitative	Australia	Healthcare setting	Other
Baseer 2016(10)	Qualitative	Saudi Arabia	Healthcare setting	MERS
Booth 2005(11)	Mechanistic	Canada	Healthcare setting	SARS
Cai 2020(12)	Contextual factors - qualitative or quantiative	China	Non-healthcare setting	COVID-19
Cao 2020(13)	Non-comparative	China	Non-healthcare setting	COVID-19
Caputo 2006(14)	Comparative NRS	Canada	Healthcare setting	SARS
Chau 2010(15)	Qualitative	China	Healthcare setting	Other
Chen 2004(16)	Non-comparative	Taiwan	Healthcare setting	SARS
Chen 2009(17)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Chen 2020(18)	Contextual factors - qualitative or quantiative	China	Non-healthcare setting	COVID-19
Chen 2020(19)	Non-comparative	China	Non-healthcare setting	COVID-19
Chen 2020(20)	Comparative NRS	China	Non-healthcare setting	COVID-19
Chen 2020(21)	Non-comparative	China	Healthcare setting	COVID-19
Cheng 2020(22)	Non-comparative - mechanistic	China	Healthcare setting	COVID-19
Chia 2005(23)	Qualitative	Singapore	Healthcare setting	SARS
Christian 2004(24)	Non-comparative - Case series	Canada	Healthcare setting	SARS
Chughtai 2015(25)	Qualitative	Vietnam	Healthcare setting	Other

				364
Study IDReference	Study Design	Country	Setting	Virus
Chughtai 2020(26)	Qualitative	Australia	Healthcare setting	Other
Cui 2020(27)	Comparative NRS	China	Non-healthcare setting	COVID-19
Du 2020(28)	Comparative NRS	China	Non-healthcare setting	COVID-19
El Bushra 2016(29)	Non-comparative - Case series	Saudi Arabia	Healthcare setting	MERS
Fan 2020(30)	Comparative NRS - Cohort	China	Healthcare setting	COVID-19
Feng 2020(31)	Non-comparative	China	Non-healthcare setting	COVID-19
Fix 2019(32)	Qualitative	United States of America	Healthcare setting	SARS
Gan 2020(33)	Comparative NRS	China	Non-healthcare setting	COVID-19
Goh 2019(34)	Qualitative	Singapore	Healthcare setting	NA
Gomersall 2006(35)	Non-comparative - Cohort (but all received the intervention)	China	Healthcare setting	SARS
Ha 2004(36)	Comparative NRS - Cohort	Vietnam	Healthcare setting	SARS
Hall 2014(37)	Comparative NRS - Cohort	Saudi Arabia	Healthcare setting	MERS
Hines 2019(38)	Qualitative	United States of America	Healthcare setting	Other
Ho 2003(39)	Non-comparative - Case series	China	Healthcare setting	SARS
Ho 2004(40)	Comparative NRS - Cohort	Singapore	Healthcare setting	SARS
Ho 2012(41)	Qualitative	China	Healthcare setting	Other
Honarbakhsh 2018(42)	Qualitative	Iran	Healthcare setting	Other
Huang 2011(43)	Qualitative	Taiwan	Healthcare setting	Respiratory infectious diseases
Hunter 2016(44)	Non-comparative - Case series	United Arabic Emirates	Healthcare setting	MERS
Huynh 2020(45)	Contextual factors - qualitative or quantiative	Vietnam	Non-healthcare setting	COVID-19
Jia 2020(46)	Non-comparative	China	Healthcare setting	COVID-19
Jiang 2020(47)	Qualitative	China	Healthcare setting	COVID-19
Kang 2018(48)	Qualitative	South Korea	Healthcare setting	MERS
Kao 2004(49)	Qualitative	China	Healthcare setting	SARS
Khalid 2016(50)	Qualitative	Saudi Arabia	Healthcare setting	MERS
Khoo 2005(51)	Qualitative	China	Healthcare setting	SARS

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Study ID ^{Reference}	Study Design	Country	Setting	Virus
Ki 2019(52)	Comparative NRS - Cohort	South Korea	Healthcare setting	MERS
Kim 2016(53)	Comparative NRS - Cohort	South Korea	Healthcare setting	MERS
Kinlay 2015(54)	Qualitative	United States of America	Healthcare setting	NA
Knapp 2008(55)	Qualitative	United States of America	Healthcare setting	Other
Lau 2003(56)	Qualitative	China	Non-healthcare setting	SARS
Lau 2004(57)	Comparative NRS - Cohort	China	Non-healthcare setting	SARS
Lau 2007(58)	Qualitative	China	Non-healthcare setting	Other
Li 2020(59)	Comparative NRS	China	Non-healthcare setting	COVID-19
Li 2020(60)	Non-comparative	China	Non-healthcare setting	COVID-19
Li 2020(61)	Non-comparative	China	Healthcare setting	COVID-19
Li 2020(62)	Comparative NRS	China	Non-healthcare setting	COVID-19
Li 2020(63)	Non-comparative	China	Non-healthcare setting	COVID-19
Li 2020(64)	Contextual factors - qualitative or quantiative	China	Non-healthcare setting	COVID-19
Lim 2004(65)	Qualitative	Singapore	Non-healthcare setting	SARS
Lin 2020(66)	Non-comparative	China	Non-healthcare setting	COVID-19
Liu 2009(67)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Liu 2020(68)	Non-comparative	China	Non-healthcare setting	COVID-19
Liu 2020(69)	Non-comparative	China	Non-healthcare setting	COVID-19
Liu 2020(70)	Non-comparative	China	Non-healthcare setting	COVID-19
Liu 2020(71)	Comparative NRS	China	Non-healthcare setting	COVID-19
Liu 2020(72)	Comparative NRS	China	Non-healthcare setting	COVID-19
Liu 2020(73)	Comparative NRS	China	Non-healthcare setting	COVID-19
Loeb 2004(74)	Comparative NRS - Cohort	Canada	Healthcare setting	SARS
Loh 2004(75)	Qualitative	Malaysia	Healthcare setting	SARS
Lu 2003(76)	Non-comparative	China	Healthcare setting	SARS
Luo 2020(77)	Non-comparative	China	Non-healthcare setting	COVID-19
Ma 2004(78)	Comparative NRS	China	Healthcare setting	SARS

				366
Study ID ^{Reference}	Study Design	Country	Setting	Virus
Ma 2020(79)	Comparative NRS	China	Healthcare setting	COVID-19
MacIntyre 2015(80)	RCT	Vietnam	Healthcare setting	Other
MacIntyre 2016(81)	RCT	China	Healthcare setting	Respiratory infectious diseases
Marchand-Senecal 2020(82)	Non-comparative - Case series	Canada	Healthcare setting	COVID-19
Maroldi 2017(83)	Qualitative	Brazil		Other
Matthews Pillemer 2015(84)	Qualitative	United States of America, China, Taiwan and Singapore	Non-healthcare setting	SARS
Moore 2005(85)	Qualitative	Canada	Healthcare setting	SARS
Mukerji 2017(86)	Qualitative	China	Healthcare setting	Respiratory infection (Clinical respiratory illness [CRI])
Nichol 2008(87)	Qualitative	Canada	Healthcare setting	SARS
Nichol 2013(88)	Qualitative	Canada	Healthcare setting	Occupational transmission
Nishiura 2005(89)	Comparative NRS - Cohort	Vietnam	Healthcare setting	SARS
Nishiyama 2008(90)	Comparative NRS	Vietnam	Healthcare setting	SARS
Ofner-Agostini 2006(91)	Non-comparative - Case series	Canada	Healthcare setting	SARS
Olsen 2003(92)	Comparative NRS - Cohort	China	Non-healthcare setting	SARS
Ong 2020(93)	Mechanistic	Singapore	Healthcare setting	SARS
Ou 2020(94)	Comparative NRS	China	Non-healthcare setting	COVID-19
Park 2004(95)	Comparative NRS - Cohort	United States of America	Healthcare setting	SARS
Park 2015(96)	Non-comparative - Case series	South Korea	Healthcare setting	MERS
Park 2016(97)	Comparative NRS - Cohort	South Korea	Healthcare setting	MERS
Park 2020(98)	Non-comparative	South Korea	Healthcare setting	MERS
Parker 2006(99)	Qualitative	Canada	Healthcare setting	SARS
Peck 2004(100)	Comparative NRS - Cohort	United States of America	Healthcare setting	SARS
Pei 2006(101)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Qi 2020(102)	Contextual factors - qualitative or quantiative	China	Healthcare setting	COVID-19
Qian 2020(103)	Comparative NRS	China	Non-healthcare setting	COVID-19

				367
Study ID ^{Reference}	Study Design	Country	Setting	Virus
Qian 2020(104)	Non-comparative	China	Healthcare setting	COVID-19
Qiu 2020(105)	Non-comparative	China	Non-healthcare setting	COVID-19
Rabaan 2017(106)	Qualitative	Saudi Arabia	Healthcare setting	MERS
Radonovich 2019(107)	Qualitative	United States of America	NR	Viral respiratory infections
Rea 2007(108)	Comparative NRS - Cohort	Canada	Non-healthcare setting	SARS
Reuss 2014(109)	Comparative NRS	Germany	Healthcare setting	MERS
Reynolds 2006(110)	Comparative NRS - Cohort	Vietnam	Healthcare setting	SARS
Rozenbojm 2015(111)	Qualitative	Canada	Healthcare setting	Other
Ryu 2019(112)	Comparative NRS - Cohort (but none infected)	South Korea	Healthcare setting	MERS
Scales 2003(113)	Comparative NRS	Canada	Healthcare setting	SARS
Seto 2003(114)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Shen 2020(115)	Comparative NRS	China	Healthcare setting	COVID-19
Shigayeva 2007(116)	Qualitative	Canada	Healthcare setting	SARS
Siu 2016(117)	Qualitative	China	Healthcare setting	SARS
Sun 2020(118)	Non-comparative	China	Non-healthcare setting	COVID-19
Tan 2006(119)	Qualitative	Singapore	Healthcare setting	SARS
Tang 2004(120)	Qualitative	Hong Kong		SARS
Tang 2005(121)	Qualitative	Singapore	Healthcare setting	SARS
Teleman 2004(122)	Comparative NRS - Cohort	Singapore	Healthcare setting	SARS
Tian 2020(123)	Non-comparative	China	Healthcare setting	COVID-19
Timen 2010(124)	Qualitative	Netherlands	Healthcare setting	NA
Tuan 2007(125)	Comparative NRS - Cohort	Vietnam	Non-healthcare setting	SARS
Turnberg W 2008(126)	Qualitative	Washington	Healthcare setting	None
Twu 2003(127)	Non-comparative - Case series	Taiwan	Healthcare setting	SARS
Varia 2003(128)	Non-comparative - Case series	Canada	Healthcare setting	SARS
Visentin 2009(129)	Qualitative	Canada	Healthcare setting	SARS
Wang 2015(130)	RCT - Cluster RCT	Saudi Arabia	Non-healthcare setting	MERS and other respiratory viruses

Page 34

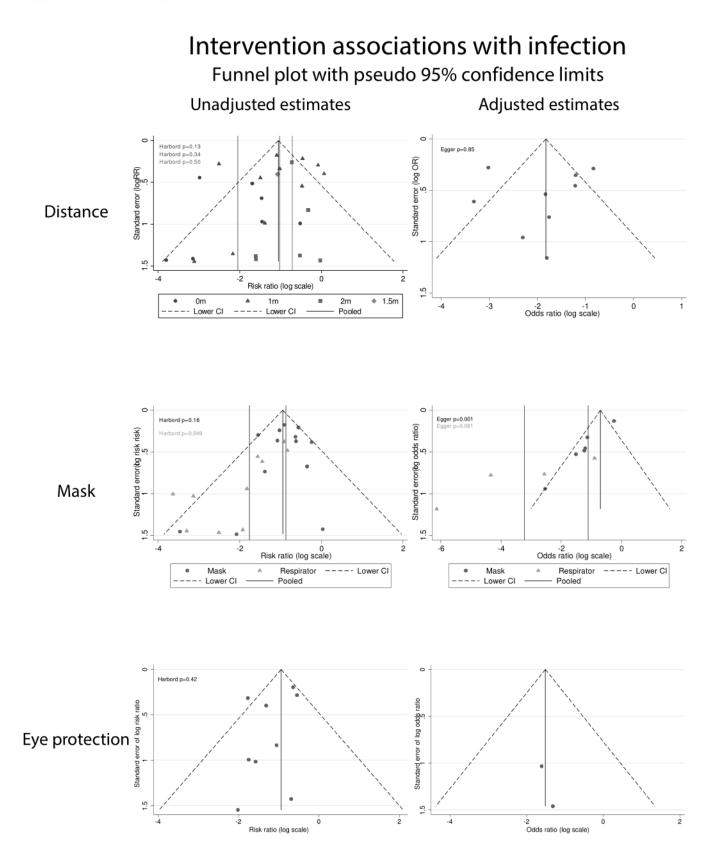
				368
Study ID ^{Reference}	Study Design	Country	Setting	Virus
Wang 2020(131)	Comparative NRS	China	Non-healthcare setting	COVID-19
Wang 2020(132)	Non-comparative	China	Non-healthcare setting	COVID-19
Wang 2020(133)	Comparative NRS	China	Non-healthcare setting	COVID-19
Wang 2020(134)	Contextual factors - qualitative or quantiative	China	Healthcare setting	COVID-19
Wiboonchutikul 2016(135)	Comparative NRS	Thailand	Healthcare setting	MERS
Wilder-Smith 2005(136)	Comparative NRS - Cohort	Singapore	Healthcare setting	SARS
Wizner 2016(137)	Qualitative	United States of America	Healthcare setting	SARS
Wong 2004(138)	Qualitative	China	NR	SARS
Wong 2005(139)	Qualitative	China	NR	SARS
Wong 2013(140)	Qualitative – RCT + EtD	China	NR	Other
Wu 2004(141)	Comparative NRS	China	Healthcare setting	SARS
Wu 2020(142)	Non-comparative	China	Non-healthcare setting	COVID-19
Wu 2020(143)	Qualitative	China	Healthcare setting	COVID-19
Wu 2020(144)	Non-comparative - Case series	China	Healthcare setting	COVID-19
Xiang 2020(145)	Non-comparative	China	Non-healthcare setting	COVID-19
Xiao 2020(146)	Non-comparative	China	Non-healthcare setting	COVID-19
Xie 2020(147)	Non-comparative - Case series	China	NR	COVID-19
Yang 2011(148)	Non-comparative + EtD	China	NR	Respiratory infection (Clinical respiratory illness [CRI])
Yang 2020(149)	Comparative NRS	China	Non-healthcare setting	COVID-19
Yang 2020(150)	Non-comparative	China	Healthcare setting	COVID-19
Yin 2004(151)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Yu 2005(152)	Comparative NRS - Cohort	China	Healthcare setting	SARS
Yu 2007(153)	Comparative NRS - Cohort (cluster, not by patient)	China	Healthcare setting	SARS
Yu 2020(154)	Non-comparative	China	Non-healthcare setting	COVID-19
Yue 2020(155)	Non-comparative	China	Healthcare setting	COVID-19

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50C6	Study Design	Country	Setting	Virus
Zeng 2020(156)	Comparative NRS	China	Non-healthcare setting	COVID-19
Zhang 2020(157)	Comparative NRS	China	Non-healthcare setting	COVID-19
Zhang 2020(158)	Non-comparative	China	Non-healthcare setting	COVID-19
Zhang 2020(159)	Non-comparative	China	Non-healthcare setting	COVID-19
Zhao 2020(160)	Comparative NRS	China	Healthcare setting	COVID-19
Zhou 2020(161)	Non-comparative	China	Healthcare setting	COVID-19
Zhou 2020(162)	Non-comparative	China	Non-healthcare setting	COVID-19
Zhu 2020(163)	Contextual factors - qualitative or quantiative	China	Non-healthcare setting	COVID-19
Zhuang 2020(164)	Non-comparative	China	Non-healthcare setting	COVID-19

Appendix 3. Newcastle-Ottawa for non-randomized studies, for the outcome of disease transmission	on-randomized stu	idies, for the outcome of	disease transmissi	01	•
Study	Selection*	Comparability	Outcome/Exposure	Outcome/Exposure Overall Rating (more stars = lower risk of bias)	Disease
Alraddadi 2016	***	**	***	******	MERS
Arwady 2016	***		***	*****	MERS
Bai 2020	**		***	****	COVID-19
Burke 2020	***	1	*	****	COVID-19
Caputo 2006	**		***	****	SARS
Chen 2009	****	**	*	******	SARS
Cheng 2020	***	1	**	****	COVID-19
Fan 2020	**		**	****	COVID-19
Ha 2004	**	ı	I	**	SARS
Hall 2014	***			***	MERS
Heinzerling 2020	**	,	**	****	COVID-19
Ho 2004	***	**	***	******	SARS
Ki 2019	**	**	***	*****	MERS
Kim 2016	****	1	**	*****	MERS
Kim 2016	****		**	*****	MERS
Lau 2004	***	**	**	******	SARS
Liu 2009	***	*	*	****	SARS
Liu ZQ 2020	****		***	******	COVID-19
Loeb 2004	**	,	ı	**	SARS
Ma 2004	***	**	***	******	SARS
Nishiura 2005	***	**	***	******	SARS
Nishiyama 2008	**	**	**	*****	SARS
Olsen 2003	***		***	*****	SARS
Park 2004	****	**	****	******	SARS

					O
Park 2016	**		*	***	MERS
Peck 2004	****	**	***		SARS
Pei 2006	***	**	***	******	SARS
Rea 2007	**	ı	**		SARS
Reuss 2014	***				MERS
Reynolds 2006	**	ı			SARS
Ryu 2019	***	*			MERS
Scales 2003	**	·			SARS
Seto 2003	****	**		*****	SARS
Teleman 2004	****	**			SARS
Tuan 2007	**	**			SARS
Wang QP 2020	***				COVID-19
Wiboonchutikul 2016	**	·			MERS
Wilder-Smith 2005	***	**			SARS
Wong TW 2004	***		**		SARS
Wu 2004	****	**			SARS
Wu 2020	**				COVID-19
Yin 2004	****	**			SARS
Yu 2005	***	*			SARS
Yu 2007	***	**			SARS

*For each category, A single dash (-) indicates no stars, and therefore high risk of bias.



Appendix 5. Evidence Profiles

Author(s): Derek K. Chu, Elie Akl, Amena El-Harakeh, Antonio Bognanni, Tamara Lofti, Mark Loeb, Aida Farha, Anisa Hajizadeh, Anna Bak, Ariel Izcovich, Carlos A. Cuello-Garcia, Chen Chen, David James Harris, Ewa Borowiack, Fatimah Chamseddine, Finn Schünemann, Gian Paolo Morgano, Giovanna Elsa Ute Muti Schünemann, Guang Chen, Hong Zhao, Ignacio Neumann, Joanne Khabsa, Layal Hneiny, Leila Harrison, Maureen Smith, Nesrine Rizk, Paolo Giorgi Rossi, Pierre AbiHanna, Rayane El-Khoury, Rosa Statteri, Tejan Baldeh, Thomas Piggott, Yuan Zhang, Zahra Sase, Assem Khamis, Marge Reinap, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger Schünemann

Question: Should physical distancing of more than one meter compared to one meter or less, masks versus no masks, and/or eye protection versus no eye protection be used to prevent disease transmission to people exposed to patients infected or suspected to be with COVID-19? Bibliography: Chu et al. prepared for publication Setting: Any (Healthcare and non-healthcare)

		Importance	
		Certainty	
	Ŧ	Absolute (95% CI)	
	Effect	Relative (95% CI)	
	№ of patients	Control	
	Nº of p	Intervention	
		Other considerations	(action)
		Imprecision	CADC MEDC infaction
	ssessment	Indirectness	Infaction with COVID 10 (follow university dave to mass dave: second with: COVID 10 EADS MEDS
	Certainty a	Inconsistency	to more development
in the second second		Risk of bias	u un rongo 10 dovo
		Study design	th COVID 10 //cline
- Andra Gonzala		Nº of studies	Infaction wi

with CUVID-19 (rollow up: range 10 days to more days; assessed with: CUVID-19, SARS, MERS intection)

CRITICAL	CRITICAL	CRITICAL	
8	- 	5	
102 fewer per 1,000 (from 115 fewer to 75 fewer)	143 fewer per 1,000 (from 159 fewer to 107 fewer)	108 fewer per 1,000 (from 127 fewer to 78 fewer)	
aOR 0.18 (0.09 to 0.38)	aOR 0.15 (0.07 to 0.34)	RR 0.34 (0.22 to 0.52) ¹	
347/2717 (12.8%)	197/1134 (17.4%)	388/2378 (16.3%)	
97/5065 (1.9%) ^a	145/1066 (13.6%)	62/1335 (4.6%)	
strong association ef	none ^k	none ^p	
not serious	not serious	not serious	
not serious ad	not serious I	not serious °	
not serious ^b	not serious h	not serious m	
not serious a	not serious i	not serious n	lds ratio
observational studies A physical distance of more than one meter vs less than one meter	observational studies Masks vs no masks	observational studies Eye protection (face shield, goggles)	CI: Confidence interval: OB: Odds ratio
6	10	13	Cl: Confidence

a. All studies were non-randomized and evaluated using the Newcastle-Ottawa Scale. Some studies had higher risk of bias than others but there was no important difference in the sensitivity analyses excluding studies at higher risk of bias. We did not further rate down for risk of bias than others but there was no important difference in the sensitivity analyses excluding studies at higher risk of bias.

b. Although there was a high I2 value and lack of overlapping confidence intervals, all point estimates of the studies exceeded the thresholds for large effects and we did not rate down for inconsistency. modification across viruses

d. Some studies included the use of masks, but subgroup analysis did not reveal important differences. Some studies also used bundled interventions and the effect of distances could not be evaluated in isolation but the studies shown here include only those that provide adjusted estimates. We did not rate down for intervention indirectness.

e. The effect is large considering the thresholds set by GRADE assuming that the odds ratios translate into similar magnitudes of relative risk estimates. This also mitigated concerns about risk of bias.

The data suggest a dose-response gradient with associations increasing from smaller distances to 2 meters and beyond. This was also suggested by a meta-regression. We did not rate up for this domain alone but in combination with the large effects

One of the studies, did report the raw data but only the adjusted estimates.

Although there was a high I2 value, all point estimates of the studies were relatively large and the confidence intervals were overlapping and we did not rate down for inconsistency.

. All studies were non-randomized and evaluated using the Newcastle-Ottawa Scale. Some studies had higher risk of bias than others but there was no important difference in the sensitivity analyses excluding studies at higher rate down for risk of bias. J. We did not rate down for indirectness for the association between eye protection and infection because the SARS and COVID-19 belong to the same family and are considered sufficiently similar. Some studies also used bundled interventions and the effect of distances could not be evaluated in isolation but the studies shown here include only those that provide adjusted estimates. We did not rate down for intervention indirectness.

The effect is large considering the thresholds set by GRADE assuming that the odds ratio translate into similar magnitudes of relative risk estimates. This mitigate concerns about risk of bias but all studies were unadjusted and risk of bias still too high to rate up for large effects. . Two of these studies (Ma 2004 and Yin 2004) provided adjusted estimates with a total of 295 in the googles group and 107 in the group not wearing goggles. The results were similar to the unadjusted estimate (OR 0.22, 95% CI 0.12 - 0.39)

m. Although there was a high I2 value, all point estimates of the studies were relatively large and the confidence intervals were overlapping and we did not rate down for inconsistency.

n. All studies were non-randomized and evaluated using the Newcastle-Ottawa Scale. Some studies had higher risk of bias than others but there was no important difference in the sensitivity analyses excluding studies at higher risk of bias. We did not further rate down for risk of bias.

We did not rate down for indirectness for the association between eye protection and infection because the SARS and COVID-19 belong to the same family and are considered sufficiently similar. Some studies also used bundled interventions and the effect of distances could not be evaluated in isolation but the studies shown here include only those that provide adjusted estimates. We did not rate down for intervention indirectness.

The effect is large considering the thresholds set by GRADE assuming that the odds ratio translate into similar magnitudes of relative risk estimates. This mitigate concerns about risk of bias but all studies were unadjusted and risk of bias still too high to rate up for large effects.

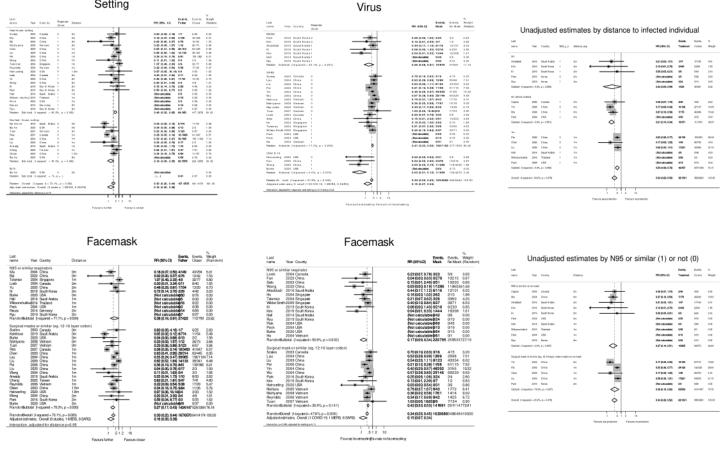
Appendix 6. Forest plots of additional analyses

Association of exposure proximity with infection Sub-divided by setting and intervention

Setting

Association of mask use with infection Sub-divided by population and setting Association of eye protection with infection Sub-divided by intervention

374



Appendix 7. Sensitivity analyses, and Bayesian Meta-analyses

**	Distancing			Masks		Eye protection	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted	
Sensitivity analyses							
Bayesian			0.54 (95%CrI	0.40 (95%CrI 0.16-			
Influenza RCTs (mean=0.93,			0.43-0.82)	0.97)			
SD of logRR=0.57)							
Exclude Preprints	0.32 (0.21-0.48)	0.15 (0.07-0.31)	0.38 (0.31-0.48)	0.21 (0.10-0.43)	0.34 (0.22-0.52)	0.22 (0.12-0.39)	
Fixed effect model	0.34 (0.29-0.40)	0.16 (0.12-0.22)	0.32 (0.27-0.38)	0.16 (0.12-0.22)	0.36 (0.28-0.46)	0.22 (0.12-0.39)	
Hartung-Knapp-	0.30 (0.20-0.44)	0.15 (0.08-0.30)	0.34 (0.25-0.47)	0.15 (0.08-0.30)	0.34 (0.22-0.51)	0.22 (0.04-1.27)	
Sidik-Jonkman	. ,	. ,	. ,			· · ·	
random effects model							

Bayesian meta-analysis if MacIntyre 2013(165) cluster RCT used as likelihood function (OR 0.50 [95%CI 0.34-0.74]), posterior probability for OR<1 of N95 masks being more protective versus medical masks = 98.4%.

Pooled unadjusted odds ratios were similar to risk ratios: Distancing: OR 0.22 (0.14- 0.35) Masks: OR 0.22 (0.15- 0.32) Eye protection: OR 0.26 (0.16-0.45)

Exclusion of Seto from adjusted estimates, because about 54% of its population used N95 masks, did not change the findings: aOR 0.03 (0.001-0.56)

The pooled aORs for studies with the various types of facemasks were: N95 or similar respirators: 0.04 (0.004-0.30)

versus

Surgical masks: 0.20 (0.06-0.63) 12-16 multilayer cotton masks: 0.33 (0.10-1.03) Surgical masks or multilayer cotton masks: 0.31 (0.16-0.53) Test for interaction of surgical versus multilayer cotton masks, p_{interaction} = 0.91

Appendix 8. Credibility assessment of potential effect modifiers (modified from GRADE inconsistency guidelines to include 'other considerations')

Outcome		COVID-19, SARS, MERS viral tran	
Potential effect modifier Criteria	Distance dose-response	N95 or similar versus surgical mask or similar (eg. 12-16 layer cotton)	Healthcare versus non-healthcare settings for mask use
Is the subgroup variable a characteristic specified at baseline (in contrast with after randomization)?	Yes	Yes	Yes
Is the subgroup difference suggested by comparisons within rather than between studies?	No	Yes, the included studies report a potential hierarchy of least protective being no mask, paper mask, disposable or 12-16 layer reusable cotton mask, then N95 or similar respirator	No
Does statistical analysis suggest that chance is an unlikely explanation for the subgroup difference?	Possibly, mean > 1 with wide CIs expected from few studies at each cut point, p=0.041	Yes, p=0.033 Bayesian analyses also support this with posterior probability of RR<1 being >95%.	Possibly, p=0.049 in univariate meta-regression, and when controlling for differential N95 use between settings, still low at p=0.11
Did the hypothesis precede rather than follow the analysis, and include a hypothesized direction that was subsequently confirmed?	Yes	Yes	Yes
Was the subgroup hypothesis one of a small number tested?	Yes	Yes	Yes
Is the subgroup difference consistent across studies and across important outcomes?	Consistent with findings with other interventions presented here	Yes across studies	No
Does external evidence (biological or sociological rationale) support the hypothesized subgroup difference?	Yes, it would be expected that the further away one is from a person with infection that transmits by droplets, that the further distances lead to decreased risk of infection.	The increased filtration capacity of respirators would be expected to have enhanced protection against viral droplets, or smaller versions of such droplets or aerosols.	Possibly, some hypothesize that mask use in non-healthcare settings can lead to self-inoculation virus through mechanisms such as improper use or touching the mask with contaminated hands, but there is no definitive evidence with hard outcomes that community-based mask interventions are ineffective of harmful.
Absence of other considerations that would decrease confidence of true effect-modification?	Imprecision. Association primarily based on unadjusted data, albeit estimates of unadjusted and adjusted data were similar.	Although influenza is very different from pandemic COVID- 19, SARS, MERS, it provides very indirect and limited RCT data suggesting no difference, albeit the Bayesian analyses here attempt to account for that.	Imprecision, particularly few community-focused studies
Criteria fulfilled, out of 8 (not an absolute cutoff)	5	6-7	3-4
Overall credibility of	MODERATE	MODERATE-HIGH	LOW-MODERATE

Low credibility, likely spurious; Moderate credibility, plausible, possibly even likely, but some important doubt remains; High credibility, Likely convincing.

Appendix 9. Summary of contextual factor data

Resource use

Two qualitative and two cross-sectional studies reported on data related to the cost and resource use in the management of SARS (51, 65), MERS (5) and coronavirus (83). The four studies were conducted in Hong Kong, Brazil, Singapore and Saudi Arabia. Khoo et al. (2005) reported the cost of 3M powered air-purifying respirators (PAPR) to be US\$860 and Stryker PARP US\$580 as compared to N95 (US\$0.70) (51). In another study, health workers perceived the management of SARS as a burden which costs hundreds of millions; with direct operating expenditure (e.g., medical supplies, personal protective equipment, and screening) costing US\$110 million(65). Malordi et al. (2017) highlighted the consequences of the lack of resources which include inadequate training on measures to prevent disease transmission(83). Al-Tawfiq et al. (2019) highlighted a monthly added cost of \$16,400 for infection control items, such as hand sanitizers, soap, surgical masks, and N95 respirators during MERS outbreak in one hospital in Saudi Arabia (5). A survey of health workers in a hospital (doctors, nurses and respiratory therapists, n=51) showed that the majority of health workers (84%) preferred using PAPR over N-95 respirators when treating suspected SARS patients despite its high cost (51).

Acceptability

Six qualitative studies conducted in China and one cross-sectional study conducted in Vietnam reported on the acceptability of physical distancing and/or wearing masks as preventive measures for COVID-19.

Acceptability by visitors of suspected or confirmed COVID-19 cases

Wang et al. (2020) carried out an online survey to investigate the protective behaviors of visitors accompanying hospitalized patients during COVID-19 pandemic (134). 208 questionnaires were collected, and the survey showed that 85% of visitors accompanying suspected COVID-19 cases wear masks while present in the hospital.

Acceptability by the public

Four qualitative studies presented information on the willingness of residents in China to wear masks in public places and to avoid crowds (18, 64, 102, 166). The four studies used online questionnaires to survey members of the public and the samples were respectively, n=1,138 (64), n=917 (166), n=3,083 (102), and n=4,016 (18). Across the four studies, most of the participants reflected high willingness to wear masks in public places (95%, 99%, 97%, 94% respectively). In terms of social gatherings, the majority of the participants across three of the studies favored avoiding crowded areas (91%, 96%, 97% respectively) (18, 64, 102).

Another survey conducted in Vietnam (n=345) found that the risk perception of COVID-19 threat significantly increased the likelihood of wearing medical masks (p<0.01). The increased likelihood of wearing masks was also shown to increase with age (45).

Acceptability by college students

A survey to assess the knowledge and protective behaviors among college students (n=22,302 online questionnaires) in China during COVID-19 pandemic(12), found that 99% of students were willing to avoid close contact with others (less than 1 meter), 95% considered avoiding crowded places as an important way to control the epidemic, and 99% reported wearing a mask in public places for week prior to being surveyed.

Acceptability by healthcare workers

A cross-sectional survey (56) performed in the context of the SARS epidemic in Hong Kong, assessed various precautionary measures from the viewpoint of 1,397 residents. Most of the respondents believed that SARS could be transmitted via direct body contact with patients (84%) and via respiratory droplets (97%). The perceived risk of transmission increased during the escalating phase of the epidemic (52%) and declined during a later stage (36%).

During the first phase of the epidemic, respondents reported a significant increase in the application of preventive measures such as avoiding going outside and avoiding crows, which dropped at a later stage. Those who perceived avoiding crowded places as an effective preventive measure (OR: 31.564, 95% CI: 15.610 -63.824) were likely to avoid crowded places. In terms of the acceptability of wearing masks, most of the respondents (95%) regarded this action as a 'civic responsibility' and reflected commitment to wearing masks in public places. Those who perceived wearing a mask as an efficacious means of prevention (OR: 7.151, 95% CI: 4.245-12.045) were more likely than others to wear a mask (56).

Five studies conducted on health professionals (including medical staff and nurses) in primary health care and hospital settings showed that an increase in the perceptions and awareness of risk of transmission of SARS was associated with better adherence to preventive measures including wearing masks and eye protection (32, 75, 83, 88, 116).

A cross-sectional quantitative survey of dental health professionals (n=406) working in dental facilities in Saudi Arabia showed good practices related to making patients with MERS infection wear masks during transport (84%). However, knowledge was relatively limited (56.4%) about the need to wear a mask within a 90 cm distance from a patient under droplet precaution care (10). Another cross-sectional survey of health workers (N=10,236) was conducted about the appropriateness of using PAPR and N95 respirators in

public hospitals and polyclinics during the SARS outbreak in Singapore (23). Among doctors (n=873), nurses (n=4,404), and clerical staff (n=921), 99.5%, 99% and 97% respectively viewed N95 respirator to be an adequate protection against SARS.

A cross-sectional study (two surveys) was conducted to assess the use of personal protective equipment among medical students during and after the SARS outbreak in a teaching hospital in Hong Kong and study its impact on their personal hygiene practice when they contacted patients (139). Prior to the SARS outbreak, none of the students wore masks during history taking and physical examination. In the 2004 survey, 86.1% and 93.8% of students wore masks during history taking and physical examination, respectively.

Another study (secondary data analysis) conducted in Saudi Arabia evaluating the use of masks before and during MERS showed an increase in the use of both, surgical masks (from 2,947.4 to 10,283.9 per 1,000 patient-days) and N-95 respirators (from 22 to 232 per 1,000 patient-days) (p < .0000001) (5).

Feasibility

In this section, we summarized barriers and facilitators to the implementation and sustainability of using masks based on findings from the included studies. Among barriers, we identified:

Barriers to the use of protective masks

A study showed that N-95 respirators was perceived by health workers as uncomfortable during the SARS outbreak (48). N95 respirators often developed cracks in the chin area for small-jawed female health professionals and the overlapping parts of different PPE items were ill-fitted (e.g., gaps between goggles and N95 respirator) (48).

Family physicians (n=7) in Singapore stressed on the physical discomfort during prolonged use of the N-95 mask (e.g., breathing difficulty, headache, development of allergic facial rash around the mask) in a qualitative study employing interviews about factors that influence the use of PPE during the SARS outbreak (119). In this study, family physicians in Singapore also showed that the use of the N-95 mask led to difficulty in communication with patients who had adverse reaction (i.e., worries and concern as PPE was a sign that the physician could have been exposed to SARS) (119). In addition, Khoo et al. (2005) showed that PAPR made most of the health workers (64%) feel that they looked frightening to their patients when using it (51).

Another qualitative study used 15 focus group discussions to examine the perceptions of health workers (n=105) in Canada regarding factors associated with self-protective behavior during the SARS outbreak (85). This study identified mask fitting and uncomfortable PPE to be among the barriers to effective use of PPE.

Absence of a monitoring system

Moore et al. (2005) showed that barriers to the use of protective wear included deficiencies in the tracking system to monitor the

development, delivery and evaluation of training in infection control (85).

Lack of adherence to available guidance

In a qualitative study among health professionals (n=26) in the Netherlands about barriers to implementing infection prevention and control guidelines during crises, respondents highlighted the below as potential reasons for the lack of adherence to guidelines during outbreaks such as SARS (124):

- lack of imperative or precise wording
- lack of easily identifiable instructions specific to each profession
- lack of concrete performance targets
- lack of timely and adequate guidance on personal protective equipment and other safety measures

Other barriers that were described in the included studies were the shortage of PPE and cost due to bulk purchase (119), lack of consistent policies for quarantining individuals, reuse of masks, and deficiencies in decision regarding the assignment of patients to negative pressure rooms (85).

Facilitators to the use of protective masks

Most of the health workers perceived both types of PAPR (3M and Stryker) to be easy or relatively easy to use (74% and 91%) with an acceptable level of visual impairment attributable to the PAPR (98% and 95% for the 3M and Stryker PAPR, respectively) (51).

Perceived susceptibility and perceived benefits

A survey about factors influencing the wearing of facemasks for the prevention of SARS among adult Chinese (n=1329) in Hong Kong showed that 61% of respondents reported consistent use of facemasks to prevent SARS and the following predicting factors (120):

- Awareness of the risks and serious consequences associated with SARS: respondents who felt more susceptible to contracting SARS (OR = 2.575; CI = 1.586, 4.181) and those who perceived SARS as having more serious consequences (OR =1.176; CI = 0.909, 1.521) were more likely to wear facemasks.
- Awareness of the benefits of wearing facemasks: respondents who believed greater benefits in wearing facemasks (OR = 1.354; CI = 1.019, 1.800) were more likely to wear facemasks.

Appendix 10. PROSPERO Registration number Registration number CRD42020177047



PROSPERO International prospective register of systematic reviews

A rapid systematic review of physical distancing with or without masks and with or without eye protection to prevent COVID-19 transmission between patients with confirmed COVID-19 infection and other people, including health care workers Holger Schunemann, Derek Chu, Elie Akl, Mark Loeb, Sally Yaacoub, Layal Hneiny, Neera Bhatnagar, Aida Farha, Ray Yuan Zhang, Ariel Izcovich, Ignacio Neumann, Carlos Cuello Garcia, Finn Schünemann, Giovanna Muti-Schünemann, Gian Paolo Morgano, Tamara Lotfi, Thomas Piggott, Ewa Borowiack, Anna Bak, Tejan Baldeh, Rosa Stalteri, Anisa Hajizadeh, Leila Harrison, Hong Zhao, Guang Chen, Antonio Bognanni, Marge Reinap, Paolo Giorgi Rossi

Citation

Holger Schunemann, Derek Chu, Elie Akl, Mark Loeb, Sally Yaacoub, Layal Hneiny, Neera Bhatnagar, Aida Farha, Ray Yuan Zhang, Ariel Izcovich, Ignacio Neumann, Carlos Cuello Garcia, Finn Schünemann, Giovanna Muti-Schünemann, Gian Paolo Morgano, Tamara Lotfi, Thomas Piggott, Ewa Borowiack, Anna Bak, Tejan Baldeh, Rosa Stalteri, Anisa Hajizadeh, Leila Harrison, Hong Zhao, Guang Chen, Antonio Bognanni, Marge Reinap, Paolo Giorgi Rossi. A rapid systematic review of physical distancing with or without masks and with or without eye protection to prevent COVID-19 transmission between patients with confirmed COVID-19 infection and other people, including health care workers. PROSPERO 2020 CRD42020177047 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020177047

Review question

From patients infected with COVID-19, what distance can the COVID-19 virus travel (mechanistic question)? What is the impact on people maintaining at least one meter distance compared to a smaller distance from a patient or suspected patient with COVID-19 on droplet transmission (intervention question)?

Sub-questions:

(1) With or without a mask on the patient;

(2) With or without a mask and with or without eye protection on the non-infected person

Searches

We will search the following electronic databases:

• PubMed, MEDLINE, EMBASE, CINAHL, and the Cochrane Library from 2019 to current date.

We will search the following Chinese electronic databases:

- WHO Chinese database
- CNKI (http://new.oversea.cnki.net/index/)
- China Biomedical Literature Service (http://www.sinomed.ac.cn/login.do)

In addition, we will search the following COVID-19 specific databases from 2019 to current date

Epistemonikos COVID-19 L·OVE platform

(https://app.iloveevidence.com/loves/5e6fdb9669c00e4ac072701d);

• EPPI Centre living systematic map of the evidence (http://eppi.ioe.ac.uk/cms/Projects/DepartmentofHealth andSocialCare/Publishedreviews/COVID-19Livingsystematicmapoftheevidence/tabid/3765/Default.aspx);

• CORD-19 (https://www.kaggle.com/allen-institute-for-ai/CORD-19-research-challenge);

NIHR National Institute for Health Research

PROSPERO International prospective register of systematic reviews

• COVID-19 Research Database maintained by the World Health Organization (https://www.who.int/emergen cies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov)

We will conduct a search for ongoing trials using the U.S. National Library of Medicine Register of Clinical Trials (ClinicalTrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP). We will hand-search the reference lists of the included papers. We will also review the studies included in any identified relevant systematic reviews.

Search strategy combines relevant medical subject headings (MeSH) and keywords, which include "COVID-19", and "corona virus". PubMed search terms are informed by https://blocks.bmionline.nl/catalog/397. The search strategy has been drafted by Ms. Layal Hneiny and is being peer reviewed by two information specialists (Ms. Neera Bhatnagar and Ms. Aida Farha). Finalized search strategies will be available on March 26, 2020 but the final draft can be found in the appendix.

Content experts will search websites of governmental and organizational websites for relevant grey literature documents.

Additional search strategies to identify indirect evidence on SARS and MERS will also be constructed and peer-reviewed by information specialists. This latter search will focus on systematic reviews.

Types of study to be included

No restrictions will be placed on study design. However, evidence will be prioritized by study design as follows: i) randomized controlled trials; ii) non-randomized comparative studies; iii) non-comparative studies (i.e., case reports, case series); iv) qualitative studies. We will exclude single case reports if non-randomized studies comparative studies provide the same certainty of evidence. We will also review modelling studies. For the question addressing how far the virus can travel we will consider mechanistic human studies.

Condition or domain being studied

Infections and infestations, respiratory disorders

Participants/population

Studies focused on patients with confirmed COVID-19 infection [or SARS or MERS] and people in close contact with them, including health care workers, will be eligible for inclusion. Other related populations to consider are:

• individuals with suspected COVID-19 infection who are waiting to be tested (e.g., presenting to a lab, emergency department, or dedicated clinic to get tested), or cannot be tested (because of lack of resources)

• individuals with suspected or confirmed COVID-19 infection (whether symptomatic or not) who are in isolation in non-healthcare settings (e.g., at home, and other dedicated spaces such as stadiums and tents)?

Intervention(s), exposure(s)

At least one meter distance between people and COVID-19 infected patients:

(1) With or without a mask on the patient;

(2) With or without a mask and with or without eye protection on the HCW.

Subgroups:

• Masks include surgical mask and N95 mask among others; Similar names for N95 are:

- o FFP2 (Europe EN 149-2001)
- o KN95 (China GB2626-2006)
- o P2 (Australia/New Zealand AS/NZA 1716:2012)

o Korea 1st class (Korea KMOEL - 2017-64)

o DS (Japan JMHLW-Notification 214, 2018)

• Eye protection include visors, shields, and goggles among others

Comparator(s)/control less than one meter of physical distancing

Main outcome(s)

 \cdot Transmission

· Risk of transmission to members of the community (herd immunity)

Acceptability by different stakeholders (patient, HCW, individuals handling the dead bodies, health authorities) (e.g., possibly as a surrogate for harms if people are not wearing masks or eye protection)
 Unintended harms of distancing (e.g., when providing care) and of using masks or eye protection, stigmatization

- · COVID19 infection (confirmed)
- · COVID19 probable case
- · ICU admission
- · Hospitalization
- · Death
- · (Time to) Recovery
- * Measures of effect

relative risks, odds ratios, risk difference, narrative summary

Additional outcome(s)

Droplet transmission (as measured by infection of others and confirmed by serological or microbiological or virolgical testing)

* Measures of effect

narrative

Data extraction (selection and coding)

A single reviewer will extract data using a piloted form and a second reviewer will verify all extracted data. Minimal data will be extracted addressing the following domains: study identifier; study design; setting; population characteristics; intervention and comparator characteristics; outcomes (quantitative if possible); source of funding and reported conflicts of interests; ethical approval; study limitations or other important comments.

Risk of bias (quality) assessment

One reviewer will perform risk of bias assessments and a second reviewer will verify all assessments. We will use the Cochrane risk of bias tool (version 2) for randomized controlled trials, and Newcastle Ottawa scale for non-randomized studies.

Strategy for data synthesis

We will synthesize data in both tabular and narrative formats. We anticipate our outcomes to be dichotomous, such as transmission, and therefore they will be analyzed as pooled risk ratios (RRs), if they are unadjusted estimates. If there are adjusted odds ratios from multivariable regression reported in the studies, then these will be pooled as adjusted odds ratios (aORs). These will be summarized using random effects meta-analysis using the DerSimonian and Laird random effects model, with heterogeneity calculated from the Mantel-Haenszel model. If there are time to event outcomes, shared frailty cox prorportional hazards models will be completed, with validation of the assumption of proportionality. This may necessitate digitization of Kaplan-Meier curves from published studies. All summary measures will be reported with an accompanying 95% confidence interval.

We anticipate that traditional statistical measures of heterogeneity will be less informative than established criteria per GRADE. Because of the poor performance of I² to quantify true heterogeneity, then we will accept

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any magnitude of l² for meta-analysis. Nevertheless, we will collect the l² statistic, but comment on its limitations in the presentation of final product. We will also accept any number of study for comparative or non comparative meta-analysis. Summary measures will include absolute and relative risks for the outcomes outlined above, displayed using funnel plots and calculated using random effects models. Publication bias will also be assessed visually using funnel plots and Harbord's modification to Egger test, or if adjusted odds ratios are used, then Egger's original test. If necessary, mean and SD will be calculated from medians and IQR or range by the method of Wan (BMC Medical Research Methodology201414:135).

If there are only non-comparative studies, then we will meta-analyze these by proportions (ie. incidence of outcome per report [eg. numerator=events of transmission, denominator=total exposed]. In the presence of sparse data, we will give preference to the logit transformation when completing this, otherwise we will use the Freeman-Tukey double arcsine transformation.

The synthesis of contextual factors (acceptability, etc.) will be narrative.

Subgroup effects will be analysed by meta-regression with tests of interaction by 10, 000 Monte-Carlo permutations to calculate p values to avoid spurious findings.

Sensitivity analyses will include analysis by fixed effect and Knapp-Hartung-Sidik-Jonkman random effects model. We will also employ Bayesian meta-analyses of existing literature on the efficacy of mask use to prevent viral transmission, using as charitable assumptions as plausible that the RCT data represent the true effect estimates. This will include shrinking the effect estimate of the observational data, decreasing its weight (ie. increasing its variance as a prior) or both. We will also employ noninformative priors.

Data analyses will be performed using STATA 14.3. GRADEpro GDT will be used to construct the summary of findings table.

The analyses and reporting of the review will be done according to the PRISMA and MOOSE guidelines. A single reviewer will grade the certainty of the evidence using the GRADE approach and a second reviewer will verify all assessments. If applicable, we will follow published guidance for rating the certainty in evidence in the absence of a single estimate of effect. Evidence will be presented using GRADE Evidence Profiles developed in the GRADEpro (www.gradepro.org) software.

Analysis of subgroups or subsets

Health care workers versus non health care workers, by mask type, with or without goggles or eye protection

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Organisational affiliation of the review McMaster University

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Collaborators Stephanie Duda. McMaster University Karla Solo. McMaster University

Type and method of review Epidemiologic, Meta-analysis, Narrative synthesis, Systematic review

Anticipated or actual start date 25 March 2020

Anticipated completion date 28 April 2020

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Conflicts of interest

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Stage of review Review Ongoing

Subject index terms status Subject indexing assigned by CRD

Subject index terms COVID-19; Health Personnel; Humans; Infections; Masks; severe acute respiratory syndrome coronavirus 2

Date of registration in PROSPERO 16 April 2020

Date of first submission 28 March 2020

Stage of review at time of this submission

386 prospero



International prospective register of systematic reviews

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions 16 April 2020

PROSPERO

This information has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. The registrant confirms that the information supplied for this submission is accurate and complete. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.

checklist	
PRISMA	
11.	
Appendix	

Appendix 11. PRISMA checklist		387	
Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	-	Identify the report as a systematic review, meta-analysis, or both.	-
ABSTRACT			
Structured summary	N	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2
INTRODUCTION			
Rationale	۳ ۲	Describe the rationale for the review in the context of what is already known.	4
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	4-6
METHODS			
Protocol and registration	2	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	4
Eligibility criteria	9	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	4-6
Information sources	~	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	5-6
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Appendix
Study selection	6	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5-6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	5-7
Data items	÷	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5-7
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	7
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	7-8
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I ²) for each meta-analysis.	7-8
		Page 1 of 2	

Page 1 of 2

30

		388	I
Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	7-8
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	7-8
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	9, Fig 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	9, Table 1, Appendix
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	10, Table 1, Appendix
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	10-12, Fig 2-4
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	10-12, Figs 2-4 Table 2
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Table 2, Appendix
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	10-12, Appendix
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	13
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	16
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	17
FUNDING			

		Page 56
Funding	27	27 Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the Systematic review.
<i>From:</i> Moher D, Liberati A, Tetzlaff J, doi:10.1371/journal.pmed1000097	Altmai	<i>From:</i> Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097
		For more information, visit: <u>www.prisma-statement.org</u> .
		Page 2 of 2

ppendix 11 continued – MOOSE checklist	390
Reporting of background should include	Page/Location
Problem definition	3-4
Hypothesis statement	3-4
Description of study outcome(s)	6
Type of exposure or intervention used	5-6
Type of study designs used	5-6
Study population	5-6
Reporting of search strategy should include	
Qualifications of searchers (eg, librarians and investigators)	5-6, Appendix
Search strategy, including time period included in the synthesis and keywords	5-6, Appendix
Effort to include all available studies, including contact with authors	5-6, Appendix
Databases and registries searched	5-6, Appendix
Search software used, name and version, including special features used (eg, explosion)	5-6, Appendix
Use of hand searching (eg, reference lists of obtained articles)	5-6, Appendix
List of citations located and those excluded, including justification	Figure 1, Appendix
Method of addressing articles published in languages other than English	5-6
Method of handling abstracts and unpublished studies	5-6
Description of any contact with authors	5-6
Reporting of methods should include	
Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested	5-6
Rationale for the selection and coding of data (eg, sound clinical principles or convenience)	5-7
Documentation of how data were classified and coded (eg, multiple raters, blinding, and interrater reliability)	5-7
Assessment of confounding (eg, comparability of cases and controls in studies where appropriate)	5-7
Assessment of study quality, including blinding of quality assessors; stratification or regression on possible predictors of study results	7
Assessment of heterogeneity Description of statistical methods (eg, complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated	7-8
Provision of appropriate tables and graphics	Figures 1-4, Tabl 1-2, Appendix
Reporting of results should include	
Graphic summarizing individual study estimates and overall estimate	Figures 2-4, Appendix
Table giving descriptive information for each study included	Table 1, Appendi
Results of sensitivity testing (eg, subgroup analysis)	9-12, Appendix
Indication of statistical uncertainty of findings	9-12, Figures 2-4 Table 2
Reporting of discussion should include	
Quantitative assessment of bias (eg, publication bias)	16
Justification for exclusion (eg, exclusion of non-English-language citations)	16
Assessment of quality of included studies	Table 2, 13
Reporting of conclusions should include	
Consideration of alternative explanations for observed results	16
Generalization of the conclusions (ie, appropriate for the data presented and within the domain of the literature review)	13-14
Guidelines for future research	14-15
Disclosure of funding source	8

Page 58

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102

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Physical distancing, face masks, and eye protection for prevention of COVID-19

The choice of various respiratory protection mechanisms, including face masks and respirators, has been a vexed issue, from the 2009 H1N1 pandemic to the west African Ebola epidemic of 2014,1 to the current COVID-19 pandemic. COVID-19 guidelines issued by WHO, the US Centers for Disease Control and Prevention, and other agencies have been consistent about the need for physical distancing of 1-2 m but conflicting on the issue of respiratory protection with a face mask or a respirator.² This discrepancy reflects uncertain evidence and no consensus about the transmission mode of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). For eye protection, data are even less certain. Therefore, the systematic review and meta-analysis by Derek Chu and colleagues in The Lancet³ is an important milestone in our understanding of the use of personal protective equipment (PPE) and physical distancing for COVID-19. No randomised controlled trials were available for the analysis, but Chu and colleagues systematically reviewed 172 observational studies and rigorously synthesised available evidence from 44 comparative studies on SARS, Middle East respiratory syndrome (MERS), COVID-19, and the betacoronaviruses that cause these diseases.

The findings showed a reduction in risk of 82% with a physical distance of 1 m in both health-care and community settings (adjusted odds ratio [aOR] 0.18, 95% CI 0.09–0.38). Every additional 1 m of separation more than doubled the relative protection, with data available up to 3 m (change in relative risk [RR] 2.02 per m; $p_{interaction}$ =0.041). This evidence is important to support community physical distancing guidelines and shows risk reduction is feasible by physical distancing. Moreover, this finding can inform lifting of societal restrictions and safer ways of gathering in the community.

The 1–2 m distance rule in most hospital guidelines is based on out-of-date findings from the 1940s, with studies from 2020 showing that large droplets can travel as far as 8 m.⁴ To separate droplet and airborne transmission is probably somewhat artificial, with both routes most likely part of a continuum for respiratory transmissible infections.⁴ Protection against presumed droplet infections by use of respirators, but not masks,⁵ supports a continuum rather than discrete states of droplet or airborne transmission. Both experimental and hospital studies have shown evidence of aerosol transmission of SARS-CoV-2.⁶⁻⁸ One study found viable virus in the air 16 h after aerosolisation and showed greater airborne propensity for SARS-CoV-2 compared with SARS-CoV and MERS-CoV.⁶

Chu and colleagues reported that masks and respirators reduced the risk of infection by 85% (aOR 0.15, 95% CI 0.07–0.34), with greater effectiveness in health-care settings (RR 0.30, 95% CI 0.22–0.41) than in the community (0.56, 0.40–0.79; $p_{interaction}$ =0.049). They attribute this difference to the predominant use of N95 respirators in health-care settings; in a sub-analysis, respirators were 96% effective (aOR 0.04, 95% CI 0.004–0.30) compared with other masks, which were 77% effective (aOR 0.33, 95% CI 0.17–0.61; $p_{interaction}$ =0.090). The other important finding for health workers by Chu and colleagues was that eye protection resulted in a 78% reduction in infection (aOR 0.22, 95% CI 0.12–0.39); infection via the ocular route might occur by aerosol transmission or self-inoculation.⁹

For health-care workers on COVID-19 wards, a respirator should be the minimum standard of care. This study by Chu and colleagues should prompt a review of all guidelines that recommend a medical mask for health workers caring for COVID-19 patients. Although medical masks do protect, the occupational health and safety of health workers should be the highest priority and the precautionary principle should be applied. Preventable infections in health workers can result not only in deaths but also in large numbers of health workers being quarantined and nosocomial outbreaks. In the National Health Service trusts in the UK, up to one in five health workers have been infected with COVID-19,10 which is an unacceptable risk for front-line workers. To address global shortages of PPE, countries should take responsibility for scaling up production rather than expecting health workers to work in suboptimum PPE.¹¹

Chu and colleagues also report that respirators and multilayer masks are more protective than are single layer masks. This finding is vital to inform the





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1

406

proliferation of home-made cloth mask designs, many of which are single-layered. A well designed cloth mask should have water-resistant fabric, multiple layers, and good facial fit.12 This study supports universal face mask use, because masks were equally effective in both health-care and community settings when adjusted for type of mask use. Growing evidence for presymptomatic and asymptomatic transmission of SARS-CoV-213 further supports universal face mask use and distancing. In regions with a high incidence of COVID-19, universal face mask use combined with physical distancing could reduce the rate of infection (flatten the curve), even with modestly effective masks.14 Universal face mask use might enable safe lifting of restrictions in communities seeking to resume normal activities and could protect people in crowded public settings and within households. Masks worn within households in Beijing, China, prevented secondary transmission of SARS-CoV-2 if worn before symptom onset of the index case.15 Finally, Chu and colleagues reiterate that no one intervention is completely protective and that combinations of physical distancing, face mask use, and other interventions are needed to mitigate the COVID-19 pandemic until we have an effective vaccine. Until randomised controlled trial data are available, this study provides the best specific evidence for COVID-19 prevention.

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407

From:	Holmes, Elaine
To:	<u>Cole, Teri J</u>
Subject:	FW: Lancet Article
Date:	June 5, 2020 11:24:49 AM

From: Strang, Robert < Robert.Strang@novascotia.ca>

Sent: June 5, 2020 11:21 AM

To: Holmes, Elaine < Elaine. Holmes@novascotia.ca>; Kempkens, Daniela

<Daniela.Kempkens@nshealth.ca>; Earle, Lynda inc#478781 kg <Lynda.Earle@nshealth.ca>;

Watson-Creed, Gaynor <Gaynor.Watson-Creed@novascotia.ca>; Jackman, Jessica F

<JessicaF.Jackman@nshealth.ca>; Cram, Jennifer <Jennifer.Cram@nshealth.ca>; Sarbu, Claudia

<Claudia.Sarbu@nshealth.ca>; Sommers, Ryan <Ryan.Sommers@nshealth.ca>

Subject: FW: Lancet Article

From: Comeau, Jeannette < Jeannette.Comeau@iwk.nshealth.ca>

Sent: June 5, 2020 1:19 AM

To: Strang, Robert <<u>Robert.Strang@novascotia.ca</u>>; Watson-Creed, Gaynor <<u>Gaynor.Watson-</u> <u>Creed@novascotia.ca</u>>

Cc: Johnston, Lynn <<u>Lynn.Johnston@nshealth.ca</u>>; Davis, Ian <<u>Ian.Davis@nshealth.ca</u>>; MacDonald, Tammy <<u>Tammy.MacDonald@nshealth.ca</u>>

Subject: Lancet Article

Hi Rob,

Lynn, Ian and I discussed the Lancet article and Lynn wrote a response that I think is excellent and so have copied for you as follows:

The article actually does not tell us anything that we did not already know (probably not surprising), although having it put together in a systematic review/meta-analysis is nice to see, and the appendix has a wealth of information.

Some observations:

- 1) In this study, all patients were symptomatic by definition. Most of the settings were inhospital, which may not reflect risk of transmission from less symptomatic/ill individuals (i.e. those who never seek medical attention or are well enough to go home). The studies included patients with SARS, MERS, and COVID-19, with the preponderance of studies being with non-COVID-19 patients.
- 2) All of the studies were observational, with the associated inherent bias difficulties. Most studies reported on bundled interventions, making it difficult to tease out the effect of individual interventions. Information on whether there were AGMPs was limited, as was information on whether the patients also wore masks.
- 3) Physical distancing was strongly associated with protection.
- 4) Face mask could result in a large reduction in risk of infection. When comparing N95s to no face mask, they offered greater protection than did face masks when compared to no face mask. However, none of the studies comparing face masks specifically to no face mask included COVID-19. Furthermore, N95s were not compared to face masks directly. The authors themselves say "in view of the limitations of these data, we did not rate the certainty of effect as high".
- 5) Eye protection might provide additional benefits.
- 6) Authors' conclusion: "Globally collaborative and well conducted studies, including randomized

408

trials, of different personal protective strategies are needed regardless of the challenges, but this systematic appraisal of currently best available evidence could be considered to inform interim guidance. "

What is our current guidance?

1 (=3rd observation): 2 metre distance from symptomatic patients regardless of their wearing a mask 2 (=4th observation): wear a face mask when providing care to a symptomatic patient. Wear an N95 when

doing an AGMP.

3 (=5th observation): wear eye protection when providing care to a symptomatic patient While some may see this study as demonstrating superiority of N95s, it actually does not (and cannot by virtue of its methodology). I see it as in keeping with our recommendations and experience. Although we have had only a small number of inpatients with COVID-19 in NS, we have no conclusive evidence of health care associated transmission to health care workers when precautions were followed (droplet and contact). We will continue to monitor that closely, as well as all evidence as it emerges. But, this study supports what we have seen for years with other viral infections, including 2 randomized trials of masks compared to respirators that did not demonstrate superiority of one over the other.

So ultimately, the article really does support many of the IPAC measures we have put in place over the past few months, and the conclusion around N95 masks being superior to surgical face masks is overstepped (although as Lynn points out, they did qualify this statement). Additionally, the reinforcement of the impact of physical distancing underlines its importance both as an IPAC and PH measure to prevent transmission.

Hope this is helpful - would be happy to chat more. Jeannette

Jeannette Comeau, MD MSc FRCPC FAAP Pediatric Infectious Diseases Consultant Assistant Professor, Dalhousie University

Medical Director, Infection Prevention and Control Medical Lead, Antimicrobial Stewardship IWK Health Centre Goldbloom RCC Pavilion, 4th Floor 5850/5980 University Ave Halifax, Nova Scotia B3K 6R8 Tel: +1 902 470-6480 Fax: +1 902 470-7232 Email: j.comeau@dal.ca

409

From:	Strang, Robert
То:	Watson-Creed, Gaynor; Holmes, Elaine; Cole, Teri J
Cc:	Doyle-Bedwell, George H
Subject:	RE: Updated guidance from WHO - masks
Date:	June 8, 2020 5:18:00 PM
Attachments:	image001.gif

The key statement in it is "in areas with widespread transmission..." which I see as consistent with the PHAC guidance and our NS position.

Rob

From: Watson-Creed, Gaynor <Gaynor.Watson-Creed@novascotia.ca>

Sent: June 8, 2020 4:22 PM

To: Strang, Robert <Robert.Strang@novascotia.ca>; Holmes, Elaine <Elaine.Holmes@novascotia.ca>;

Cole, Teri J < Teri.Cole@novascotia.ca>

Cc: Doyle-Bedwell, George H < George.Doyle-Bedwell@novascotia.ca>

Subject: Updated guidance from WHO - masks

file:///C:/Users/watsongz/Downloads/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf

Significant implications of this new guidance from WHO. Was discussed at TAC today. Will likely come to SAC – worthy of our internal discussion soon...

G

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Health and Wellness

Gaynor Watson-Creed, MSc, MD, CCFP, FRCPC Deputy Chief Medical Officer of Health PO Box 488 Halifax, NS B3J 2R8

902-424-2358 Phone 902-424-0550 Fax

Twitter: @gwchealth

I acknowledge that I reside and work in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) People first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wolastoqiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations. Masking during the COVID-19 pandemic – An update of the evidence | National Collaborating Centre for Environmental Health | NCCEH - CCSNE

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



Office of the Chief Medical Officer of Health **Position Statement: COVID-19 and the Use of Non-Medical Masks in the Community** Updated July 7, 2020

Position

The Office of the Chief Medical Officer of Health (OCMOH) recognizes that there are many questions about the use of non-medical masks (NMMs) to prevent the community transmission of COVID-19. As Nova Scotia continues to lift public health restrictions, including the introduction of the Atlantic bubble, the OCMOH has enhanced the guidance regarding NMMs as a proactive measure to assist in preventing the potential increased transmission of COVID-19. This document is an update of the statement published on June 26, 2020.

The use of NMMs in the community needs to be considered along with other core personal public health measures as a layered approach for the prevention of COVID-19. These are:

- staying informed, being prepared and following public health advice
- staying at home when symptomatic or ill
- proper hand hygiene and respiratory etiquette
- physical distancing of 2 metres (6 feet) from others outside of your household
- avoidance of touching one's face, mouth, nose or eyes
- increased cleaning of common, high touch surfaces (e.g. counter tops, doorknobs, taps) in one's personal environment (home, personal workspace) with a disinfecting cleaning product
- staying at home as much as possible if at high risk of severe illness
- reducing personal non-essential travel

The OCMOH **now strongly recommends** that individuals in the community wear a NMM if they have respiratory symptoms (cough, sneezing), and, will be in contact with others or when going out to access medical care or other essential health services.

Given the evidence of COVID-19 transmission by asymptomatic or mildly symptomatic people, the easing of public health restrictions and the increased risk of disease importation, including the introduction of the Atlantic bubble, the OCMOH recommendation around use of NMMs has evolved. The OCMOH **now strongly recommends** the use of a NMM by anyone in situations when exposure to crowded public spaces is unavoidable and consistent physical distancing is not possible (i.e. public transportation, stores, shopping areas and group living situations). If used widely and correctly and on a risk basis, NMMs can reduce viral transmission. The safe and appropriate use^{1,2} of a NMM is an additional public health practice that can be taken to protect others.

NMMs should^{1,2}:

- allow for easy breathing
- fit securely to the head with ties or ear loops
- be changed as soon as possible if damp or dirty

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus



- be laundered with hot, soapy water and thoroughly dried whenever damp or dirty
- · maintain their shape after washing and drying
- be comfortable and not require frequent adjustment
- be made of at least 2 layers of tightly woven material fabric (such as cotton or linen)
- · be large enough to completely and comfortably cover the nose and mouth without gaping
- be stored in a clean paper bag until worn again
- be discarded in a plastic lined garbage bin after use if they cannot be washed

NMMs should not^{1,2}:

- be shared with others
- impair vision or interfere with tasks
- be placed on children under the age of 2 years
- be made of plastic or other non-breathable materials
- be secured with tape or other inappropriate materials
- be made exclusively of materials that easily fall apart, such as tissues
- have tears or holes
- be used when damp, dirty or damaged
- be removed to talk to someone
- be hung from your neck or ears
- be placed on anyone unable to remove them without assistance or anyone who has trouble breathing

The OCMOH continues to monitor evidence on the use of NMMs and local spread of COVID-19. As evidence and understanding of community transmission evolves, the recommendations and guidance in this position statement may change.

Background

The use of masks for the general public has been reviewed as a possible consideration among various COVID-19 pandemic mitigation strategies. The Public Health Agency of Canada has provided advice that Canadians can use NMMs along with physical distancing, hand hygiene, and other measures to limit the transmission of COVID-19¹. The World Health Organization (WHO) interim guidance³ on the use of masks in the context of COVID-19, emphasizes that the use of a mask alone is insufficient to decrease the risk of respiratory virus transmission. Other personal and community level measures should also be adopted to limit the spread of COVID-19. The various types of NMMs with different fabrics, layering sequences and shapes have not been systematically compared and evaluated, however the WHO³ does provide guidance regarding NMM fabric selection, construction and mask management advice. Globally, medical masks are in short supply and their use should be reserved for health care workers and at-risk individuals when indicated³.

NOVEL CORONAVIRUS (COVID-19)

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There is no definitive research demonstrating that wearing a NMM in the community protects the person wearing it. However, the use of a NMM is potentially beneficial in preventing an infected person from transmitting virus by limiting spread of respiratory droplets. This may be particularly valuable in settings outside of the person's household. There are populations who may not be able to wear a NMM and so, refraining from judgment and kindness is important. Wearing a NMM is not a substitute for physical distancing, hand washing and other core personal public health measures.

References

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- 2. <u>https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html</u>
- 3. <u>https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak</u>

414

From:	Holmes, Elaine
To:	Boland, Melissa L; Cole, Teri J; Ryan, Colleen F; Passerini, Linda
Subject:	FW: Mask wearing at seated gatherings
Date:	July 29, 2020 7:09:39 AM
Attachments:	if-ppih-covid-19-sag-mask-use-in-community-rapid-review.pdf ATT00001.htm

FYI

From: Strang, Robert <Robert.Strang@novascotia.ca>

Sent: July 28, 2020 8:32 PM

To: Johnston, Lynn <Lynn.Johnston@nshealth.ca>

Cc: Comeau, Jeannette <Jeannette.Comeau@iwk.nshealth.ca>; Kempkens, Daniela <Daniela.Kempkens@nshealth.ca>; Davis, Ian <Ian.Davis@nshealth.ca>; McNeil, Shelly <Shelly.McNeil@nshealth.ca>; Holmes, Elaine <Elaine.Holmes@novascotia.ca>; Sommers, Ryan <Ryan.Sommers@nshealth.ca>; Cram, Jennifer <Jennifer.Cram@nshealth.ca>; Patel, Alkesh <Alkesh.Patel@novascotia.ca>; Hatchette, Todd <Todd.Hatchette@nshealth.ca> Subject: Re: Mask wearing at seated gatherings

Thanks Lynn. I am well aware of this review and it, along with other reviews and position statements have informed the PH position on masks.

Rob

Sent from my iPhone

On Jul 28, 2020, at 8:18 PM, Johnston, Lynn <<u>Lynn.Johnston@nshealth.ca</u>> wrote:

Sending along a good synthesis of mask use in public. Almost a month old, but I am not aware of anything newer. I am sure you are aware of Alberta's excellent rapid reviews, but you may not have seen this one.

LJ

Lynn Johnston, MD MSc FRCPC Room 5014 ACC, 5780 University Ave Halifax, NS B3H 1V7 902-473-5553 (p); 473-7394 (f)

From: Johnston, Lynn

Sent: July 28, 2020 8:44 AM

To: Strang, Robert; Comeau, Jeannette; Kempkens, Daniela

Cc: Davis, Ian; McNeil, Shelly; Holmes, Elaine; Sommers, Ryan; Cram, Jennifer; Patel,

415

Alkesh; Hatchette, Todd Subject: Re: Mask wearing at seated gatherings

Thank you Rob for taking the time to share your perspective. I think discussion is always great. I am sure we could debate the points further, but I suspect we have heard them all many times already! Lynn

Sent from my BlackBerry 10 smartphone on the Bell network. Original Message From: Strang, Robert Sent: Monday, July 27, 2020 10:36 PM To: Johnston, Lynn; Comeau, Jeannette; Kempkens, Daniela Cc: Davis, Ian; McNeil, Shelly; Holmes, Elaine; Sommers, Ryan; Cram, Jennifer; Patel, Alkesh; Hatchette, Todd Subject: RE: Mask wearing at seated gatherings

Lynn,

A few comments back.

1) the main point on mandatory masking now is to change social norms and greatly increase overall mask use in indoor public places, knowing that this will take several weeks to take effect. Waiting until we have increased virus circulating to do this is too late plus a high rate of mask use ahead of virus re-introduction can help limit the rate of virus spread.

2) While there may not be definitive evidence on this there is enough for every credible PH organization to now have clear recommendations on the importance of general mask use as part of the overall package of PH preventive measures

3) Churches, theatres are not packed as we have clear limits on the gathering numbers that are allowed. That was the whole point of my question - if we have limits on numbers and distancing is there a need for masking while people are sitting?

4) We are not planning an enforcement focus on the use of masks due mostly to the challenges of monitoring "medical reason for not wearing a mask" without creating a huge burden in the health care system as well as the high likelihood of marginalized populations being the focus of enforcement. So no ,churches etc would not be fined if people do not wear a mask.

14(1)

416

Rob

-----Original Message-----From: Johnston, Lynn <<u>Lynn.Johnston@nshealth.ca</u>> Sent: July 27, 2020 7:54 PM To: Comeau, Jeannette <<u>Jeannette.Comeau@iwk.nshealth.ca</u>>; Kempkens, Daniela <<u>Daniela.Kempkens@nshealth.ca</u>> Cc: Davis, Ian <<u>Ian.Davis@nshealth.ca</u>>; McNeil, Shelly <<u>Shelly.McNeil@nshealth.ca</u>>; Strang, Robert <<u>Robert.Strang@novascotia.ca</u>>; Holmes, Elaine <<u>Elaine.Holmes@novascotia.ca</u>>; Sommers, Ryan <<u>Ryan.Sommers@nshealth.ca</u>>; Cram, Jennifer <<u>Jennifer.Cram@nshealth.ca</u>>; Patel, Alkesh <<u>Alkesh.Patel@novascotia.ca</u>>; Hatchette, Todd <<u>Todd.Hatchette@nshealth.ca</u>> Subject: RE: Mask wearing at seated gatherings

Well, I will probably not add anything that will further the decision, but cannot help but give an opinion.

First of all, I would love to see the study showing that masking substantially reduces the amount of virus entering immediate air space and either persisting in that air space (droplet nuclei) or settling into common surfaces. Most of the studies I have seen have been experiments or demonstrations of what does not come our of the mouth when something is over it (not a shock) and not natural events and the evidence of efficacy more theoretical than anything. So, 14(1)

 14(1)
 There are so many more important things we could be

 doing (like testing and being more diligent about physical distancing and crowd

 control). To me, 14(1)

 will not be tired and expired when that time somes 14(1)

will not be tired and cynical when that time comes. 14(1)

	14(1)
1	14(1)

In any event, if churches and theatres are packed, of course physical distancing is impossible. However, when is the last time any of you have been in a packed church or movie theatre? Can there not be crowd control there as there is supposed to be in a restaurant? Quite frankly, 14(1)

14(1)

I think we are getting hung up on the small stuff. My guess is that 14(1)

14(1)

¹⁴⁽¹⁾ By the way, does this mean there will be fines for the churches or will all their little old folks be getting medical exemptions. How is that safer?

20(1)

LJ

417

Lynn Johnston, MD MSc FRCPC Room 5014 ACC, 5780 University Ave Halifax, NS B3H 1V7 902-473-5553 (p); 473-7394 (f)

From: Comeau, Jeannette Sent: July 27, 2020 11:59 AM To: Kempkens, Daniela Cc: Davis, Ian; McNeil, Shelly; Strang, Robert; Holmes, Elaine; Sommers, Ryan; Cram, Jennifer; Patel, Alkesh; Hatchette, Todd; Johnston, Lynn Subject: Re: Mask wearing at seated gatherings

Hi Rob,

I agree with Ian and Shelly's thoughts and was also thinking about hand hygiene in the context of taking the mask on and off. Really, the hands should be washed before touching the face (mask) and then also before putting it back on. Additionally, the mask should be stored in a clean dry place (ideally not crumpled in a pocket or purse which I'm sure many are). ¹⁴⁽¹⁾

14(1)

Jeannette

On Jul 27, 2020, at 11:57, Kempkens, Daniela <<u>Daniela.Kempkens@nshealth.ca</u>> wrote:

Hi Rob,

The MOHs talked about this at our morning meeting as well.

Taking into account density and number of people in a space, duration of events as well as the likelihood of people laughing, singing, etc. 14(1)

14(1)

14(1)

418

MOHS, please add if I forgot anything.

Daniela

-----Original Message-----

From: Davis, Ian

Sent: Monday, July 27, 2020 10:27 AM

To: McNeil, Shelly <<u>Shelly.McNeil@nshealth.ca</u>>; 'Strang, Robert'

<<u>Robert.Strang@novascotia.ca</u>>; Holmes, Elaine <<u>Elaine.Holmes@novascotia.ca</u>>; Sommers, Ryan

<<u>Rvan.Sommers@nshealth.ca</u>>; Kempkens, Daniela

<<u>Daniela.Kempkens@nshealth.ca</u>>; Cram, Jennifer

<Jennifer.Cram@nshealth.ca>; Patel, Alkesh

<<u>Alkesh.Patel@novascotia.ca</u>>; Hatchette, Todd

<<u>Todd.Hatchette@nshealth.ca</u>>; Comeau, Jeannette

<Jeannette.Comeau@iwk.nshealth.ca>; Johnston, Lynn

<<u>Lynn.Johnston@nshealth.ca</u>>

Subject: RE: Mask wearing at seated gatherings

Rob

I would agree that there is little chance that people are going to be able to physically distance in these settings except potentially once they are sitting and that is even going to be difficult to ensure. On the other hand as you know masks are only an additional level of protection and physical distancing is still the most effective means to limit transmission so wouldn't want people to think that they could pack into a theatre or church and sit side by side at 100% capacity just because they are wearing a mask. I would think that 14(1)

14(1)

lan

-----Original Message-----

From: McNeil, Shelly

Sent: Monday, July 27, 2020 9:19 AM

419

To: 'Strang, Robert' <<u>Robert.Strang@novascotia.ca</u>>; Holmes, Elaine

<<u>Elaine.Holmes@novascotia.ca</u>>; Sommers, Ryan

<<u>Ryan.Sommers@nshealth.ca</u>>; Kempkens, Daniela

<<u>Daniela.Kempkens@nshealth.ca</u>>; Cram, Jennifer

<Jennifer.Cram@nshealth.ca>; Patel, Alkesh

<<u>Alkesh.Patel@novascotia.ca</u>>; Hatchette, Todd

<Todd.Hatchette@nshealth.ca>; Comeau, Jeannette

<Jeannette.Comeau@iwk.nshealth.ca>; Johnston, Lynn

<<u>Lynn.Johnston@nshealth.ca</u>>; Davis, Ian <<u>lan.Davis@nshealth.ca</u>>

Subject: RE: Mask wearing at seated gatherings

I think this is a tough one- when I think about the layout of theatre, it, it the seats are approximately 1 foot apart and the rows are generously 2 feet apart, and the average group is 2-4 people seated together, 14(1)

14(1)

That said, they make most of their money on food and drink so I can see why the pushback. [14(1)

14(1)

14(1)

My thoughts

Shelly

Not responsive

Cheers

Shelly

420

-----Original Message-----

From: Strang, Robert [mailto:Robert.Strang@novascotia.ca]

Sent: Monday, July 27, 2020 7:25 AM

To: Holmes, Elaine <<u>Elaine.Holmes@novascotia.ca</u>>; Sommers, Ryan <<u>Ryan.Sommers@nshealth.ca</u>>; Kempkens, Daniela <<u>Daniela.Kempkens@nshealth.ca</u>>; Cram, Jennifer <<u>Jennifer.Cram@nshealth.ca</u>>; Patel, Alkesh <<u>Alkesh.Patel@novascotia.ca</u>>; McNeil, Shelly <<u>Shelly.McNeil@nshealth.ca</u>>; Hatchette, Todd <<u>Todd.Hatchette@nshealth.ca</u>>; Comeau, Jeannette <<u>Jeannette.Comeau@iwk.nshealth.ca</u>>; Johnston, Lynn <<u>Lynn.Johnston@nshealth.ca</u>>; Davis, Ian <<u>Ian.Davis@nshealth.ca</u>> Subject: Mask wearing at seated gatherings

I am seeking your opinion on whether the mandatory masking in public places should include people attending seated events such as movies, theatre, worship services once they are seated with appropriate physical distance from others or other family or close social groups as per the gathering requirements in the PH order.

As it is now written masking would be required under the PH order. The rationale for this is that even with distancing masking substantially reduces the amount of virus entering immediate air space and either persisting in that air space (droplet nuclei) or settling into common surfaces.

I have been getting questions about this all weekend asking why seated physically distanced is not sufficient and asking that masks not be required in these situations.

I have the next couple of days to amend the order Before it takes effect on July 32st so any feedback would be appreciated.

BTW, we will be clarifying in the order that performers and officiants at gatherings will not need to wear a mask while doing activities that involve speaking or singing.

Thanks,

Rob

Sent from my iPhone

COVID-19 Scientific Advisory Group Rapid Response Report

Key Research Question: What is the effectiveness of wearing medical masks, including home-made masks, to reduce the spread of COVID-19 in the community? [Updated June 19, 2020]

Context

- On June 5th, 2020, the WHO, despite a limited evidence base, provided guidance on the continuous use of medical masks by health workers and caregivers in areas of known or suspected community transmission regardless of whether direct care to COVID-19 patients is being provided. In addition they provided guidance to decision makers using a risk based approach for the use of masks in areas with community transmission of COVID-19 when physical distancing is difficult (ie. public transit, shops, or other confined or crowded spaces).
- On May 20, 2020, the Public Health Agency of Canada recommended that non-medical masks be used in settings where it is not possible to maintain a 2-metre physical distance. The federal transportation minister then mandated mask use on planes, rail transport, and ships.
- The government of Alberta has initiated distribution of 20 million, single-use non-medical masks to the community which appear to be of high grade (with a 3 layer design, purporting a 96% filtration rate for particles up to 3 um and Delta-R 1.7 which would meet FFP2 requirements).
- Community mask use is now either encouraged or mandatory in over 80 countries, with many jurisdictions encouraging but not mandating the use of cloth masks; however, some countries such as Australia and New Zealand continue to not recommend community masking and have achieved low rates of COVID activity despite the lack of this particular intervention.
- Shortages of medical (procedure, surgical masks) masks and N95 masks for health care workers persist globally and nationally.
- With a focus on recovery and relaxation of social distancing in the context of the stabilization of the initial wave of the pandemic, the general population is returning to community and workplace settings where social distancing will not always be possible, which is driving interest in, and controversies around the use of cloth and home-made masks.

Key Messages from the Evidence Summary

- As medical masks are often bundled with other IPC interventions and have variable compliance, clinical trials on the effectiveness of medical masks have been challenging. Systematic reviews of randomized controlled trials in health care settings have not demonstrated a significant reduction in acute respiratory infections, (ARIs), ILIs or laboratory confirmed viral infections with medical mask use although it is acknowledged there were methodological flaws and smaller underpowered studies in the data analyzed.
- There is a paucity of clinical evidence in favor of using medical masks in the community, with multiple randomized trials demonstrating mixed results which when pooled demonstrate no significant reduction in acute respiratory infections (ARIs), ILIs or laboratory confirmed viral infections. There are some lower quality studies showing a reduction in viral infection rates in households, in transmission of viral respiratory infections in the context of mass gatherings, and in university residences when combined with hand hygiene interventions.
- However, while systematic reviews of randomized clinical trials fail to show significant benefit with medical mask use in community settings, more observational and case-control studies



(both at higher risk of bias), have suggested that masks are protective.

- The reasons for the lack of significant reduction for ARIs in the randomized trials is complex and may include: study design, setting, and human factors associated with wearing masks including low compliance with mask wearing, lack of concomitant hand hygiene, inoculation via the conjunctiva, frequent facial touching and mask adjustment leading to inoculation events, risk compensation behaviours, and self-contamination with inappropriate mask doffing. These possibilities have not been rigorously assessed.
- Laboratory studies investigating the efficacy of masks in filtering viral particles as well as studies in medical settings with laboratory based endpoints for bacterial respiratory pathogens (*Pseudomonas aeruginosa and Mycobacterium tuberculosis*) point to a theoretical benefit to medical mask use as a form of source control (protecting others from the wearer). There are no laboratory studies with SARS-CoV-2 and only one looking at other human coronaviruses.
- There are modelling studies and ecological data suggesting a benefit to medical mask use in the community via a reduction in viral transmission rates (R0) across wide ranges of community transmission levels. While these models are suggestive, they have significant inherent bias based on multiple assumptions including assumptions around mask efficacy in preventing transmission, and bundled interventions.
- Based on lab-based bioaerosol and NaCl aerosol studies, medical masks are superior to homemade cloth masks, but non-medical masks and optimally constructed home-made masks may offer some protection in reducing dispersion of droplets. Laboratory-based studies are of highly variable quality, with only a few studies using industry approved filtration efficiency testing methods.
- The newly released guidance from the World Health Organization suggests decision makers advising on non-medical mask use should take into consideration features of filtration efficiency (FE), breathability, number (and combination) of materials used, shape, coating and maintenance of cloth masks. The WHO suggests minimum Q (filter quality factor) score of the material chosen of 3 (three) based on expert consensus and engineering science and industry standards. They further suggest an optimal combination of material for non-medical masks should include three layers:

1) an innermost layer of a hydrophilic material (e.g. cotton or cotton blends);

2), an outermost layer made of hydrophobic material (e.g., polypropylene, polyester, or their blends) and

3) a middle hydrophobic layer of synthetic non-woven material such as polypropylene, or a cotton layer which may enhance filtration or retain droplets

- There is limited evidence of harms related to community mask wearing with no studies identified that have systematically looked at potential harms. Such harms could include behavioral modifications such as risk compensation/non-adherence to social distancing or optimal hand hygiene practices, self-contamination, induction of facial rashes, and increasing real or perceived breathing difficulties. There are also concerns about poor compliance or tolerance of masks in children or those with cognitive challenges and communication difficulties.
- The only clinical study to examine cloth mask efficacy in preventing repiratory virus transmission was in a healthcare setting, comparing continuous cloth or medical masks use to usual practice. Among the comparator (usual practice) group, a large percentage of individuals used medical masks for part of the time. The study had significant methodological issues but did demonstrate

a significantly higher respiratory viral infection event rate of HCW using a 2-ply cotton cloth masks when compared with the use of standard practice. (Macintyre et al, 2015)

 Pre-symptomatic transmission and asymptomatic transmission of SARS-CoV-2 have been described but the degree to which they contribute to community spread is unclear, At this point, there is no direct evidence that the use of a medical or homemade cloth mask or the wider use of masks in the community significantly reduces this risk. For more information, refer to the Asymptomatic Transmission of SARS-CoV-2 rapid review.

Committee Discussion

There was agreement that although the evidence base is poor, the use of masks in the community is likely to be useful in reducing transmission from community based infected persons, particularly those with symptomatic illness. One member was very concerned, and there was some agreement, that a focus on mask-use could lead to a reduced sense of personal risk, i.e. risk compensation. There is some evidence demonstrating less attention to social distancing and hand hygiene as the mainstays of prevention in a community setting. It was noted that while there is evidence from observational studies that medical masks may reduce ARIs and ILIs in health care settings, that there is no clinical trial evidence that use of non-medical or medical masks in the community reduces viral transmission.

There was agreement that there is insufficient information to make a firm recommendation for the use of home-made (non-medical) masks in the community. In the face of difficulties in quantifying risk of asymptomatic transmission and potential benefit outweighing the harms of wider use of home-made masks in the community, several committee members felt strongly that we should carefully balance the recommendation for community use to reflect the precautionary principle as well as evidence gaps. One member felt that to achieve the maximum population benefit, the majority of people should be wearing masks in settings where physical distancing cannot be maintained. To account for these controversies, which were mostly based on uncertainties in the evidence, a Research Gaps section has been added.

There was concern that we may be over-emphasizing the potential harm associated with the use of non-medical masks in the community, and there was general but not unanimous agreement to reduce this emphasis and focus on the need for systematic research looking at benefits and harms with clinical outcomes.

This update was predominantly based on the WHO revised advice, but it was noted that there is little new evidence aside from information on filtration efficiency of different home-made masks since our last update. There remains a lack of data demonstrating benefit of cloth masks as currently used in the community, beyond lab based filtration studies. There remains a significant disconnect between RCTs and observational study results of community mask use, and significant confounding and bias in ecologic trials. Since the last version of this review, there is very little new data except new syntheses of previous studies, new modeling studies, and some new collations of cloth filtration characteristics. One reviewer commented on the system level issues with supporting medical and non-medical mask use in the community as important elements in addition to the patient level harms.

One reviewer highlighted the importance of identifying specific level of guidance and evidence provided by the updated advice from the WHO. As little additional evidence was highlighted in this review, the emphasis of the WHO report was discussed: "the process of interim guidance development during emergencies consists of a transparent and robust process of evaluation of the available evidence on benefits and harms, synthesized through expedited systematic reviews and expert consensus-building facilitated by methodologists. This process also considers, as much as possible, potential resource implications, values and preferences, feasibility, equity, ethics and research gaps" (WHO, June 5,

2020). Therefore more specific description of the document, recommendations and the risk-based approach to community mask use with consideration of local epidemiology has been incorporated. (https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

Lastly, committee members felt that the research gaps section should better highlight the remaining uncertainties regarding mask use in the community, and how they might be addressed. This would include better information about optimal mask construction, as well as more robust evidence about their impact on clinically relevant measures of benefit and harm. Finally, additional details about compliance with medical and non-medical mask use in the community would be helpful.

Recommendations

- In light of concerns around PPE shortages, medical masks should continue to be prioritized for HCWs in direct patient care roles. HCWs should continue to wear medical masks whenever providing direct patient care and whenever social distancing is not possible in health care settings.
- In the community, medical mask use should be prioritized for those with any symptoms suggestive of COVID-19, as a form of source control. Community caregivers of potentially infectious COVID-19 patients and care providers for those who are more vulnerable to severe infection in the household setting should also wear medical or well-constructed non-medical masks as a form of protection.
- 3. In settings where social distancing cannot be maintained, medical masks or high-quality nonmedical masks should be encouraged as a form of protection for those vulnerable to severe COVID-19 infection outcomes. Vulnerable populations include those over 60 and those with comorbidities or immunosuppression.
- 4. Evaluation of the extent of community transmission of SARS-CoV-2 is required to continually assess the risks and benefits of community mask use in various situations, although there is insufficient evidence to recommend specific epidemiologic thresholds for this purpose. This is consistent with WHO guidance which advises decision makers to apply a risk-based approach focusing on specific criteria when considering or encouraging the use of masks for the general public that incorporates consideration of local epidemiology. The WHO encourages use of a well-constructed non-medical mask, designed according to the available evidence from materials engineering science, as a possible method of reducing risk of transmission of COVID-19 when social distancing is not possible. Situations where this may be particularly relevant include: on public transportation, workplaces necessitating close proximity to other workers or the public, or when entering and exiting public buildings.
- 5. In light of widespread interest in masks and anecdotal evidence of potentially harmful, inappropriate use by the public, health officials should widely communicate the need for both optimal mask construction and mask "etiquette". It is important to strengthen the messaging that their use not replace the need for maintaining social distancing and hand hygiene as more important strategies to prevent transmission of COVID-19; and the need to not touch the mask, to replace when soiled or wet and ensure appropriate laundering. Current advice on when and how to wear home-made or non-medical masks is available at: https://www.albertahealthservices.ca/topics/Page16997.aspx#prev

426

Research Gaps

- 1. While there is some additional evidence, there is a need for further research into the optimal construction and fabric composition of home-made or non-medical masks and their efficacy in protection against transmission or acquisition of SARS-CoV-2.
- Currently, we only have theoretical benefit demonstrated in laboratory studies of the filtration capabilities of cloth masks. Further studies assessing population benefits and harms of homemade (non-medical) masks are urgently required. These studies should include RCTs that assess clinical outcomes.
- Studies evaluating the frequency and compliance of mask use by individuals in clinical and community settings, potentially using longitudinal surveys and/or contact tracing data would be of benefit while awaiting more rigorous trial results.

Summary of Evidence

Since the last update on April 21, 2020, the World Health Organization has provided new guidance on the use of masks in the community. There has also been a significant number of new studies examining their use. However, there is only one new clinical study. The remainder of the studies have been multiple new systematic reviews and meta-analyses of previously published clinical studies, modelling studies, and laboratory-based studies of various homemade materials.

International guidelines and practices for use of masks in the community setting:

World Health Organization guidance on the use of masks in the community

On June 5th, the WHO provided an update to prior guidance from April 6th. 2020.

The process of interim guidance development during emergencies consists of a transparent and robust process of evaluation of the available evidence on benefits and harms, synthetized through expedited systematic reviews and expert consensus-building facilitated by methodologists. This process also considers, as much as possible, potential resource implications, values and preferences, feasibility, equity, ethics and research gaps (<u>https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).</u>

The primary differences with this update included:

Updated information on transmission from symptomatic, pre-symptomatic and asymptomatic people infected with COVID-19, as well as an update of the evidence of all sections of this document; • New guidance on the targeted continuous use of medical masks by health workers working in clinical areas in health facilities in geographical areas with community transmission1 of COVID-19;

• Updated guidance and practical advice for decision-makers on the use of medical and non-medical masks by the general public using a risk-based approach;

• New guidance on non-medical mask features and characteristics, including choice of fabric, number and combination of layers, shape, coating and maintenance. (WHO, June 2020) (see Table 1 in the Appendix).

As it relates to the: Targeted continuous medical mask use by health workers in areas of known or suspected COVID-19 community transmission, the updated WHO guidance document suggests the following guidance: (WHO, June 5, 2020)

In the context of locations/areas with known or suspected community transmission or intense outbreaks

427

of COVID-19, WHO provides the following guidance:

• Health workers, including community health workers and caregivers, who work in clinical areas should continuously wear a medical mask during their routine activities throughout the entire shift; apart from when eating and drinking and changing their medical mask after caring for a patient who requires droplet/contact precautions for other reasons;

• According to expert opinion, it is particularly important to adopt the continuous use of masks in potential higher transmission risk areas including triage, family physician/GP practices, outpatient departments, emergency rooms, COVID-19 specified units, haematological, cancer, transplant units, long-term health and residential facilities;

• When using medical masks throughout the entire shift, health workers should make sure that:

- the medical mask is changed when wet, soiled, or damaged;
- the medical mask is not touched to adjust it or displaced from the face for any reason; if this happens, the mask should be safely removed and replaced; and hand hygiene performed;
- the medical mask (as well as other personal protective equipment) is discarded and changed after caring for any patient on contact/droplet precautions for other pathogens;

• Staff who do not work in clinical areas do not need to use a medical mask during routine activities (e.g., administrative staff);

• Masks should not be shared between health workers and should be appropriately disposed of whenever removed and not reused;

• A particulate respirator at least as protective as a US National Institute for Occupational Safety and Health-certified N95, N99, US FDA surgical N95, European Union standard FFP2 or FFP3, or equivalent, should be worn in settings for COVID-19 patients where AGPs are performed (see WHO recommendations above). In these settings, this includes its continuous use by health workers throughout the entire shift, when this policy is implemented.

To be fully effective, continuous wearing of a medical mask by health workers, throughout their entire shift, should be implemented along with other measures to reinforce frequent hand hygiene and physical distancing among health workers in shared and crowded places where mask use may be unfeasible such as cafeterias, dressing rooms, etc.

The following potential harms and risks should be carefully taken into account when adopting this approach of targeted continuous medical mask use, including:

• self-contamination due to the manipulation of the mask by contaminated hands;

• potential self-contamination that can occur if medical masks are not changed when wet, soiled or damaged;

• possible development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours

· masks may be uncomfortable to wear;

• false sense of security, leading to potentially less adherence to well recognized preventive measures such as physical distancing and hand hygiene;

• risk of droplet transmission and of splashes to the eyes, if mask wearing is not combined with eye protection;

• disadvantages for or difficulty wearing them by specific vulnerable populations such as those with mental health disorders, developmental disabilities, the deaf and hard of hearing community, and children;

• difficulty wearing them in hot and humid environments.(WHO, June 5, 2020)

As it relates to the WHO updated Advice to decision makers on the use of masks for the general public

WHO advises decision makers to apply a risk-based approach focusing on the following criteria when considering or encouraging the use of masks for the general public:

Taking into account the available studies evaluating pre- and asymptomatic transmission, a growing compendium of observational evidence on the use of masks by the general public in several countries, individual values and preferences, as well as the difficulty of physical distancing in many contexts, WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission . WHO advises decision makers to apply a risk-based approach focusing on the following criteria when considering or encouraging the use of masks for the general public:

1. Purpose of mask use: if the intention is preventing the infected wearer transmitting the virus to others (that is, source control) and/or to offer protection to the healthy wearer against infection (that is, prevention).

2. Risk of exposure to the COVID-19 virus:

- due to epidemiology and intensity of transmission in the population: if there is community transmission and there is limited or no capacity to implement other containment measures such as contact tracing, ability to carry out testing and isolate and care for suspected and confirmed cases.

- depending on occupation: e.g., individuals working in close contact with the public (e.g., social workers, personal support workers, cashiers).

3. Vulnerability of the mask wearer/population: for example, medical masks could be used by older people, immunocompromised patients and people with comorbidities, such as cardiovascular disease or diabetes mellitus, chronic lung disease, cancer and cerebrovascular disease.

4. Setting in which the population lives: settings with high population density (e.g. refugee camps, camp-like settings, those living in cramped conditions) and settings where individuals are unable to keep a physical distance of at least 1 metre (3.3 feet) (e.g. public transportation).
5. Feasibility: availability and costs of masks, access to clean water to wash non-medical masks, and ability of mask wearers to tolerate adverse effects of wearing a mask.
6. Type of mask: medical mask versus non-medical mask

Based on these criteria, (Table 1 in appendix) provides practical examples of situations where the general public should be encouraged to wear a mask and it indicates specific target populations and the type of mask to be used according to its purpose. The decision of governments and local jurisdictions whether to recommend or make mandatory the use of masks should be based on the above criteria, and on the local context, culture, availability of masks, resources required, and preferences of the population.

Masking recommendations

The following link provides a list of countries recommending or requiring community use of masks: <u>https://masks4all.co/what-countries-require-masks-in-public/</u> It is updated daily.

429

Mask provision

Foreseeing impending medical mask shortages, Taiwan enlisted multiple interventions to try to prevent them. These included: state-controlled production and distribution of medical masks with daily, individual, name-based rations of masks (at modest cost) distributed at local drugstore and free provision of masks for school-aged children. South Korea also implemented state control over manufacturing and now provides a weekly ration of two masks

(https://www.nytimes.com/2020/04/01/opinion/covid-face-mask-shortage.html).

In Japan (<u>https://english.kyodonews.net/news/2020/04/67ad0dfcd954-delivery-of-cloth-masks-from-govt-starts.html</u>), Hong Kong (<u>https://www.qmask.gov.hk/about/</u>), and Singapore (<u>https://www.gov.sg/article/when-should-i-wear-a-mask</u>) mass-manufactured, re-usable, cloth masks are being provided to citizens. In Hong Kong, pre-registered, low-income families may also receive 5 disposable medical masks per week for 10 weeks at vending machine dispensers (<u>https://finance.yahoo.com/news/world-development-mask-dispensers-live-133000505.html</u>).

The city of Los Angeles is providing garment manufacturers with crude guidelines on sewing nonmedical masks (<u>https://www.dropbox.com/s/x9myr2t9mhxd4zo/COVID_Mask-Manufacturer-</u> <u>Packet.pdf?dl=0</u>) that can then be sold to the public.

Current evidence on COVID-19 Transmission:

It is accepted that SARS-CoV-2 is transmitted via droplets (5μ m) expelled when a patient sneezes or coughs. However, the exact distance droplets can travel has been called into question (**Bourouiba**, **2020**). Others have also posited the possibility of SARS-CoV-2 transmission through ordinary speech (**Asadi S et al, 2020**). There is also increasing concern regarding pre-symptomatic, pauci-symptomatic, or rarely, asymptomatic transmission of COVID-19, wherein individuals have RT-PCR detectable SARS-CoV-2 from nasal or throat swabs prior to or without development of symptoms (**Bai et al. 2020**, **Chan et al. 2020**, **Pan et al. 2020**, **Kimball et al. 2020**, **Wei et al. 2020**, and **Li et al. 2020**. It also appears that viral loads are highest during the early symptomatic phase (**To et al. 2002**, **Wolfel et al. 2020**, and **Bai et al. 2020**) or even the pre-symptomatic stage. Indeed, **He et al. 2020** infer that infectiousness may peak on or before symptom onset and through modelling, estimate that up to 44% of secondary cases were infected during the index cases' pre-symptomatic stage. Therefore, the main theoretical benefit of masks during the COVID-19 pandemic would be as a form of source control to minimize dispersion of the expelled viral particles from individuals unknowingly transmitting disease.

For more information, refer to the Asymptomatic Transmission of SARS-CoV-2 Rapid Review.

<u>Clinical studies and systematic reviews examining use of medical masks to prevent</u> <u>transmission of COVID-19:</u>

One new clinical study has examined masks for prevention of COVID-19 transmission in the community, specifically, in the household setting. **Wang Y et al, 2020** undertook a retrospective study of 335 people (124 families) to determine characteristics and practices of both the source case and their contacts that were predictors of secondary transmission. They determined that if one or more members of the household (either the primary case or their contacts) wore a mask *before* development of symptoms, there was a 79% reduction in transmission (OR=0.21, 95% CI: 0.06 to 0.79). In another study of 105 cases (imported from Wuhan to other centres) and 392 household contacts, the overall attack rate in households was 16.9%, but was 0% in households of 14 index patients who reportedly self isolated (used masks, dining separately, and residing alone within the home) upon (not before) symptom development (Wei Li et al, 2020).

Clinical evidence for the use of medical masks in mixed settings (clinical and community) prior to COVID-19 has been well summarized in three separate systematic reviews and meta-analyses (Jefferson et al. 2011, Offeddu et al. 2017, Saunders-Hastings et al, 2017). Offeddu et al. focused only on health-care settings, Jefferson et al. 2011 and Saunders-Hasting et al. 2017 looked at mixed settings. All three reviews reported methodologic concerns related to the randomized trials that were often under-powered and prone to reporting biases. Offeddu et al, did a meta-analysis of RCTs comparing any mask (medical or N95) to no masks. They found that masks conferred significant protection against self-reported clinical respiratory illness (RR = 0.59; 95% CI: 0.46-0.77) and influenza-like illness (RR = 0.34; 95% CI: 0.14–0.82) but only a non-statistically significant effect against laboratory-confirmed viral infections. A meta-analysis of observational studies noted a protective effect of medical masks vs. no mask (OR = 0.13; 95% CI: 0.03-0.62) against SARS. Jefferson et al. 2011 undertook a meta-analysis of seven case-control studies (~50% of participants were not health care workers) with 3216 participants and found fewer acute respiratory infections with medical mask use, OR 0.32, 95% CI 0.26 to 0.39. Of all physical interventions (including hand hygiene, gowns and gloves), masks were the most effective. In a meta-analysis of three case-control studies (19% of the participants being in a household setting), Saunders-Hastings et al. found that medical masks provided a non-significant protective effect against pandemic influenza (OR = 0.53; 95% CI 0.16-1.71; I = 48%).

Clinical evidence for the use of masks in the community setting (only) has also been examined, with three systematic reviews by **Brainard et al**, **2020 (preprint)**, **MacIntyre et al**, **2015**, **and Barasheed et al**, **2016**. Brainard et al, 2020 identified 31 different studies (including pre-post, cross-sectional, case-control, observational, and randomized controlled trials). 12 studies were RCTs. These authors found the evidence to be of low to very low certainty and concluded that "the evidence is not sufficiently strong to support widespread use of facemasks as a protective measure against COVID-19. However, there is enough evidence to support the use of facemasks for short periods of time by particularly vulnerable individuals when in transient higher risk situations." MacIntyre et al. 2015, identified 9 RCTs of facemasks in diverse settings (households and community), and with varied designs and interventions (ie. combination hand washing and facemasks). Due to the heterogeneity, no meta-analysis was undertaken. The results were inconclusive. A copy of the table summarizing these 9 articles is provided in **Table 2** of the **Appendix**. In general, the RCTs included use of a surgical grade facemask but the observational studies did not provide adequate description of the types of masks used.

Barasheed et al. 2016, pooled the results of 13 heterogeneously designed studies examining the effectiveness of medical masks at preventing variably defined acute respiratory infection endpoints arising during the Hajj pilgrimage. Based on studies which the authors deemed to be of "average" quality, they found a small, statistically significant benefit (RR 0.89, 95% CI 0.84-0.94). However, pooling of studies of vastly different design may be considered inappropriate from an analytic perspective and it is possible this small difference disappears when a more appropriate pooling is done.

Since the completion of the last review, multiple new systematic reviews, with or without metaanalyses, have been completed. They almost exclusively re-examined the studies already included in the reviews mentioned above.

Any setting:

• Chu et al, 2020 did a systematic review and meta-analysis of observational studies (using frequentist, Bayesian meta-analysis, and random effects meta-regressions) to look at the impact of physical distancing, masks, and eye protection. Their analysis was limited to studies of coronaviruses (SARS-CoV-2, SARS-CoV, and MERS-CoV). They did not identify any

randomized controlled trials. They found any masks (N95, medical mask, or 12-16 layer cotton) reduced risk of infection (unadjusted n=10,170, RR 0.34, 95% CI 0.26-0.45; adjusted studied n=2647, aOR 0.15, 95% CI 0.07-0.34) when compared to no mask. When only medical *or* 12-16 layer cotton masks were compared with no mask, the protective effect was diminished but persisted (aOR 0.33, 95% CI 0.17-0.61). There was no comparison of medical masks to cotton masks. When only the 3 community-based studies were included, masks remained protective (RR 0.56, 95% CI 0.40-0.79). Using the GRADE category of evidence, the findings were deemed to be of low certainty. This study was limited by the observational nature of the studies included which are subject to significant bias.

- Jefferson et al, 2020 (pre-print) updated their previous review looking at physical interventions to stop the spread of respiratory viruses, this time focusing only on randomized and cluster randomized trials. 14 trials assessed the impact of mask wearing. Looking at general population, there was no reduction in ILI cases (RR 0.93, 9% CI 0.83 to 1.05) nor in laboratory-confirmed influenza (RR 0.84, 95% CI 0.61-1.17). No benefit was identified in health care workers either.
- Liang et al. (pre-print) examined use of any type of mask in any setting in preventing respiratory virus transmission. In the subgroup of non-HCW, a protective effect was found with a pooled OR of 0.53 (95% CI=0.36 0.79), this effect persisted in both household (OR=0.60, 95% CI=0.37-0.97) and the non-household settings (OR=0.44, 95% CI=0.33-0.59). The RCTs included in this study scored 3 or 4/5 on the Jadad scale, but it should be noted that this a quality assessment tool whose use is discouraged by the Cochrane Collaboration with concerns of its ability to detect bias.
- **MacIntyre R and Chughtai AA, 2020** looked only at randomized controlled trials. Including eight trials in community settings, and concluded that when masks were used by ill individuals, their well contacts were protected. Of note, these findings were dissimilar from many others in that among health care workers in clinical settings, they found that only continual use of respirators was beneficial, with medical masks found to be less effective and cloth masks were even less effective than medical masks.

Community settings only:

- Wei et al. (pre-print) did a systematic review and meta-analysis of 8 RCTs examining any type of mask in the community setting. Masks lowered the risk of developing ILI (pooled RR=0.81, 95% CI: 0.70-0.95).
- In a pre-registered, rapid review using Bayseian analysis, Pereski et al. (pre-print) identified 21 studies examining incidence of ILI (variably reported) in the community. All masks types were considered. 1/11 RCTs and 6/10 observational studies found that masks reduced incidence of ILI. They found that while RCTs showed a moderate likelihood of a *small* effect of wearing medical masks in the community to reduce self-reported ILI, the risk of reporting bias was high. The evidence for reduction of clinically or lab-confirmed infection was equivocal. By contrast, observational studies showed that masks reduced incidence of ILI but there was a high risk of confounding and reporting bias. The difference in the findings between RCTs and observational studies was also noted previously by Brainard et al.

Cloth masks only:

Mondal et al. (pre-print) looked at the utility of cloth masks in any setting. They included both clinical and non-clinical studies, in what can be more accurately described as a scoping review. They found two clinical studies, only one of which assessed the clinical effectiveness of cloth masks. This was the study by MacIntyre et al, 2015 which is discussed later in this review. In the laboratory studies, cloth mask filtration efficiency was highly variable, between 3-95%, likely reflecting the highly variable materials and measurement techniques.

Laboratory based studies examining use of medical masks to prevent transmission of COVID-19:

Given the challenges of clinical studies, another approach has been to directly measure the efficacy of medical masks in both filtering exhaled respiratory viruses and in providing a barrier to entrance of pathogens.

In the only laboratory study to look at coronaviruses, **Leung et al**, **April 2020** found that coronaviruses could be detected in respiratory droplets (>5um) and aerosols (<5 uM) in 3/10 (30%) and 4/10 (40%) of samples collected without medical masks, respectively. They did not detect any virus in respiratory droplets or aerosols collected from participants wearing medical masks.

Multiple other studies have examined the use of masks for preventing spread of other respiratory pathogens. **Milton et al, 2013** found that medical masks reduced influenza viral copy numbers in exhaled samples by ~3-25 fold (depending on the size of the particle). **Johnson et al, 2009** could detect influenza in all samples of exhaled breath where a mask was not worn but detected no influenza virus by RT-PCR with medical masks. In two separate studies medical masks reduced the release of *Pseudomonas aeruginosa* in patients with cystic fibrosis both when worn for short **(Stockwell et al, 2018)** and longer durations **(Stockwell et al, 2018)**. **Dharmadhikari et al, 2012**, examined the benefit of medical masks as a form of source control on a multi-drug resistant tuberculosis ward where exhaust air from patients is delivered to guinea pig exposure chambers. Compared to patients who did not wear a masks, patients who did wear a mask infected 56% fewer guinea-pigs (36/90 vs 69/90 infected guinea pigs).

Two studies have examined the effectiveness of medical masks to protect the wearer, as a barrier against viral bioaerosols. Ma et al, 2020 found that compared with one-layer of polyester, medical masks blocked 97.15% of avian influenza viral bioaerosols while a 4-layer homemade mask blocked 95.15%. The high efficacy rates of the masks may have been related to the unrealistically tight seals in the model used. **Makison-Booth et al, 2013** realistically adhered masks to the face of a mannequin and then measured the amount of viable live influenza virus from the air in front and behind of five different types of surgical masks. They found that medical masks reduced exposure to aerosolized influenza virus by approximately 6-fold.

Thus, the preponderance of lab-based studies (Milton et al 2013, Johnson et al, 2009, Stockwell et al. 2018, Stockwell et al. 2018, Dharmadhikari et al, 2012, and Leung et al, 2020) suggest the benefit of a mask is as a method of source control with reduction of the amount of respiratory virus released by exhaled particles. That is, the public would be protected from respiratory spread of infection from the mask wearer.

Other studies (modelling, ecological, anecdotal, etc) examining use of medical masks to prevent transmission of COVID-19:

Influenza transmission models:

Brienen et al, 2010 developed a population transmission model to explore the impact of populationwide mask use on an influenza pandemic. They assumed that the reduction in infection risk would be proportional to the reduction in exposure to the virus based on particle retention by the mask and mask coverage (number of people appropriately wearing masks). It is unknown if this assumption is valid. They concluded that masks could lower the basic reproduction number, at least delaying, if not containing, an influenza outbreak. A detailed transmission model by **Trachet et al, 2009;** however was less optimistic, concluding that while 10% of the population using N95 masks could result in a 20% reduction in H1N1, even 50% of the population wearing medical masks would only results in a 6%

reduction in number of cumulative cases. In their model, **Yan et al, 2019**, found that at a populationlevel compliance of 50%, all types of masks—except low-filtration surgical mask—could reduce prevalence of influenza outbreak to <5%. At a compliance rate of 80%, low-filtration surgical masks (not otherwise defined) could reduce prevalence by 50%.

COVID-19 models: In a model assessing various local interventions, **Tian et al, 2020 (preprint)** estimated reductions in the basic reproduction number R0 of SARS-CoV-2 with different interventions. Assuming masks reduce R0 by a factor $(1 - epm)^2$, where e is the efficacy of trapping viral particles inside the mask, and pm is the percentage of the population that wears masks – for example, if 50% of the population wears a mask and the mask has a 50% efficacy at trapping particles, R0 could drop to 1.35 (down from ~2.4). It is unknown if this assumption is valid.

Eikenberry et al. 2020 developed a mathematical model that adapted the SEIR model of Breinen et al. and Trachet et al. to the COVID19 pandemic epidemiologic parameters and then looked at the impact of varying mask efficacy and compliance rates on transmissions and epidemiologic outcomes (death, hospitalizations). They found that 80% coverage of masks that are only 20% effective could still reduce the effective transmission rate by 1/3. Applied to a case study of Washington state, this could translate into a reduction in mortality of 24-65%. Javid et al, 2020 (pre-print) created a simple, proof of principle, SIR model, assuming that masks reduced transmission by 8-16%. Like Eikenberry et al. where there was more mortality benefit seen in areas of lower transmission, Javid et al. noted a more substantial reduction on deaths when the effective R approached 1. Finally, Worby et al, 2020 (preprint) created a SEIRD model to test various strategies for mask allocation (ie. different percentage of allocation to symptomatic vs asymptomatic individuals; or to the elderly population). First, they found that the more effective the mask, the lower the population uptake required. That is, deaths could be reduced by 65% with 15% coverage of a highly effective mask (75%) whereas they would be reduced by only 10% with 30% coverage with a low effectiveness mask (25% containment). In terms of mask allocation, they identified that prioritizing the elderly and maintaining a supply for identified infectious cases is a superior strategy to random distribution.

It should be noted that all the modelling studies listed vary the effectiveness of masks in the model; however, they do not assume that masks can carry harms that could outweigh benefits.

In an ecologic study, **Lo JY et al**, **2005** found that in the setting of "community hygienic measures" promotion during the SARS 2003 epidemic in Hong Kong, where ~76% of individuals were wearing masks, the proportion of positive specimens of other respiratory viruses dropped significantly in 2003. A similar finding has been noted in Hong Kong since February 2020, where again mask use has increased with the COVID19 outbreak (Leung et al, 2020). Kenyon et al. (pre-print) compared countries who had implemented mask use vs no-mask use (as a binary outcome). At the time of the analysis, 8/49 countries promoted universal mask use. After adjusting for date of the first COVID-19 diagnosis in the country and testing intensity, they found that masking resulted in an average decrease of 326 cases per 1,000,000 inhabitants (linear coefficient -326, -601 to -51, p=0.021). These studies do not allow the effect of masks to be separated from other community measures, including social distancing with school closure, public space closures, hand hygiene, and household hygiene campaigns. When undertaking ecological comparisons, it should be noted that countries such as New Zealand, Australia, Denmark, and Switzerland have had success at containment of their epidemics without the use of universal masking.

There are also two case cluster reports outlining the benefits of community mask use. It is unclear if medical or non-medical masks were used. **Zhang et al, 2013** assessed transmission of influenza A virus on two flights from the United States to China. None of the 9 influenza-infected passengers, compared with 47% (15/32) of control-passengers wore a face mask. Unfortunately, this report does not include any information regarding the location of the other passenger relative to the index case. Liu et al, 2020 report a case of a SARS-CoV-2 infected male who took two separate buses to return to his hometown. On the first 2-hour bus ride, he did not wear a mask and 5/39 passengers were infected. By contrast, on his second ride, a 50-minute ride, he wore a mask and 0/14 passengers were infected. While **Schwartz et al. 2020** do not focus on the use of a mask by the source case, the source case was masked during a flight from China to Toronto where no SARS-CoV-2 transmissions were identified.

Studies of cloth masks:

Clinical studies

The only clinical study of cloth masks is a cluster randomized trial of cloth masks at all times vs medical masks at all times (2 masks/8h) vs a standard practice arm in hospitals in Vietnam (Macintyre et al, **2015)**. In this study, cloth mask users had higher rates of ILI compared with the control arm, RR=6.64, 95% CI 1.45 to 28.65 and more laboratory-confirmed virus, RR=1.72, 95% CI 1.01 to 2.94. Compared to medical masks, the RR for ILI was 13.25 in the cloth mask arm and 3.8 in the control (mixed) arm. A possible hypothesis for the worse outcome with cloth masks is that when they become wet, they are more likely to trap viral particles. Alternatively, there may be inadequate washing of the masks.

However, a methodologic concern was that the control arm consisted of high rates of mask wear. Specifically, in the control arm, (170/458) 37% used medical masks and (245/458) 53% used a combination of medical masks and cloth masks, with 24% of control arm participants wearing masks for more than 70% of working hours (versus 57% of participants in the other 2 arms adherent to masks for >70% of working hours). This renders the comparison to have been consistent cloth mask use, to consistent medical mask use, to inconsistent use of any mask type. Therefore, while the study may have conclusively shown the superiority of medical masks to cloth masks in preventing infection acquisition in a health-care setting, it cannot be used to reliably evaluate cloth masks to no masks in a community setting. Given the sudden interest in cloth-mask use, the authors published a response to their own article on March 30, 2020 (MacIntyre et al. 2020) wherein they state that HCW should not work without adequate PPE but if they choose to work with a cloth masks, thorough and daily disinfection is required to prevent potential harms. In another commentary, the same author (MacIntyre CR and Hasanain SJ, 2020) supports universal masking, stating "There is more evidence supporting face mask use in the community than hand hygiene including in RCTs which compare both interventions directly, so it is inconsistent to advocate hand hygiene as a sound principle but not masks."

Laboratory based studies

Several contemporary and historical studies have looked at whether homemade masks are able to reduce the physical spread of droplets by the mask wearer. In a laser-light scattering experiment, **Anfinrud et al. 2020**, qualitatively showed that while regular speech resulted in droplets ranging in size from 20 to 500 µm, a slightly damp washcloth over the mouth could decrease these forward moving particles. After assessing the filtration performance of a variety of household fabrics (using NaCl aerosols of smaller size than droplets), **Rangesamy et al, 2010** concluded that while markedly inferior to N95 respirators, the filtration rate of some household materials was comparable to surgical masks. **Davies et al, 2013** found that masks made from cotton t-shirt fabric had a filtration

efficiency of viral particles of ~50% as compared to ~90% for medical masks and that medical masks were 3 times more effective in blocking transmission than homemade masks. **Dato et al. 2006**, also found some protection against an aerosol challenge with the use of a homemade cotton mask.

We identified two studies examining the theoretical benefit of homemade masks in reducing personal risk of exposure to particles. As previously noted, **Ma et al. 2020**, found a homemade mask of one polyester cloth layer and 4 layers of kitchen paper to be as effective as medical masks in providing protection against avian influenza virus bioaerosols. However, an artificially tight seal may have been present in this model. **van der Sande et al, 2008** found that medical masks provided about twice as much protection as homemade masks against the entrance of particles. Notably and unlike other groups, they did not find that masks significantly prevented outward dispersal.

Since the last update, we identified multiple other laboratory-based studies investigating filtration efficiency, 3 of which were completed since the last update.

Historical studies

- Greene et al, 1961 had volunteers wear muslin and flannel masks (the standard for medical masks at the time) in a contained chamber. Bacterial recovery on agar sedimentation plates was dramatically reduced (by 88% to >99% depending on the particle size).
- Quesnel et al, 1975 used a similar chamber to Green et al. and volunteers were asked to try 4 disposable medical masks and one cotton mask. The filtration efficiency of the cotton mask (after 30 minutes of wear) for larger droplets (>3 μm) >99%.

Air pollution and fine particulate matter (aerosol) studies (<2.5 μm)

- A study by Shakya et al. 2017, that was assessing filtration potential of cloth masks for fine particulate matter (air pollution related study) noted that the filtration efficiency of three particle sizes (30, 100, and 500 nm) ranged from 15% to 57%, thus they felt that cloth masks would be of limited utility for particles<2.5 μm.
- Jung et al, 2014, also assessed a variety of masks for protection against aerosols. Their testing adhered to the Korean Food and Drug Administration (KFDA) [similar to the European Union (EU) protocol] and the National Institute for Occupational Safety and Health (NIOSH) protocols. 44 different types of masks were tested. On average, the aerosols used for testing were less than 2.5 µm. The filtration efficiency of medical masks was only about 60% and only in the 2-12% range for cloth handkerchiefs. Pressure drop was also measured. They found that "general masks" and handkerchiefs provided little protection against aerosols.
- Jang et al, 2015 [only available in Korean; abstract was reviewed], using polydisperse NaCl aerosols (0.3~10 μm), compared five commercial cloth masks vs. a respirator. The filtration efficiencies varied from 9.5-28.5% as compared with 91% by the respirator but increased by 1.7-6.8 times after folding to create multiple layers. Washing once reduced filtration efficiency. The authors warned that cloth masks were inadequate in protecting against particulate matter.

Bioaerosol and polydisperse NaCl aerosol studies

• Rodriguez-Palacios et al, 2020 (pre-print) used household spray bottles filled with a bacterial suspension to see whether various textiles could prevent dispersion of the bacterial solution (which they said mimicked a sneeze) onto agar containing Petri dishes. All the fabrics used, even in one layer, reduced droplet dispersion to <30cm. As a double layer, they were as effective as medical masks and reduced droplet dispersion to <10cm. The relevance of this model is questionable.

- Wang et al, 2020 (pre-print) used industry approved standardized tests to compare 17 different fabrics against approved medical masks. Testing pressure difference (breathability), particle filtration efficiency, bacterial filtration efficiency, and resistance to surface wetting, they found that only 3 materials would pass industry standards. The results showed that three double-layer materials including double-layer medical non-woven fabric (example, polypropylene) medical non-woven fabric plus non-woven shopping bag, and medical non-woven fabric plus granular tea towel could meet all the standards of breathability, particle filtration efficiency (>30%), and resistance to surface wetting, and were close to the standard of the bacterial filtration efficiency (>95%).
- Aydin et al, 2020 (preprint) compared one brand of medical mask to a variety of homemade fabrics to assess for: efficiency of blocking droplets, breathability, weight, hydrophilicity, and texture. To measure droplet blockage (or filtration) efficiency, they used a metered-dose inhaler (MDI) loaded with fluorescent beads, of similar size to SARS-CoV-2 virus (70-100nm). A petri dish covered with the various materials was then held 36mm and 300mm away from the MDI and the number of fluorescent beads penetrating through to the petri dish were measured. In this study, even one layer of a 100% cotton t-shirt had 91% efficiency. And while a blend of cotton and polyester had only 40% efficiency, this increased to 99.98% with 3 layers. They concluded that multiple fabrics were comparable to a medical mask in terms of filtration and breathability. However, a 2-3 layer cotton/polyester blend was the closest; despite being far less hydrophobic. Of note, the materials appear to have been tightly adhered to the petri dish.
- Konda et al, 2020 also tested a variety of household materials. They introduced a polydisperse NaCl aerosol into a mixing chamber, where it passed through the material being tested (held down tightly by a clamp). They analyzed particle size with two different particle analyzers and followed the protocol used for testing face respirators in compliance with the NIOSH 42 CFR Part 84 test protocol. For droplets >300nm, several materials had filtration efficiency equivalent to a medical mask (>95% efficiency), including even one layer of a high thread count cotton. However, the authors recommended a hybrid fabric (cotton + silk) that could leverage both mechanical and electrostatic properties. Furthermore, the authors found that even small gaps (hole of 1% surface area) could reduce filtration efficiency by 60%, highlighting the importance of a tight fit
- Zhao et al, 2020 evaluated common materials using a modified version of the NIOSH standard test procedure for N95 respirator approval. They used NaCl aerosols (0.075 ± 0.02 μm), without taking real-world leakage from around the mask into account, to identify the material with the highest filtration quality factor (Q) a metric that results from a high filtration efficiency (low penetration) with low pressure drop. They identified that polypropylene spunbound, a material commonly found in reusable bags, had the optimal Q. While the filtration efficiency was ~6-10% (which was similar to the other fabrics tested), if it were triboelectrically charged or multiple layers were added, its filtration efficiency improved without a concomitant increase in pressure. In fact, as compared with the medical masks they tested (~19-33% filtration efficiency), the five-layer polypropylene had a filtration efficiency of ~50% with a lower pressure drop.

Though there are now many different laboratory studies to draw from, the variability of the methodology of the studies and the variability in their findings make their interpretation challenging. Taken together, these studies suggest that non-medical masks can act as a barrier to outward dispersion of droplets (but not particles <2.5 μ m). For that reason, WHO states that non-medical masks "should only be considered for source control (used by infected persons) in community settings and not for prevention".

Despite the challenges of interpreting non-medical mask studies, a non-medical mask standard has been developed by the French Standardization Association (AFNOR Group) (<u>https://www.afnor.org/en/faq-barrier-masks/).</u> AFNOR Group defines minimum performance in terms of filtration (minimum 70% solid particle filtration or droplet filtration) and breathability (maximum pressure difference of 0.6 mbar/cm2 or maximum inhalation resistance of 2.4 mbar and maximum exhalation resistance of 3 mbar).

In addition, in its latest interim guidance report (<u>https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak</u>), WHO has now provided guidance on the optimal composition and construction of non-medical masks. They advise that when decision-makers are providing recommendations on masks, they should take filtration efficiency, breathability, number and combination of materials used, shape, coating and maintenance into account. Using the filter quality factor "Q" metric, which is a function of filtration efficiency and breathability (with higher values being better), they advise the following mask composition:

- a) Inner layer of a hydrophilic material (cotton or cotton blend)
- b) Outer layer of a hydrophilic material (ie. polypropylene, polyester or blend)
- c) Middle hydrophobic layer of a synthetic non-material such as polypropylene or a cotton layer

Table 3 in the **Appendix** provides a list of different materials with their corresponding filter quality factor as well as filtration efficiency and breathability.

In terms of fit, they also recommend a tightly-fitted flat-fold or duckbill shape. **(WHO, June 5, 2020)**

Theoretical sociological benefits and harms of mask use in COVID-19:

From a sociologic perspective, some have noted that if mask wearing were widespread and not just limited to those who are feeling ill, it would reduce the stigma associated with their use and increase the likelihood of their use in ill individuals. Similarly, mask use may act as a visual cue reminding individuals to maintain physical distance and act as visible signal of social solidarity (preprint, **Howard et al. 2020**). In terms of acting as a visual cue, **Seres et al, 2020** undertook a field experiment where they randomized 300 individuals to "exposure" to an individual wearing a mask vs no-mask. Specifically, the *experimenter* was randomly assigned to wear a mask or not. Then, they took the last position in line-ups (ie. a supermarket, store) and noted the distance with which the subsequent customer would stand. Individuals kept a statistically significantly further distance when someone was wearing a mask. Subsequent survey data suggested this was because it was perceived that a masked person preferred more distance.

Finally, it is becoming increasingly clear that racial minorities are disproportionately impacted by COVID-19 (**Hooper et al, 2020**). In addition to underlying co-morbidities and structural inequalities (ie. lack of access to healthcare), this discrepancy may be attributed to living conditions and employment. As **Yang, 2020** stated "social distancing is a privilege". For instance, outside of LTC outbreaks, most outbreaks in Calgary, Alberta are occurring at warehouses and workplaces

(<u>https://www.alberta.ca/covid-19-alberta-data.aspx#toc-1</u>) where social distancing either cannot be or is not being enforced. Mandatory masking, with provision of masks and targeted education about mask hygiene, may be particularly helpful in such settings.

There are also several possible harms associated with widespread mask use. There is concern that moisture retention could increase the risk of infection which is one possible interpretation of the McIntyre study. Masks may also increase the frequency with which individuals touch their face. There is also concern regarding self-contamination of the hands or face with improper donning and doffing technique. In an observational study of ~10,000 pedestrians in Hong Kong in February 2020, 94% of individuals wore masks (84% of which were medical masks). However, 13% of individuals wore them incorrectly, with 5% wearing them inside out or upside-own and 5% wearing them too low (**Tam et al**, **2020**).

The importance of risk-compensation in population-level health interventions has been called into question (**B Pless, 2016**). However, the potential harms of masks in creating a false sense of security and consequent neglect of physical distancing or hand hygiene is raised by the World Health Organization (**WHO, 2020**). A recent study by **Yan et al, 2020 (pre-print)** used smart device location data to determine the time spent at home and at various public locations before and after mask mandates were implemented in 36 different states. They accounted for weather patterns, re-openings orders, and time since stay-at-home orders were implemented. They found that masks mandates were associated with an increase of 4% (20-30 minutes) of time outside the home per day and they specifically noted more trips to restaurants. This suggests that for mask to be beneficial, their efficacy in reducing transmission needs to exceed the increased risk associated with a 4% increase in time away from home.

Another concern is related to the environmental impact of mass use of medical masks. For instance, the sheer numbers of disposable masks that would be required in China would be around 900 million daily and would pose significant disposal challenges (Wang MW et al, 2020). Safe disposal concern are already arising throughout Asia (<u>https://www.bangkokpost.com/opinion/opinion/1924908/face-mask-crisis-of-another-design</u>)

Another major concern is the risk of PPE shortages for HCW who are more frequently exposed to SARS-CoV-2 than the general public. Indeed, there have been shortages globally, with some countries banning or threatening to ban export of medical masks (<u>https://www.cnbc.com/2020/04/03/coronavirus-trump-to-ban-export-of-protective-gear-after-slamming-3m.html</u>), and with reports of hoarding and price gouging.

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Date report submitted to committee: April 2, 2020

Date of first assessment: April 3, 2020

(If applicable) Date of re-assessment: June 19, 2020

Authorship and Committee Members

This report was written and updated by Leyla Asadi and scientifically reviewed by Elizabeth Mackay (primary reviewer), Lynora Saxinger (co-chair), and Nelson Lee. The full Scientific Advisory Group was involved in discussion and revision of the document: Braden Manns (co-chair), John Conly, Alexander Doroshenko, Shelley Duggan, Andrew McRae, Jeremy Slobodan, James Talbot, Brandie Walker, and Nathan Zelyas.

439

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<u> 110</u>

COVID-19 Scientific Advisory Group Rapid Response Report

Appendix

The literature search was conducted by Lauren Seal from the AHS Knowledge Resource Service. The literature search was last updated on May 14, 2020.

Medline/PubMed

1 exp Coronavirus/ or exp Coronavirus Infections/ or coronaviru*.mp. or "corona virus*".mp. or ncov*.mp. or n-cov*.mp. or COVID-19.mp. or COVID19.mp. or COVID-2019.mp. or COVID2019.mp. or SARS-COV-2.mp. or SARSCOV-2.mp. or SARSCOV2.mp. or SARSCOV19.mp. or Sars-Cov-19.mp. or SarsCov-19.mp. or SARSCOV2019.mp. or Sars-Cov-2019.mp. or SarsCov-2019.mp. or "severe acute respiratory syndrome cov 2".mp. or "2019 ncov".mp. or "2019ncov".mp. (18987)

- 2 Masks/ (4203)
- 3 mask.mp. (28586)
- 4 masks.mp. (15768)
- 5 facemask.mp. (1101)
- 6 "face-mask".mp. (2557)
- 7 (face adj2 mask*).mp. (3254)
- 8 2 or 3 or 4 or 5 or 6 or 7 (37583)
- 9 homemade.mp. (2899)
- 10 home-made.mp. (2094)
- 11 "home made".mp. (2094)
- 12 handmade.mp. (505)
- 13 "hand made".mp. (346)
- 14 hand-made.mp. (346)
- 15 handcraft*.mp. (335)
- 16 hand-craft*.mp. (321)
- 17 "hand craft*".mp. (321)
- 18 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 (6424)
- 19 8 and 18 (32)



- 20 8 or 19 (37583)
- 21 1 and 20 (140)
- 22 limit 21 to last year (19)

CINAHL

S1	(MH "Coronavirus	;+")
S2	(MH "Coronavirus	s Infections+")
S3	coronaviru*	
S4	"corona virus"	
S5	ncov*	
S6	n-cov*	
S7	COVID-19 OR CO	DVID19 OR COVID-2019 OR COVID2019
S8 SARSCOV19 OR SARS-CO 2019 OR SARSCOV-2019		8 SARSCOV-2 OR SARSCOV2 OR OV-19 OR SARSCOV2019 OR SARS-COV-
S9 respiratory syndrome coron		piratory syndrome cov 2" OR "severe acute
S10	"2019 ncov" OR 2	2019ncov OR Hcov*
S11 S10	S1 OR S2 OR S3	OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR
S12	(MH "Masks")	2,140
S13 OR medical N2 mask OR fa		OR facemask OR face-mask OR face N2 mask 10,693
S14	S12 OR S13	10,693
S15 hand-made OR "hand made		ome-made OR "home made" OR handmade OR R hand-craft* OR "hand craft*" 2,013
S16	S14 AND S15	10
S17	S14 OR S16	10,693
S18	S11 AND S17	87
S19	S11 AND S17	Limiters - Published Date: 20190101-20201231

TRIP Pro/Google Scholar/Google/ LitCovid/CEBM/ /Twitter/WHO/Stanford Medicine/REACTing/Nebraska Medicine COVID-19 resources/CAIC-RT – COVID-19 Capacity Tool/NEJM/ The Oakes Academy Coronavirus Clinical Collaboration/CochraneLibrary

("covid-19" OR coronavirus OR COVID19 OR "corona virus" OR ncov OR "n-cov" OR "covid-2019" OR covid2019 OR "SARS-COV-2" OR "sarscov-2" OR sarscov2 OR sarscov19 OR "sars-cov-19" or "sarscov-19" OR sarscov2019 OR "sars-cov-2019" OR "severe acute respiratory syndrome") AND (mask OR facemask OR "face-mask" OR "face mask" OR "face cover" OR "face covering" OR "homemade mask" OR "home-made mask" OR "handmade mask" OR "hand-made mask" OR "hand-crafted mask")

(mask OR facemask OR "face-mask" OR "face mask" OR "face cover" OR "face covering" OR "homemade mask" OR "home-made mask" OR "handmade mask" OR "hand-made mask" OR "handcrafted mask" OR "hand-crafted mask")

mask

facemask

face covering

Critical Appraisal

Table 2. Summary of quality assessment results for articles included in this review

				Mixed Met Appraisal Criteria:	
	Reference	Peer reviewed?	Type of evidence	Are there clear research question s or a clearly identified issue?	Is the collected data or presented evidence appropriat e to address the research questions or issue?
1	Jefferson T, Del Mar CB, Dooley L, Ferroni E, Al-Ansary LA, Bawazeer GA, van Driel ML, Nair S, Jones MA, Thorning S, et al. 2011. Physical interventions to interrupt or reduce the spread of respiratory viruses. The Cochrane Database of Systematic Reviews. 2011(7):CD006207.	⊠ Yes	Systematic review and meta-analysis	⊠ Yes	⊠ Yes

2.	Offeddu V, Yung CF, Low MSF, Tam CC. 2017. Effectiveness of masks and respirators against respiratory infections in healthcare workers: A systematic review and meta-analysis. Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America. 65(11):1934- 42. Saunders-Hastings P, Crispo JAG, Sikora L, Krewski D.	⊠ Yes	Systematic review and meta-analysis Systematic	⊠ Yes	⊠ Yes
3	2017. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis. Epidemics. 20(C):1-20.	⊠ Yes	review and meta-analysis		⊠ Yes
4	Brainard J ea. 2020. Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review.	□ No (pre- print)	Systematic review and meta-analysis	⊠ Yes	⊠ Yes
5	WHO. Advice on the use of masks in the context of COVID19. Available at: <u>https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak</u> .		WHO guidelines		
6	MacIntyre CR, Chughtai AA. 2015. Facemasks for the prevention of infection in healthcare and community settings. BMJ : British Medical Journal. 350(apr09 1):h694.	⊠ Yes	Review article	⊠ Yes	⊠ Yes
7	MacIntyre CR, Seale H, Dung TC, Hien NT, Nga PT, Chughtai AA, Rahman B, Dwyer DE, Wang Q. 2015. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. BMJ Open. 5(4):e006577.	⊠ Yes	Cluster randomzied trial	⊠ Yes	⊠ Yes
8	Leung, N.H.L., Chu, D.K.W., Shiu, E.Y.C. <i>et al.</i> Respiratory virus shedding in exhaled breath and efficacy of face masks. <i>Nat Med</i> (2020). https://doi.org/10.1038/s41591-020-0843-2	⊠ Yes	Randomzied lab-based trial	⊠ Yes	⊠ Yes
9	Davies A, Thompson K, Giri K, Kafatos G, Walker J, Bennett A. 2013. Testing the efficacy of homemade masks: Would they protect in an influenza pandemic? Disaster Medicine and Public Health Preparedness. 7(4):413-8.	⊠ Yes	Laboratory	⊠ Yes	⊠ Yes
1 0	Makison Booth C, Clayton M, Crook B, Gawn JM. 2013. Effectiveness of surgical masks against influenza bioaerosols. Journal of Hospital Infection. 84(1):22-6.	⊠ Yes	Laboratory	⊠ Yes	⊠ Yes

APPENDIX

Table 1: Situations and types of masks recommended for use in the community (from the World Health Organization, June 2020 interim guidance "Advise on the use of masks in the context of COVID-19")

https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-duringhome-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)outbreak

Situations/settings	Population	Purpose of mask use	Type of mask to consider wearing if recommended locally
Areas with known or suspected widespread transmission and limited or no capacity to implement other containment measures such as physical distancing, contact tracing, appropriate testing, isolation and care for suspected and confirmed cases.	General population in public settings, such as grocery stores, at work, social gatherings, mass gatherings, closed settings, including schools, churches, mosques, etc.	Potential benefit for source control	Non-medical mask
Settings with high population density where physical distancing cannot be achieved; surveillance and testing capacity, and isolation and quarantine facilities are limited	People living in cramped conditions, and specific settings such as refugee camps, camp-like settings, slums	Potential benefit for source control	Non-medical mask
Settings where a physical distancing cannot be achieved (close contact)	General public on transportation (e.g., on a bus, plane, trains) Specific working conditions which places the employee in close contact or potential close contact with others e.g., social workers, cashiers, servers	Potential benefit for source control	Non-medical mask
Settings where physical distancing cannot be achieved and increased risk of infection and/or negative outcomes	 Vulnerable populations: People aged ≥60 years People with underlying comorbidities, such as cardiovascular disease or diabetes mellitus, chronic lung disease, cancer, cerebrovascular disease, immunosuppression 	Protection	Medical mask
Any setting in the community*	Persons with any symptoms suggestive of COVID-19	Source control	Medical mask

*This applies to any transmission scenario

Table 2. Summary of high level evidence (GRADE guidelines) on facemasks in the household setting (from: Raina MacIntyre, and Abrar Ahmad Chughtai BMJ 2015;350:bmj.h694)

Study, year of publication	Design, participants	Mask type, intervention	Outcome	Results	Comments, limitations, biases
Cowling ¹¹ 2008	Cluster RCT 198 Index cases and household contacts Hong Kong	Medical masks Hand hygiene Control	 Self reported influenza symptoms Laboratory confirmed influenza (by culture or RT- PCR) in household 	 No significant difference in rates of laboratory confirmed influenza (OR 1.16, 95% CI 0.31 to 4.34) and ILI (0.88, 0.34 to 2.27) in the medical masks arm versus control arm 	 Both index cases and household contacts used medical masks This pilot study was small and underpowered Compliance 45% in index cases and 21% in household contacts Compliance data showed that some index cases in the control and hand hygiene arms used medical masks
Cowling ¹² 2009	Cluster RCT 407 Index cases and 794 household contacts Hong Kong	Hand hygiene Masks + hand hygiene Control (education)	Self reported influenza symptoms Laboratory confirmed influenza (by RT-PCR) in household	 No significant difference in rate of laboratory confirmed influenza in three arms Significant difference if masks + hand hygiene together applied within 36 hours of illness (OR 0.33, 0.13 to 0.87) Hand hygiene alone was not significant 	 No separate medical mask arm, making it difficult to evaluate the efficacy of masks Both index cases and household contacts used masks Compliance 49% in index cases and 26% in household contacts using masks Compliance data showed that some index cases in the control and hand hygiene arms used medical masks
MacIntyre ¹³ 2009	Cluster RCT 145 child index cases and well adult household contacts Australia	Medical masks for contacts P2 respirators (equivalent to N95) for contacts Control	Self reported ILI Laboratory confirmed respiratory infection	 No significant difference in ILI and laboratory confirmed respiratory infections in all three arms Adherent use of P2 or medical masks significantly reduced the risk of ILI (HR 0.26, 0.09 to 0.77) 	 Only household contacts used medical masks Low compliance: 21% of household contacts wore masks often/always
Aiello ¹⁴ 2010	Cluster RCT 1437 well university residents Michigan, USA	Medical masks Medical masks + hand hygiene Control	Self reported ILI Laboratory confirmed influenza (by culture or RT-PCR)	 No significant difference in ILI in three arms Significant reduction in ILI in the medical masks + hand hygiene arm over 4-6 weeks (P<0.05) 	 Self reported ILI Not all ILI cases (n=368) were laboratory tested (n=94) No data on compliance
Larson ¹⁵ 2010	 Block RCT 617 households Manhattan, USA 	• HE • HE + hand sanitiser • HE + hand sanitiser + medical masks	Self reported ILI Self reported URI Laboratory confirmed influenza through culture	 No significant difference in rates of URI, ILI, or laboratory confirmed influenza between the three arms Significantly lower secondary attack rates of URI/ILI/influenza in the HE 	 No separate medical masks group Household contacts used medical masks Low compliance and around half of household in the masks arm used
Canini ¹⁶ 2010	Cluster RCT 105 Index cases and 306 households France	Medical mask (as source control to be used by index case) Control	 Self reported ILI in household 	 No significant difference in the rates of ILI between the two arms (OR 0.95, 0.44 to 2.05) 	 Trial stopped early owing to low recruitment and influenza A/H1N1- pdm09 in subsequent year
Simmerman ¹⁷ 2011	Cluster RCT 465 index patients and their families Thailand	Hand hygiene Hand hygiene + medical masks Control	 Self reported ILI Laboratory confirmed influenza by PCR and serology in family members 	 No significant difference in secondary influenza infection rates between hand hygiene arm (OR 1.20, 0.76 to 1.88) and hand hygiene plus medial masks arm (1.16, 0.74 to 1.82) 	 No separate medical mask group Owing to H1N1 pandemic, hand and respiratory hyglene campaigns and mask use substantially increased among the index cases (from 4% to 522%) and families (from 17.6% to 67.7%) in control arm
Aiello ¹⁸ 2012	Cluster RCT 1178 university residents Michigan, USA	Medical masks Medical masks + hand hygiene Control	Clinically diagnosed and laboratory confirmed influenza (by RT-PCR)	 No overall difference in ILI and laboratory confirmed influenza in three arms Significant reduction in ILI in the medical masks + hand hygiene arm over 3-6 weeks (P<0.05) 	 Good compliance: medical mask + hand hygiene group used masks for 5.08 h/day (SD 2.23) and medical mask group used masks for 5.04 h/day (SD 2.20) Self reported ILI Effect may have been due to hand hygiene because medical masks alone not significant
Suess ¹⁹ 2012	Cluster RCT 84 index cases and 218 household contacts Berlin, Germany	• Masks • Masks + hand hygiene • Control	Laboratory confirmed influenza infection and ILI	 No significant difference in rates of laboratory confirmed influenza and ILI in all arms by intention to treat analysis The risk of influenza was significantly lower if data from two intervention arms (masks and masks + hand hygiene) were pooled and intervention was applied within 36 hours of the onset of symptoms (OR 0.16, 0.03 to 0.92) 	 Around 50% participants wore masks "mostly" or "always" Participants paid to provide respiratory samples

Cl=confidence Interval; CRI=clinical respiratory infection; HCW=healthcare worker; HE=health education; HR=hazard ratio; ILI=influenza-like Illness; OR=odds ratio; PCR=polymerase chain reaction; RCT=randomised controlled trial; RR=relative risk, RT=reverse transcriptase; SD=standard deviation; URI=upper respiratory tract infection.

Table 3. Non-medical mask filtration efficiency, pressure drop and filter quality factor* (from the World Health Organization, June 2020 interim guidance "Advise on the use of masks in the context of COVID-19" Adapted from Jung et al, 2014 and Zhao et al, 2020)

https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-duringhome-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)outbreak

Material	Source	Structure	Initial Filtration Efficiency (%)	Initial Pressure drop (Pa)	Filter quality factor, Q ** (kPa ⁻¹)
Polypropylene	Interfacing material, purchased as-is	Spunbond (Nonwoven)	6	1.6	16.9
Cotton 1	Clothing (T-shirt)	Woven	5	4.5	5.4
Cotton 2	Clothing (T-shirt)	Knit	21	14.5	7.4
Cotton 3	Clothing (Sweater)	Knit	26	17	7.6
Polyester	Clothing (Toddler wrap)	Knit	17	12.3	6.8
Cellulose	Tissue paper	Bonded	20	19	5.1
Cellulose	Paper towel	Bonded	10	11	4.3
Silk	Napkin	Woven	4	7.3	2.8
Cotton, gauze	N/A	Woven	0.7	6.5	0.47
Cotton, handkerchief	N/A	Woven	1.1	9.8	0.48
Nylon	Clothing (Exercise pants)	Woven	23	244	0.4

Table 3. Non-medical mask filtration efficiency, pressure drop and filter quality factor*

* This table refers only to materials reported in experimental peer-reviewed studies. The filtration efficiency, pressure drop and Q factor are dependent on flow rate. ** According to expert consensus, three (3) is the minimum Q factor recommended.

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From:	Doyle-Bedwell, George H
То:	Holmes, Elaine; Cole, Teri J; Billard, Bev A; Watson-Creed, Gaynor; Strang, Robert
Cc:	Doyle-Bedwell, George H
Subject:	Mask Quick Lit Search
Date:	July 14, 2020 2:19:41 PM
Importance:	High

Dear All:

Thank you Elaine for the call, it helped me get my head around this. I ran a quick two pronged internet search using some or all of these key words: COVID, Non Medical Masks, Masks, Community, Contraindications as both a general browser search (google) and more focused in PubMed. There was nothing on Masks COVID Community and Contraindications in PubMed.

All the material that I was able to find is here: G:\PH\Medical\EMERGENCY PLANNING\COVID-19\Masks\Medical Evidence NMM

I was not able to find much at all and nothing beyond the Canadian Thoracic Society (CTS) Paper (which we had already) which stated:

- We recommend that all patients with underlying lung disease follow this recommendation to reduce the risk of spreading the SARS-CoV-2 virus.
- If patients cannot tolerate wearing this added protection, we recommend that they avoid or minimize circumstances in which physical distancing is not possible.
- There is NO evidence that wearing a face mask will exacerbate (cause a 'flare up' of) an underlying lung condition.

Moreover, the references in the CTS paper did not directly tie to reasons not to wear a mask. Most focused on the effectiveness of the masks (at least in their titles).

I looked at the following materials:

- Canadian Thoracic Society recommendations regarding the use of face masks by the public during the SARS-CoV-2 (COVID-19) pandemic
- BCCDC Advice on Masking
- CDC Effectiveness of Cloth Masks
- PHAC Guidance on Non Medical Masks and Face Coverings
- WHO Advice on the use of masks in the context of

Page 122

455

COVID-19 (2020 June 05)

The WHO guidance is the most in depth but it does not contain suggests of when not to wear masks nor any contraindications to mask wearing. They do mention those who cannot tolerate a mask should use tissues if they sneeze, etc.

I further did key word searches on the documents themselves: should not, cannot, contraindicated, health risk and the only places where those key words got a hit were in regard to social distancing, mask cleaning, etc. Nothing about why someone would be medically contraindicated to where a mask.

I think there was some mention of not using masks in the SAC discussion on high performance athletes.

I was talking with both Elaine and Dr. Strang on this 14(1)

14(1)

Thank you Take Care George

Page 123 to/à Page 136 Withheld

16

456

TAB 17

457

2021	YAR 510031
This is Exhibit 17 referred to in t sworn before me on November	
Notary Public sig	gnature and seal

Freedom of Information Document Number: 2022-00455-SNSIS

On March 15th, 2022 I applied for the following FOIPOP information from Service Nova Scotia Internal Services:

Records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022.

Records that show a breakdown with totals of cause of deaths for 2019, 2020 and 2021. (For example a breakdown of how many died of cancer, heart disease, suicide, drug overdose, kidney failure etc. for the above years)

Date range for record search: 2019, 2020, 2021 and so far in 2022.

Attached as Exhibit 17 is a true copy of the email that I received back: 2022-00455-SNSIS.

Note: 2019 and 2020 are complete. 2021 and 2022 are incomplete) <u>click here to download</u> <u>2022-00455-SNSIS</u>

Please note:

- 1. Years 2021 and 2022 are incomplete
- 2. Diseases of the Respiratory System are identified in Section "X" of this document.
- 3. COVID-19 is considered a disease of the respiratory system.
- 4. In 2019, 9772 people died in Nova Scotia from all causes.
- 5. In 2019, there were 455 males and 441 females who died from diseases of the respiratory system which totals 896 deaths.
- 6. Zero were from COVID-19.
- 7. In 2020, 9,964 people died in Nova Scotia from all causes.
- 8. In 2020, there were 433 males and 394 females who died from diseases of the respiratory system which totals 827 deaths.
- a) The data shows that 66 died of COVID-19 but this number did not increase the overall deaths from respiratory illnesses.
- b) COVID-19 totalled 66 deaths out of the 9,964 total deaths in the province.
- c) The increase of 192 overall deaths between years 2019 and 2020 are not due to deaths from diseases of the respiratory system.
- d) In the pandemic year, 2020, deaths from Diseases of the Respiratory System decreased by 69 deaths.
- e) This record contributes to the conclusion that there was no evidence of a serious pandemic involving the respiratory system in 2020.

March 30, 2022

Shelly D Hipson RR3 Shelburne, BOT 1W0

Dear Shelly D Hipson:

Re: You are entitled to the information you requested - 2022-00455-SNSIS

Service Nova Scotia and Internal Services received your application for access to information under the *Freedom of Information and Protection of Privacy Act* on March 15, 2022.

In your application, you requested a copy of the following records:

Records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022.

Records that show a breakdown with totals of cause of deaths for 2019, 2020 and 2021. (For example a breakdown of how many died of cancer, heart disease, suicide, drug overdose, kidney failure etc. for the above years) (Date Range for Record Search: From 12/31/2019 To 3/11/2022)

Responsive records have been located and are attached. Please note that the figures for the years 2021 and 2022 should be considered provisional as the information is not yet complete.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at https://openinformation.novascotia.ca/. The letter will not include your name, address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Micah Pirk O'Connell at 902-424-4879 or by e-mail at Micah.PirkOConnell@novascotia.ca, if you need further assistance regarding this application.

Yours truly,

Joanne Munro Deputy Minister

Attach.

Number of deaths per month, Nova Scotia

	2019	2020	2021	2022
January	920	888	862	873
February	804	821	812	230*
March	936	888	850	
April	807	865	759	
May	783	847	874	
June	774	716	790	
July	767	805	776	
August	791	757	816	
September	701	802	837	
October	807	813	881	
November	818	883	907	
December	864	879	908	
Total	9772	9964	10072	1103

* Not all deaths for Feburary and March 2022 have been registered

DEATHS BY CAUSE FOR NOVA SCOTIA EVENTS OCURRING Between 1-Jan-19 and 31-Dec-19

Intestinal infections due to other specified organisms

М	4	
F	13	
Gastro	enteritis and colitis o	of unspecified origin
М	0	
F	11	
Respir	atory tuberculosis	
М	1	
F	0	
Menin	coccal infection	
М	0	
F	1	
Septic	emia	
М	31	
F	30	
Other	zoonotic and bacteria	al diseases
М	4	
F	7	
Herpe	sviral (herpes simple	x) infections
М	0	
F	1	
Viral h	epatitis	
М	4	
F	1	
Unspe	cified human immun	odeficiency virus (HIV) disease
М	1	
F	0	
All oth	er and unspecified vi	iral diseases
М	1	
F	5	
Mycos	es	
М	0	
F	1	
All oth	er and unspecified in	fectious and parasitic diseases and their sequelae
М	2	
F	2	

462

I. Cert	ain infectious and par	asitic diseases TOTAL
М	49	
F	72	
Maligr	nant neoplasms Of ton	gue
M	5 6	
F Maligr	o nant neoplasms of pha	rynx
Μ	14	
F	3	
_	-	r and unspecified sites within the lip, oral cavity and pharynx
М	12	
F	7	
-	nant neoplasms of eso	phagus
М	70	
F	16	
-	nant neoplasms of stor	nach
М	31	
F	28	
Maligr	nant neoplasms of sma	III intestine
M F	6 4	
-	nant neoplasms of colo	on
М	112	
F	90	
Maligr	nant neoplasms rectos	igmoid junction and rectum
Μ	62	
F	47	
Maligr	nant neoplasms of anu	s and anal canal
Μ	2	
F	4	
Maligr	nant neoplasms of live	r
М	48	
F	23	
Maligr	nant neoplasms intrah	epatic bile duct carcinoma
Μ	14	
F	24	
Maligr	nant neoplasms of gall	bladder and extrahepatic bile ducts
М	3	
F	4	
Maligr	nant neoplasms of pan	creas
Μ	74	

F	71
	lasms of other and ill-defined digestive organs
	24
M F	31 32
-	lasms of nasal cavity, middle ear and accessory sinuses
5 .	
M	0
F Malianant noon	1
Manghant neop	lasms of larynx
М	10
F	4
Malignant neop	lasms of trachea, bronchus and lung
М	384
F	323
Malignant neop	lasms of thymus, heart, mediastinum and pleura
Μ	1
F	2
-	lasms of bone and articular cartilage
M	4
F Malignant mela	0 noma of skin
Manynant meia	
М	29
F	14
Other malignan	t neoplasms of skin
м	7
F	7
Mesothelioma	
Μ	11
F	4
Malignant neop	lasms of other mesothelial and soft tissue
	_
M F	8 11
Malignant neop	
· · · · · · · · · · · · · · · · · · ·	
М	2
F	208
malignant neop	lasms of vulva and vagina
М	0
F	13
Malignant neop	lasms of cervix uteri
м	0
F	13
Malignant neop	lasms of corpus uteri and uterus, part unspecified

М	0			
F	35			
Malignant neoplasms of ovary				
М	0			
F	63			
Malignant neoplas	ms of other and unspecified female genital organs			
М	0			
F	3			
Malignant neoplas				
М	140			
F	0			
Malignant neoplasms of penis and other and unspecified male genital organs				
Μ	4			
F	0			
Malignant neoplas	ms of kidney and renal pelvis			
м	56			
F	21			
Malignant neoplas	sms of bladder			
М	52			
F	29			
Malignant neoplas	sms of other and unspecified sites within the urinary tract			
М	17			
F	8			
Malignant neoplas	sm of eye and adnexa			
Μ	1			
F	3			
Malignant neoplas	ems of brain			
М	51			
F	25			
Malignant neoplas	ms of other parts of central nervous system			
М	0			
F	1			
Malignant neoplas	sms of thyroid and other endocrine glands			
Μ	7			
F	7			
Other malignant neoplasms of other and unspecified sites				
М	81			
F	86			
Hodgkin's disease				
М	2			
F	0			
Non-Hodgkin's lyn	nphoma			

	50		
M F	50 39		
-		and unspecified lymphoid, hematopoietic and related tissue	
Mai	linghant neoplasms of other a	and unspecified lymphoid, nematopoletic and related tissue	
М	2		
F	1		
Mal	lignant immunoproliferative	e diseases	
Μ	4		
F	0		
Mu	Itiple myeloma and maligna	nt plasma cell neoplasms	
М	23		
F	14		
Lyn	mphoid leukemia		
-	•		
М	14		
F	10		
Mye	eloid leukemia		
	10		
M F	18 24		
-	nocytic leukemia		
1.101			
М	3		
F	0		
Oth	her and unspecified leukemi	a	
	<i>c</i>		
M F	6 5		
-	ہ lignant neoplasms SUB-TOT		
mai	ingnant neoplasins 50B-101		
М	1,467		
F	1,333		
Ben	nign neoplasms of eye, braiı	n and other parts of central nervous system	
Μ	1		
F	5		
Benign neoplasms of other and unspecified sites			
М	1		
F	2		
Benign neoplasms SUB-TOTAL			
М	2		
F	7		
Neoplasms of uncertain or unknown behavior of specified sites			
М	25		
F	23		
-		nown behavior of unspecified sites	
· ·			
М	0		
F	2		

II. Neoplasms TOTAL

Μ	1,494			
F	1,365			
Nutritional ane	mias			
N4				
M F	0 1			
Hemolytic anen				
nemorytic anen	1103			
Μ	4			
F	0			
Aplastic anemia	35			
Μ	2			
F	1			
Acute posthem	orrhagic and other anemias			
М	4			
F	9			
	fects, purpura and other hemorrhagic conditions			
cougaiation ac				
Μ	3			
F	1			
Other diseases	of blood and blood-forming organs			
M	3			
F	0			
Certain disorde	rs involving the immune mechanism			
М	2			
F	1			
	the blood + blood-forming organs + certain disorders involving the immune mechanism TOTAL			
Μ	18			
F	13			
Disorders of the	yroid gland			
M	0 6			
F Diabetes mellit				
Diabetes menit	us			
Μ	164			
F	152			
Disorders of ad	renal glands			
Μ	1			
F	0			
Other endocrine diseases				
М	2			
F	0			
	ecified malnutrition			
М	0			

F	3		
Obesity and ot	her hyperalimentation		
М	10		
F	11		
Cystic fibrosis			
М	1		
F	4		
Volume depletion, disorders of fluid, electrolyte and acid-based balance			
М	6		
F	11		
Other metabolic disorders			
М	29		
F	25		
IV. Endocrine,	nutritional and metabolic diseases TOTAL		
М	213		
F	212		
Organic deme	ntia		
М	325		
F	573		
Other and unspecified organic mental disorders			
М	7		
F	8		
Mental and behavioral disorders due to use of alcohol			
М	27		
F	7		
Mental and be	havioral disorders due to other psychoactive substance use		
М	1		
F	0		
Schizophrenia,	, schizotypal and delusional disorders		
М	2		
F	0		
Mood (affectiv	e) disorders		
М	3		
F	7		
Other and unspecified mental and behavioral disorders			
М	1		
F	1		
V. Mental and behavioral disorders TOTAL			
М	366		
F	596		
Meningitis			

M F	0 1
-	[⊥] ry diseases of central nervous system
	· · · · · · · · · · · · · · · · · · ·
Μ	1
F Parkinson's diseas	2
Pai Killsoli S ulseas	
М	70
F	33
Alzheimer's diseas	Se and the second s
М	63
	143
Multiple sclerosis	
М	7
F	10
Epilepsy	
М	1
F	1
Transient cerebra	ischemic attacks and related syndromes
NA	2
M F	2
Infantile cerebral	-
M F	3 5
-	् of nervous system
M	79
F	58
VI. Diseases of the	e nervous system TOTAL
М	226
	254
VII. Diseases of the	e eye and adnexa TOTAL
М	0
F	1
Rheumatic mitral	valve diseases
М	5
F	5
Rheumatic aortic	valve diseases
М	0
F	1
Disorders of both	mitral and aortic valves
м	1
M F	1 2
-	umatic heart diseases

М 6 F 3 Essential (primary) hypertension М 12 25 F Hypertensive heart disease М 25 F 52 Hypertensive renal disease Μ 9 F 16 Hypertensive heart and renal disease М 4 F 6 Acute myocardial infarction Μ 221 F 163 Other acute ischemic heart diseases М 13 F 14 Atherosclerotic cardiovascular disease, so described 74 Μ F 25 All other forms of chronic ischemic heart disease М 356 F 211 **Pulmonary embolism** Μ 11 F 10 Other pulmonary heart disease and diseases of pulmonary circulation 6 М F 15 Acute and subacute endocarditis М 3 F 4 Diseases of pericardium and acute myocarditis М 1 F 0 Nonrheumatic mitral valve disorders М 3 5 F

Nonrheumatic ao	rtic valve disorders
М	48
F	35
All other diseases	of endocardium
М	6
F	7
Cardiomyopathy	
М	27
F	17
Conduction disor	ders and cardiac dysrhythmias
М	69
F	102
Congestive heart	failure
М	64
F	71
Other and unspec	cified heart failure
М	22
F	16
Myocarditis, unsp	ecified and myocardial degeneration
M	0
F	1
All other and ill-d	efined forms of heart disease
Μ	9
F	6
Subarachnoid hei	morrhage
М	6
F	11
Intracerebral and	l other intracranial hemorrhage
М	49
F	51
Cerebral infarctio	n
М	14
F	38
Stroke, not specif	fied as hemorrhage or infarction
М	102
F	165
Other cerebrovas	cular diseases and their sequelae
М	28
F	38
Atherosclerosis	

М

F	6	
Aortic aneury	/sm and dis	section
М	48	
F	27	
Other disease	es of arterie	es, arterioles and capillaries
Μ	24	
F Phlohitic thr	20 omhonhlohi	itic vanaus ambalism and thromhosis
Phiedrus, uno	ombophieb	itis, venous embolism and thrombosis
М	8	
F	4	
All other and	unspecified	l disorders of circulatory system
М	0	
F	3	
IX. Diseases	of the circu	latory system TOTAL
М	1,278	
F	1,175	
Acute pharyn	gitis and to	onsillitis
М	1	
F	0	
Influenza		
Μ	14	
F	28	
Viral pneumo	nia, not els	ewhere classified
Μ	1	
F	1	
Bacterial pne	umonia	
Μ	2	
F	2	
Pneumonia d	ue to other	or unspecified organisms
Μ	65	
F	83	
Unspecified a	icute lower	respiratory infection
М	1	
F	1	
Other disease	es of upper	respiratory tract
М	1	
F	0	
Bronchitis, no	ot specified	as acute or chronic
М	1	
F	0	
Chronic bron	chitis	

M	0	
F 	1	
Emphysema		
М	17	
F	6	
Other chronic	obstructiv	e pulmonary disease
М	251	
F	245	
Asthma		
М	1	
F	6	
Bronchiectasi	s	
М	2	
F	1	
Pneumoconio	ses and ch	emical effects
М	3	
F	0	
Pneumonitis	due to food	and vomit
М	26	
F	12	
Suppurative a	and necroti	c conditions of lower respiratory tract
М	3	
F	2	
Pleural effusi	on and pla	que
	_	
M	2	
F	2	
All other disea	ases of res	piratory system
М	64	
F	50	
X. Diseases of	f the respir	atory system TOTAL
M F	455 441	
-		iapical tissues
Diseases of p	uip and per	
М	1	
F	0	
Diseases of e	sophagus	
	-	
M F	6 10	
F Gastric ulcer	10	
Sastin ulter		
М	2	
F	3	
Duodenal ulco	er	

М	10	
F	3	
Peptic ulcer, s	site unspecifi	ed
М	1	
F	5	
Gastritis and	duodenitis	
	•	
M F	0 2	
•	_	ses of stomach and duodenum
	-	
M	2	
F Discussos of a	2 mandix	
Diseases of a	ppenaix	
Μ	1	
F	2	
Hernia		
М	9	
F	8	
Crohn's diseas	se and ulcera	tive colitis
М	2	
F	1	
Vascular diso	rders and obs	struction of intestine without hernia
М	32	
F	43	
Diverticular d	isease of inte	estine
М	10	
F	15	
Other disease	s of intestine	es and peritoneum.
М	15	
F	4	
Diseases of pe	eritoneum	
М	4	
F	0	
Alcoholic live	r disease	
м	25	
M F	35 16	
Fibrosis and c		lor.
Μ	35	
F	22	
Other disease	s of liver	
М	17	
F	17	

Cholelithiasis and other disorders of gallbladder

М	15	
F	13	
Acute Pancreat	titis	
M	8	
F	9	
Other diseases	s of the pancro	eas
Μ	4	
F	4	
		ict and pancreas
	<i>o</i> or <i>ba</i> , <i>y</i> are	
М	3	
F	4	
All other diseas	ses of digestiv	ve system
М	21	
F	28	
XI. Diseases of	f the digestive	e system TOTAL
	0	•
Μ	233	
F	212	
Infections of sl	kin and subcu	taneous tissue
М	8	
F	7	
Other and unsp	pecified disea	ses of skin and subcutaneous tissue
М	2	
F	2	
-	-	l subcutaneous tissue TOTAL
М	10	
F	10	
Rheumatoid ar	thritis and re	lated inflammatory polyarthropathies
М	3	
F	6	
Systemic lupus	s erythematos	sus
М	1	
F	0	
Other arthropa	•	ated disorders
М	8	
F	15	
Dorsopathies		
М	1	
F	2	
Soft tissue disc	orders	
М	3	

F	3	
Osteoporo	osis	
М	0	
F	4	
Other oste	eopathies, chondropat	hies and disorders of musculoskeletal system + connective tissue
М	4	
F	4	
XIII. Dise	ases of the musculosk	eletal system and connective tissue TOTAL
М	20	
F	34	
Nephrotic	syndrome	
М	0	
F	1	
Renal tub	ulo-interstitial disease	25
М	7	
F	9	
Renal failu	ıre	
М	50	
F	63	
Urolithiasi	is	
М	2	
F	1	
Urinary tra	act infection, site not	specified
М	27	
F	31	
Other dise	ases of urinary system	n
М	2	
F	3	
Hyperplas	ia of prostate	
М	5	
F	0	
Other dise	ases of male genital o	organs
М	2	
F	0	
Noninflam	matory disorders of f	emale genital tract
М	0	
F	3	
XIV. Disea	ses of the genitourina	ary system TOTAL
	95	
М	55	

М		
	0	
F	1	
Indirect ob	ostetric deaths	
М	0	
F	2	
XV. Pregna	ancy, childbirth and the puerperium TOTAL	
М	0	
F	3	
-	affected by maternal factors and by complications of pregnancy, labor α	and delivery
М	4	
F	1	
-	related to short gestation and low birth weight, not elsewhere classifie	ed
M	1	
F Birth traver	0	
Birth traum	na	
М	0	
F	1	
Intrauterin	ne hypoxia and birth asphyxia	
М	1	
F	0	
Other respi	iratory conditions originating in the perinatal period	
М	1	
F	1	
Infections	specific to the perinatal period	
М	3	
	•	
F	0	
	0 unspecified conditions originating in the perinatal period	
Other and u	unspecified conditions originating in the perinatal period	
Other and o	unspecified conditions originating in the perinatal period	
Other and o M F	unspecified conditions originating in the perinatal period	
Other and o M F XVI. Certai	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL	
Other and o M F XVI. Certai	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13	
Other and o M F XVI. Certai M F	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9	
Other and o M F XVI. Certai M F Spina bifida	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9	
Other and o M F XVI. Certai M F Spina bifida	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0	
Other and o M F XVI. Certai M F Spina bifida M F	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9	
Other and o M F XVI. Certai M F Spina bifida M F All other co	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0 1 ongenital malformations of nervous system	
Other and o M F XVI. Certai M F Spina bifida M F All other co	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0 1 ongenital malformations of nervous system 2	
Other and o M F XVI. Certai M F Spina bifida M F All other co M F	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0 1 ongenital malformations of nervous system	
Other and o M F XVI. Certai M F Spina bifida M F All other co M F Congenital	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
Other and o M F XVI. Certai M F Spina bifida M F All other co M F	unspecified conditions originating in the perinatal period 3 6 in conditions originating in the perinatal period TOTAL 13 9 la 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	

M	0	
F	1 I malformations of	respiratory system
Congenita		
М	0	
F	1	
Other cong	genital malformatio	ons and deformations
М	4	
F	11	
Down's syı	ndrome	
М	2	
F	3	
		malities, not elsewhere classified
М	3	
F	3	
XVII. Cong	jenital malformatio	ons, deformations and chromosomal abnormalities TOTAL
М	17	
F	26	
Senility		
М	3	
F	8	
Other ill-de	efined and unknow	n causes of mortality
М	38	
F	40	
All other sy	ymptoms,signs + a	bnormal clinical + laboratory findings, not elsewhere classified
М	3	
F	13	
		abnormal clinical and laboratory findings, not elsewhere classified TOTAL
М	44	
F	61	
		on with motor vehicle
М	0	
F	1	
-	_	sion with motor vehicle
М	0	
F	1	
	-	accident except collision with railway train
	_	
M	7 0	
F	-	velved in collision with other (non-materized) and deschield
	-	volved in collision with other (non-motorized) road vehicle,
	-	volved in collision with other (non-motorized) road vehicle,

Μ 6 F 3 Occupant of motor vehicle involved in non-collision accident М 6 F 2 Occupant of special-use motor vehicle involved in any accident 8 Μ F 1 Other and unspecified motor vehicle accidents 15 Μ F 15 Other and unspecified land transport accidents М 4 F 0 Water transport accidents 3 М F 0 Other and unspecified transport accidents and their sequelae Μ 5 F 1 Fall on same level Μ 81 F 108 Fall from one level to another Μ 3 F 5 **Unspecified fall** Μ 31 F 48 Accidental discharge of firearms М 1 F 0 Accidental drowning and submersion 7 М 2 F Accidental inhalation + ingestion of objects causing obstruction of respiratory tract М 1 F 4 Other accidental and unspecified threats to breathing

Occupant of car, pickup truck or van involved in collision with other motor vehicle

M 0

F	1
-	osure to electric current
М	1
F	0
Accidental exp	osure to smoke, fire and flames
М	4
F	6
Accidental con	tact with heat and hot substances.
М	0
F	1
Accidental pois	soning by and exposure to drugs and other biological substances
М	37
F	14
Accidental pois	soning by and exposure to other and unspecified solid or liquid substances
-	
М	1
F	2
All other and u	nspecified accidents and their sequelae
М	26
F	20
Intentional sel	f-poisoning (suicide) by and exposure to drugs + other biological substance
М	9
F	11
Intentional sel	f-poisoning (suicide) by and exposure to other gases and vapors
М	5
F	0
Intentional sel	f-harm (suicide) by hanging, strangulation and suffocation
M	50
F	
Intentional ser	f-harm (suicide) by discharge of firearms
М	25
F	2
Intentional sel	f-harm (suicide) by jumping from a high place
N4	C C C C C C C C C C C C C C C C C C C
M F	6 0
-	f-harm (suicide) by all other and unspecified means and their sequelae
Intentional Sel	
М	5
F	0
Assault (homic	ide) by hanging, strangulation and suffocation
М	1
F	1 0
	ide) by discharge of firearms

Assault (homicide) by discharge of firearms

М	3	
F	0	
Assault (h	nomicide) by sharp	object
М	1	
F	0	
Assault (h	omicide) by all oth	ner and unspecified means and their sequelae
м	1	
F	1	
Poisoning	by and exposure	to drugs and biological substances, undetermined intent
М	1	
F	2	
All other a	and unspecified ev	ents of undetermined intent and their sequelae
М	1	
F	1	
Drugs + b	oiological substanc	es causing adverse effects in therapeutic use, + their sequelae
М	1	
F	1	
Misadven	tures to patients d	uring medical and surgical care and their sequelae
м	1	
F	0	
Other con	nplications of medi	ical and surgical care and their sequelae
М	2	
F	3	
XX. Exter	nal causes of mort	ality TOTAL
м	363	
F	268	
XXI. Unkr	nown Underlying C	ause TOTAL
М	5	
F	10	
TOTALS		
М	4,899	
F	4,873	

DEATHS BY CAUSE FOR NOVA SCOTIA EVENTS OCURRING Between 1-Jan-20 and 31-Dec-20

Intestinal infections due to other specified organisms

М	8
F	12
Gastroenteritis a	nd colitis of unspecified origin
М	5
F	10
Septicemia	
М	17
F	28
Other zoonotic a	nd bacterial diseases
М	8
F	5
Herpesviral (her	pes simplex) infections
М	1
F	0
Zoster (herpes zo	oster)
М	1
F	2
Viral hepatitis	
М	4
F	2
Human immunod	leficiency virus (HIV) disease resulting in infectious and parasitic diseases
М	1
F	0
Human immunod	leficiency virus (HIV) disease resulting in malignant neoplasms
М	0
F	1
All other and uns	specified viral diseases
М	2
F	3
Mycoses	
М	1
F	0
All other and uns	specified infectious and parasitic diseases and their sequelae
М	1
F	0

I. Certain	infectious and pa	rasitic diseases TOTAL
М	50	
F	65	
Malignant	neoplasms Of tor	ıgue
М	8	
F	2	
Malignant	neoplasms of pha	arynx
М	14	
F	5	
Malignant	neoplasm of othe	er and unspecified sites within the lip, oral cavity and pharynx
М	11	
F	4	
Malignant	neoplasms of eso	ophagus
М	71	
F	20	
Malignant	neoplasms of sto	mach
М	32	
F	16	
Malignant	neoplasms of sm	all intestine
М	3	
F	1	
Malignant	neoplasms of col	on
М	88	
F	85	
Malignant	neoplasms rectos	sigmoid junction and rectum
М	61	
F	41	
Malignant	neoplasms of ani	us and anal canal
М	2	
F	4	
Malignant	neoplasms of live	er
М	28	
F	12	
Malignant	neoplasms intrah	nepatic bile duct carcinoma
М	17	
F	22	
Malignant	neoplasms of gal	llbladder and extrahepatic bile ducts
М	8	
F	7	
Malignant	neoplasms of par	ncreas
М	100	

F	86
	ەە eoplasms of other and ill-defined digestive organs
Thanghaire in	
М	23
F	25
Malignant n	eoplasms of nasal cavity, middle ear and accessory sinuses
М	1
F	0
Malignant n	eoplasms of larynx
Μ	15
F	1
-	eoplasms of trachea, bronchus and lung
M	402
F	364
Malignant n	eoplasms of thymus, heart, mediastinum and pleura
М	1
F	1
Malignant n	eoplasms of bone and articular cartilage
М	4
F	5
Malignant n	elanoma of skin
	22
M F	23 18
	nant neoplasms of skin
М	16
F	6
Mesothelior	1a
М	5
F	1
Kaposi's sar	coma
M F	1 0
-	eoplasms of other mesothelial and soft tissue
М	18
F	6
Malignant n	eoplasm of breast
М	4
F	166
Malignant n	eoplasms of vulva and vagina
М	0
F	16
Malignant n	eoplasms of cervix uteri
2	-

M	0
F	15
Malignant neop	lasms of corpus uteri and uterus, part unspecified
M	0
F	43
Malignant neop	lasms of ovary
м	0
M F	0 56
•	
Malignant neop	lasms of other and unspecified female genital organs
Μ	0
F	1
•	
Mangnant neop	lasms of prostate
Μ	162
F	0
Malignant neop	-
Planghant heop	
М	1
F	- 0
Malignant neon	lasms of penis and other and unspecified male genital organs
· · · · · · · · · · · · · · · · · · ·	
М	3
F	0
Malignant neop	lasms of kidney and renal pelvis
5	
М	43
F	23
Malignant neop	lasms of bladder
Μ	55
F	18
Malignant neop	lasms of other and unspecified sites within the urinary tract
М	19
F	9
Malignant neop	lasm of eye and adnexa
Μ	0
F	1
Malignant neop	lasms of brain
М	41
F	28
Malignant neop	lasms of other parts of central nervous system
M	1
F	0
Malignant neop	lasms of thyroid and other endocrine glands
м	¢.
M F	6 8
•	-
other malignan	t neoplasms of other and unspecified sites

М	93	
F	83	
Hodgki	n's disease	
М	5	
F	1	
Non-Ho	odgkin's lymphoma	
М	53	
F	53	
Maligna	ant neoplasms of other	and unspecified lymphoid, hematopoietic and related tissue
М	4	
F	0	
-	ant immunoproliferative	disaasas
Planging		, uiscuscs
М	2	
F	1	
-		nt plasma cell neoplasms
Multiple	e myeloma anu mangha	nic plasma cen neoplasms
М	33	
F	14	
Lympno	oid leukemia	
М	13	
F	5	
Myeloid	l leukemia	
М	35	
F	16	
Monocy	/tic leukemia	
-		
М	1	
F	0	
Other a	and unspecified leukemi	a
54	A	
M F	4	
-	4	
Maligna	ant neoplasms SUB-TOT	AL
М	1,522	
F	1,293	
Benign	neoplasms of eye, brain	n and other parts of central nervous system
М	2	
F	2	
Benign	neoplasms of other and	l unspecified sites
М	2	
M F	4	
-		
Benign	neoplasms SUB-TOTAL	
М	4	
F	6	
	0	

Neoplasms of uncertain or unknown behavior of specified sites

•		•
М	27	
F	34	
Neoplasm	of uncertain or unk	nown behavior of unspecified sites
М	0	
F	1	
II. Neopla	asms TOTAL	
М	1,553	
F	1,334	
Nutritiona	al anemias	
М	1	
F	2	
Hemolytic	c anemias	
М	0	
F	1	
Acute pos	themorrhagic and o	ther anemias
М	5	
F	13	
Coagulati	on defects, purpura	and other hemorrhagic conditions
М	3	
F	2	
Other dis	eases of blood and b	lood-forming organs
М	0	
F	1	
Certain di	sorders involving th	e immune mechanism
М	3	
F	3	
III. Disea	ses of the blood + b	lood-forming organs + certain disorders involving the immune mechanism TOTAL
М	12	
F	22	
Disorders	of thyroid gland	
М	2	
F	4	
Diabetes	mellitus	
М	191	
F	170	
Disorders	of adrenal glands	
М	0	
F	2	
Other end	locrine diseases	
М	1	
	÷	

F	2	
Other a	and unspecified malnut	rition
М	1	
F	3	
Obesity	y and other hyperalime	ntation
М	9	
F	19	
Cystic	fibrosis	
М	2	
F	1	
Volume	e depletion, disorders o	f fluid, electrolyte and acid-based balance
М	2	
F	7	
Other I	metabolic disorders	
М	28	
F	24	
IV. End	locrine, nutritional and	metabolic diseases TOTAL
М	236	
F	232	
Organi	c dementia	
М	304	
F	531	
Other a	and unspecified organic	: mental disorders
М	3	
F	6	
Mental	and behavioral disorde	ers due to use of alcohol
М	29	
F	7	
Mental	and behavioral disorde	ers due to other psychoactive substance use
М	2	
F	2	
Schizo	phrenia, schizotypal an	d delusional disorders
М	6	
F	1	
Mood (affective) disorders	
М	2	
F	3	
Neurot	ic, stress-related and s	omatoform disorders
М	0	
F	1	
Mental	retardation	

M 0 F 1	
V. Mental and behavi	
Thental and benati	
M 346	i
F 552	
Meningitis	
м о	
F 1	
Other inflammatory of	diseases of central nervous system
М 3	
F 1	
Parkinson's disease	
M 66	
F 28	
Alzheimer's disease	
M 88	
F 179	
Multiple sclerosis	
M 10	
F 20	1
Epilepsy	
M 4	
F 3	
Infantile cerebral pal	sy
M 3 F 5	
⊂ J All other diseases of	
M 85	
F 57	
VI. Diseases of the ne	ervous system TOTAL
M 259	
F 294	
VII. Diseases of the e	eye and adnexa TOTAL
м о	1
F 1	
VIII. Diseases of the	ear and mastoid process TOTAL
м о	1
F 2	
Acute rheumatic feve	er
M 1	
F 0	
Phoumatic mitral val	

Rheumatic mitral valve diseases

M	1	
F	5	
Disor	ders of both mitra	al and aortic valves
М	1	
F	- 1	
Other	chronic rheumat	tic heart diseases
М	2	
F	5	
Essen	tial (primary) hy	pertension
М	15	
F	27	
-	rtensive heart dis	ease
М	69	
F	52	
Нуре	rtensive renal dis	ease
M	10	
M F	10 15	
-	rtensive heart an	d ronal disease
пурс		
М	4	
F	14	
Acute	myocardial infar	rction
М	218	
F	152	
-	acute ischemic h	neart diseases
• • • • •		
М	17	
F	12	
Ather	osclerotic cardio	vascular disease, so described
М	50	
F	50 15	
-		nic ischemic heart disease
7		
М	411	
F	212	
Pulmo	onary embolism	
М	11	
F	12	
Other	pulmonary hear	t disease and diseases of pulmonary circulation
	-	
М	12	
F	20	
Acute	and subacute en	docarditis
М	4	
F	4	
•	-	

м	0
M F	0 2
-	ے tral valve disorders
Nonneumatic ini	
М	6
F	5
Nonrheumatic ao	rtic valve disorders
М	38
F	37
All other diseases	•••
	_
M	6
⊢ Cardiomyopathy	2
Cardiomyopathy	
Μ	32
F	16
Conduction disord	lers and cardiac dysrhythmias
Μ	57
F	87
Congestive heart	failure
М	54
F	66
Other and unspec	ified heart failure
м	8
F	7
Myocarditis, unsp	ecified and myocardial degeneration
М	2
F	2
All other and ill-d	efined forms of heart disease
М	5
F	15
Subarachnoid her	
М	9
F	22
Intracerebral and	other intracranial hemorrhage
М	59
F	53
Cerebral infarctio	n
М	22
F	22
•	

Diseases of pericardium and acute myocarditis

Stroke, not specified as hemorrhage or infarction

M 122

F	171	
		ses and their sequelae
М	15	
F	26	
Atherosclerosi	S	
М	2	
F	6	
Aortic aneurys	m and dissec	tion
Μ	36	
F	28	
Other diseases	of arteries, a	rterioles and capillaries
М	29	
F	25	
Phlebitis, thro	mbophlebitis,	venous embolism and thrombosis
Μ	7	
F	16	
All other and u	inspecified dis	sorders of circulatory system
Μ	2	
F	1	
IX. Diseases of	f the circulato	ory system TOTAL
Μ	1,337	
F	1,154	
Influenza		
М	5	
F	6	
Bacterial pneu	monia	
М	1	
F	1	
Pneumonia du	e to other or	unspecified organisms
Μ	54	
F	46	
Acute bronchit	is and bronch	liolitis
Μ	1	
F	0	
Unspecified ac	ute lower res	piratory infection
Μ	0	
F	1	
Other diseases	of upper res	piratory tract
Μ	3	
F	1	
Emphysema		

М	14
F	7
Other chronic obs	tructive pulmonary disease
М	231
F	216
Asthma	
Μ	4
F	10
Bronchiectasis	
Μ	1
F	4
Pheumoconioses	and chemical effects
Μ	8
F	0
Pheumonitis due	to food and vomit
Μ	14
F	15
Suppurative and	necrotic conditions of lower respiratory tract
Μ	1
F Bloural offusion a	1 nd plaque
Pleural effusion a	nu piaque
Μ	3
F Covid-19	2
Covid-19	
Μ	27
F	39
All other diseases	of respiratory system
Μ	64
F X Discourse of the	
A. Diseases of the	e respiratory system TOTAL
Μ	433
F	394
Diseases of pulp a	and periapical tissues
Μ	0
F	1
Diseases of saliva	ry giands
Μ	1
F Discovery of events	0
Diseases of esoph	lagus
М	7
F Contribution	12
Gastric ulcer	

M	3
F	2
Duodenal ulcer	
М	7
F	4
Peptic ulcer, site	unspecified
•	-
Μ	1
F	6
Dyspepsia and ot	her diseases of stomach and duodenum
М	0
F	1
Diseases of apper	
Μ	1
F	0
Hernia	
M F	6 12
-	nd ulcerative colitis
cionin's disease a	
Μ	3
F	8
Vascular disorder	s and obstruction of intestine without hernia
М	35
F	32
biverticular disea	
М	13
F	8
Other diseases of	intestines and peritoneum.
М	6
F	14
Diseases of perito	
Μ	3
F	4
Alcoholic liver dis	ease
М	52
F	25
Fibrosis and cirrh	osis of liver
M	31
F	23
Other diseases of	liver
М	33
F	16

Cholelithiasis and other disorders of gallbladder

Μ	12
F	11
Acute Pancreatitis	
М	0
M F	8 10
Other diseases of t	
	F
М	2
F	2
Other disorders of	biliary tract and pancreas
М	6
F	3
-	of digestive system
Μ	20
F	21
XI. Diseases of the	e digestive system TOTAL
M 2	250
	216
Infections of skin a	and subcutaneous tissue
М	7
F	7
Other and unspeci	fied diseases of skin and subcutaneous tissue
М	4
F	5
XII. Diseases of th	e skin and subcutaneous tissue TOTAL
Μ	11
F	12
Rheumatoid arthri	tis and related inflammatory polyarthropathies
М	5
F	6
Systemic lupus ery	
Μ	1
F	0
Other arthropathie	es and related disorders
М	10
F	17
Dorsopathies	
	-
M	2
⊦ Soft tissue disorde	-
Sort ussue disorde	i 3
Μ	4

F Osteoporo	1 Isis	
Oscopore	515	
М	1	
F	3	
Other oste	opathies, chondropathies and dis	sorders of musculoskeletal system + connective tissue
М	1	
F	8	
XIII. Dise	ases of the musculoskeletal syste	m and connective tissue TOTAL
М	24	
F	37	
Nephrotic	syndrome	
М	0	
F	1	
Other and	unspecified glomerular diseases	
М	2	
F	1	
Renal tub	ulo-interstitial diseases	
м	3	
F	1	
Renal fail	Ire	
М	48	
F	63	
Urolithias	S	
М	5	
F	5	
Other and	unspecified disorders of kidney	
м	1	
F	0	
Urinary tr	act infection, site not specified	
М	16	
F	47	
Other dise	ases of urinary system	
М	2	
F	2	
Hyperplas	ia of prostate	
М	8	
F	0	
Other dise	ases of male genital organs	
	4	
М		

f pregnancy, labor and delivery

F 3 XIV. Diseases of the genitourinary system TOTAL М 89 F 126 Newborn affected by maternal factors and by complications of pregnancy, labor and delivery Μ 3 F 3 Disorders related to short gestation and low birth weight, not elsewhere classified 2 Μ F 1 **Birth trauma** Μ 1 F 0 Intrauterine hypoxia and birth asphyxia Μ 0 F 1 Other respiratory conditions originating in the perinatal period М 0 F 1 Infections specific to the perinatal period Μ 1 F 0 Other and unspecified conditions originating in the perinatal period М 3 F 1 XVI. Certain conditions originating in the perinatal period TOTAL Μ 10 F 7 Spina bifida Μ 0 F 1 **Congenital malformations of heart** Μ 4 F 5 Other congenital malformations of circulatory system М 1 F 1 Other congenital malformations and deformations

Μ

F

Μ

0

3

0

Noninflammatory disorders of female genital tract

М	4	
F	1	
Down's sy	ndrome	
М	2	
F	4	
All other c	hromosomal abnor	malities, not elsewhere classified
М	1	
F	1	
		ns, deformations and chromosomal abnormalities TOTAL
_	-	
М	12	
F	13	
Senility		
М	1	
F	3	
-		n causes of mortality
М	116	
F	51	
All other s	ymptoms,signs + a	bnormal clinical + laboratory findings, not elsewhere classified
М	10	
F	10	
		bnormal clinical and laboratory findings, not elsewhere classified TOTAL
М	127	
F	66	
Pedestrian	involved in collisio	on with motor vehicle
Μ	1	
F	0	
Pedal cycli	st involved in collis	ion with motor vehicle
м	1	
F	0	
-	-	accident except collision with railway train
	-	
M	8	
F	0	
Other mot	or vehicle accident	involving collision with railway train
М	1	
F	0	
Occupant	of car, pickup truck	or van involved in collision with other motor vehicle
54	4	
M	4	
F	8	
Occupant	of motor vehicle inv	volved in non-collision accident
М	2	
F	1	
	-	

Occupant of special-use motor vehicle involved in any accident

М	5
F	1
Other and	l unspecified motor vehicle accidents
М	23
F	6
Other and	l unspecified land transport accidents
M	1
F	0
Water tra	insport accidents
М	1
F	0
-	unspecified transport accidents and their sequelae
other and	r unspecifica d'ansport acciacités ana their sequence
М	2
F	1
Fall on sa	me level
М	69
F	131
Fall from	one level to another
	_
M F	9 6
-	
Unspecifi	
М	43
F	52
Accidenta	Il drowning and submersion
М	3
F	
	1
Accidenta	1 Il inhalation + ingestion of objects causing obstruction of respiratory tract
	II inhalation + ingestion of objects causing obstruction of respiratory tract
М	Il inhalation + ingestion of objects causing obstruction of respiratory tract
M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7
M F	Il inhalation + ingestion of objects causing obstruction of respiratory tract
M F Other acc	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 Sidental and unspecified threats to breathing
M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 cidental and unspecified threats to breathing 0
M F Other acc M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 cidental and unspecified threats to breathing 0 1
M F Other acc M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 cidental and unspecified threats to breathing 0
M F Other acc M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 cidental and unspecified threats to breathing 0 1
M F Other acc M F Accidenta	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 cidental and unspecified threats to breathing 0 1 al exposure to smoke, fire and flames
M F Other acc M F Accidenta M F	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 5 7 5 7 5 7 5 7 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1
M F Other acc M F Accidenta F Accidenta	In a link lation + ingestion of objects causing obstruction of respiratory tract
M F Other acc M F Accidenta F Accidenta	sidental and unspecified threats to breathing 0 1 1 1 1 1 1 1 1 1 1 1 1 1
M F Other acc M F Accidenta M F Accidenta	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 5 7 5 7 5 6 6 6 7 6 6 1 6 6 6 7 6 7 6 7 6 7 6 7 7 6 7 6
M F Other acc M F Accidenta M F Accidenta	sidental and unspecified threats to breathing 0 1 1 1 1 1 1 1 1 1 1 1 1 1
M F Other acc M F Accidenta M F Accidenta	al inhalation + ingestion of objects causing obstruction of respiratory tract 5 7 5 7 5 7 5 6 6 6 7 6 6 1 6 6 6 7 6 7 6 7 6 7 6 7 7 6 7 6

F	0	
Accident	al poisoning by and	exposure to other gases and vapors
M F	1 0	
-	-	idents and their sequelae
All other	and anspectned dec	
М	34	
F	20	
Intention	nal self-poisoning (s	uicide) by and exposure to drugs + other biological substance
М	7	
F	6	
Intention	nal self-poisoning (s	uicide) by exposure to unspecified solid or liquid substance + vapors
м	0	
M F	0 1	
	_	e) by hanging, strangulation and suffocation
	-	
M	46	
F	9 Pal calf barm (quicid	e) by discharge of firearms
Intentior	nai sell-narm (suiciù	e) by discharge of firearms
М	16	
F	1	
Intention	nal self-harm (suicid	e) by jumping from a high place
М	2	
F	0	
Intention	nal self-harm (suicid	e) by all other and unspecified means and their sequelae
M F	16 3	
	homicide) by discha	rge of firearms
(
М	8	
F	9	
Assault (homicide) by sharp	bbject
М	3	
F	1	
Assault (homicide) by bodily	force
М	1	
F	0	
Assault (homicide) by all oth	er and unspecified means and their sequelae
_		
M	7	
F Poisonin	1 g by and exposure to	o drugs and biological substances, undetermined intent
. 51351111	g by and exposure to	, arage and provident substances, undetermined intent
М	0	
F	3	
Discharg	e of firearms, undet	ermined intent

М	1	
F	1 0	
•	•	where found a termine of interstand their converses
All other a	and unspecified ev	vents of undetermined intent and their sequelae
М	0	
F	1	
-	al intervention and	d their sequelae
other leg		
М	2	
F	0	
Other con	plications of med	ical and surgical care and their sequelae
	•	
М	7	
F	7	
XX. Exter	nal causes of mort	ality TOTAL
М	367	
F	288	
Unknown	Underlying Cause	1
М	11	
F	22	
XXI. Unkr	nown Underlying C	Cause TOTAL
М	11	
F	22	
TOTALS		
М	5,127	

1.1	5,127
F	4,837

DEATHS BY CAUSE FOR NOVA SCOTIA EVENTS OCURRING Between 1-Jan-21 and 31-Dec-21

Intestinal infections due to other specified organisms

	· · · · · · · · · · · · · · · · · · ·
М	2
F	0
Gastroenter	itis and colitis of unspecified origin
М	0
F	3
Septicemia	
М	6
F	13
Other zoono	tic and bacterial diseases
М	2
F	1
Viral hepatit	is
М	1
F	1
Human imm	unodeficiency virus (HIV) disease resulting in infectious and parasitic diseases
М	2
F	0
All other and	l unspecified viral diseases
М	1
F	0
Mycoses	
М	1
F	0
All other and	d unspecified infectious and parasitic diseases and their sequelae
М	0
F	1
I. Certain in	fectious and parasitic diseases TOTAL
М	15
F	19
Malignant n	eoplasms Of tongue
М	5
F	0
Malignant n	eoplasms of pharynx
М	3
F	3

Malignant neoplasm of other and unspecified sites within the lip, oral cavity and pharynx

М 6	
F 5	
Malignant neoplasms	of esophagus
M 30	
F 3	
Malignant neoplasms	of stomach
M 11	
F 11	
Malignant neoplasms	of small intestine
M 1	
F 3	
Malignant neoplasms	of colon
м эг	
M 25 F 26	
	vortesigned innotion and vortum
malignant neoplasms	rectosigmoid junction and rectum
M 22	
F 12	
Malignant neoplasms	of liver
i langhailt neophaoino	
M 14	
F 3	
M - I'	
Malignant neoplasms	intrahepatic bile duct carcinoma
Malignant neoplasms	intrahepatic bile duct carcinoma
M 10	intrahepatic bile duct carcinoma
	intrahepatic bile duct carcinoma
M 10 F 8	intrahepatic bile duct carcinoma of gallbladder and extrahepatic bile ducts
M 10 F 8	
M 10 F 8 Malignant neoplasms M 1	
M 10 F 8 Malignant neoplasms M 1 F 3	of gallbladder and extrahepatic bile ducts
M 10 F 8 Malignant neoplasms M 1	of gallbladder and extrahepatic bile ducts
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms	of gallbladder and extrahepatic bile ducts
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28	of gallbladder and extrahepatic bile ducts
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21	of gallbladder and extrahepatic bile ducts of pancreas
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21	of gallbladder and extrahepatic bile ducts
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms	of gallbladder and extrahepatic bile ducts of pancreas
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6	of gallbladder and extrahepatic bile ducts of pancreas
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6 F 9	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6 F 9	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6 F 9 Malignant neoplasms	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6 F 9 Malignant neoplasms M 6 F 9 Malignant neoplasms	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs
M 10 F 8 Malignant neoplasms M 1 F 3 Malignant neoplasms M 28 F 21 Malignant neoplasms M 6 F 9 Malignant neoplasms M 6 F 9 Malignant neoplasms	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs of larynx
M10F8Malignant neoplasmsM1F3Malignant neoplasmsM28F21Malignant neoplasmsM6F9Malignant neoplasmsM4F0Malignant neoplasmsM4F0Malignant neoplasmsM4F0Malignant neoplasmsM105	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs of larynx
M10F8Malignant neoplasmsM1F3Malignant neoplasmsM28F21Malignant neoplasmsM6F9Malignant neoplasmsM4F0Malignant neoplasmsM105F110	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs of larynx of trachea, bronchus and lung
M10F8Malignant neoplasmsM1F3Malignant neoplasmsM28F21Malignant neoplasmsM6F9Malignant neoplasmsM4F0Malignant neoplasmsM105F110	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs of larynx
M10F8Malignant neoplasmsM1F3Malignant neoplasmsM28F21Malignant neoplasmsM6F9Malignant neoplasmsM4F0Malignant neoplasmsM105F110	of gallbladder and extrahepatic bile ducts of pancreas of other and ill-defined digestive organs of larynx of trachea, bronchus and lung

F	2
	² ms of bone and articular cartilage
M _	1
F Malignant melanor	0 na of ckin
Hanghant melanor	
М	8
F	7
Other malignant ne	eoplasms of skin
М	5
F	0
Mesothelioma	
М	4
F	0
Malignant neoplas	ms of other mesothelial and soft tissue
М	5
F	1
Malignant neoplas	m of breast
М	2
F	50
Malignant neoplas	ms of vulva and vagina
M F	0 2
' Malignant neoplas	-
J	
M	0
F Malignant neoplas	7 ms of corpus uteri and uterus, part unspecified
Hanghant neoplas	ins of corpus aten and aterus, part unspecified
Μ	0
F	16
Malignant neoplas	ms of ovary
М	0
F	27
Malignant neoplas	ms of other and unspecified female genital organs
М	0
F	1
Malignant neoplas	ms of prostate
М	64
F	0
Malignant neoplas	ms of testis
М	1
F	0
Malignant neoplas	ms of kidney and renal pelvis

М	9	
F	5	
Malignant	neoplasms of bladder	r
м	19	
F	6	
Malignant	neoplasms of other a	nd unspecified sites within the urinary tract
м	5	
F	2	
Malignant	neoplasms of brain	
М	13	
F	12	
Malignant	neoplasms of thyroid	and other endocrine glands
М	1	
F	1	
Other mali	gnant neoplasms of c	other and unspecified sites
М	24	
F	27	
Hodgkin's	disease	
М	1	
F	0	
Non-Hodgl	kin's lymphoma	
м	12	
F	12	
Malignant	neoplasms of other a	nd unspecified lymphoid, hematopoietic and related tissue
М	0	
F	1	
Multiple m	yeloma and malignar	nt plasma cell neoplasms
м	10	
F	5	
Lymphoid	leukemia	
М	5	
F	0	
Myeloid le	ukemia	
м	10	
F	10	
Other and	unspecified leukemia	
м	1	
F	1	
Malignant	neoplasms SUB-TOTA	AL
М	471	
	471	

F

Benign neoplasms of eye, brain and other parts of central nervous system

1	
	unenecified sites
plasms of other and	
0	
1	
plasms SUB-TOTAL	
-	
of uncertain of unk	nown behavior of specified sites
14	
5	
of uncertain or unkn	own behavior of unspecified sites
0	
ms TOTAL	
196	
inclinus	
1	
0	
emias	
nemorrhagic and oth	ner anemias
3	
5	
n defects, purpura a	nd other hemorrhagic conditions
	-
1	
ises of blood and blo	ood-forming organs
0	
	immune mechanism
sidely involving the	
2	
1	
es of the blood + blo	ood-forming organs + certain disorders involving the immune mechanism TOTAL
8	
10	
	1 plasms SUB-TOTAL 1 1 of uncertain or unkn 14 5 of uncertain or unkn 0 1 sms TOTAL 486 420 anemias 1 0 emias 1 1 1 hemorrhagic and oth 3 5 n defects, purpura a 1 2 ases of blood and blo 0 1 emias 1 2 ases of the blood + blo

М	0
F	1
Diabetes mellitus	±
М	64
F	47
Other endocrine d	liseases
M	0
⊢ Other nutritional	-
М	1
F	0
Obesity and other	hyperalimentation
M	2
F Volume depletion	2 , disorders of fluid, electrolyte and acid-based balance
volume depiction	, disorders of fluid, electrolyte and acid-based balance
м	4
F	4
Other metabolic d	isorders
M	10
F TV Endocrino nut	8
IV. Endocrine, nui	ritional and metabolic diseases TOTAL
М	81
F	64
Organic dementia	
M	76
F Other and uneneg	157 Juiod excernic montal disorders
Other and unspec	ified organic mental disorders
М	3
F	2
Mental and behav	ioral disorders due to use of alcohol
M	9
F Montol and babay	2
Mental and behav	ioral disorders due to other psychoactive substance use
М	1
F	0
V. Mental and beh	avioral disorders TOTAL
M	89
	161 ny dicesses of central nervous system
	ry diseases of central nervous system
М	1
F	0
Parkinson's diseas	5e

М	32
F	9
Alzheimer's diseas	se
М	25
F	40
Multiple sclerosis	
М	5
F	2
Epilepsy	
М	1
F	0
Infantile cerebral	palsy
Μ	0
F	2
All other diseases	of nervous system
Μ	19
F	19
VI. Diseases of the	e nervous system TOTAL
M	83
F Rheumatic mitral	72 valvo diseases
	valve diseases
M	0
F Disorders of both	1 mitral and aortic valves
M	1
F Other chronic rhe	0 umatic heart diseases
M F	2
' Essential (primary	-
M F	11 8
Hypertensive hea	-
M F	15 14
Hypertensive rena	
M F	1 5
-	י rt and renal disease
M	3
F	1

Acute myocardial infarction

M	90
F	45
Other acute isc	hemic heart diseases
М	2
F	6
Atherosclerotic	cardiovascular disease, so described
M	17
F	7
All other forms	of chronic ischemic heart disease
М	120
F	61
Pulmonary emb	polism
M F	5
	s ry heart disease and diseases of pulmonary circulation
	ry near tuisease and diseases of pullionally circulation
М	5
F	7
Acute and suba	cute endocarditis
М	1
F	2
Diseases of per	icardium and acute myocarditis
М	2
F	0
Nonrheumatic	mitral valve disorders
М	1
F	2
Nonrheumatic a	aortic valve disorders
М	12
F	18
-	es of endocardium
M	3
F Cardiomyopath	2
Cardioniyopath	ÿ
М	7
F	5
Conduction dise	orders and cardiac dysrhythmias
М	23
F	17
Congestive hea	rt failure
Μ	20

F	21	
Other an	d unspecified he	art failure
М	4	
F	4	
All other	and ill-defined f	orms of heart disease
м	1	
F	2	
Subarach	nnoid hemorrhag	e
	^	
M F	4 3	
•		ntracranial hemorrhage
M	17	
F	18 infarction	
Cerebrai	marcuon	
М	9	
F	7	
Stroke, n	ot specified as h	emorrhage or infarction
М	32	
F	42	
Other ce	rebrovascular dis	eases and their sequelae
м	8	
F	7	
Atherosc	lerosis	
	4	
M F	4 2	
-	eurysm and diss	ection
M F	14	
	10 seases of arteries	, arterioles and capillaries
o the un		
М	9	
F	10	
Phlebitis	, thrombophlebit	is, venous embolism and thrombosis
М	3	
F	3	
IX. Disea	ses of the circula	atory system TOTAL
М	446	
F	334	
Pneumo	nia due to other o	or unspecified organisms
М	8	
F	17	
Unspecif	ied acute lower ı	espiratory infection

М 0	
F 1	
Other diseases of up	per respiratory tract
M 1	
F 0	
Bronchitis, not specif	ied as acute or chronic
M 0 F 1	
Emphysema	
M 1	
F 2	
Other chronic obstrue	ctive pulmonary disease
M 59	
F 51	
Asthma	
M 1 F 1	
Bronchiectasis	
M 0	
F 1	
Pneumoconioses and	chemical effects
M 3	
F 0	
Pneumonitis due to f	ood and vomit
M 8	
F 3	
Other lung diseases of	lue to external agents
M 0 F 1	
Covid-19	
Μ 0	
F 2	
All other diseases of	respiratory system
M 25	
F 13	
X. Diseases of the res	spiratory system TOTAL
M 106	
F 93	
Diseases of esophagu	IS
M 4	
F U Gastric ulcer	

Gastric ulcer

M	1	
F Duodenal ul	0	
Duodenai ur	cer	
м	6	
F	1	
Peptic ulcer,	site unspecified	
M	1	
F	0	
Gastritis and	l duodenitis	
М	2	
F	0	
Dyspepsia a	nd other diseases of stomach and	l duodenum
M	1	
F	0	
Diseases of a	appendix	
м	1	
F	0	
Hernia		
M	5	
F Crobalo dias	3 ase and ulcerative colitis	
Cronn's dise	ase and ulcerative contis	
Μ	1	
F	2	
Vascular dis	orders and obstruction of intestir	ne without hernia
M F	9 14	
-	disease of intestine	
Diverticular		
М	0	
F	2	
Other diseas	ses of intestines and peritoneum.	
M		
M F	1 2	
Diseases of		
М	1	
F	1	
Alcoholic live	er disease	
М	15	
M F	9	
-	cirrhosis of liver	
М	6	
F	8	
•		

Other diseases of liver

Μ	12
M :	12 2
•	- ther disorders of gallbladder
	_
M	5
Acute Pancreatitis	
M	2
F Other diseases of tl	2 ne pancreas
Μ	0
F Other disorders of l	1
Other disorders of i	piliary tract and pancreas
Μ	3
F	3
All other diseases o	f digestive system
М	5
F	7
XI. Diseases of the	digestive system TOTAL
M	31
	52
Infections of skin a	nd subcutaneous tissue
М	3
F	2
Other and unspecif	ied diseases of skin and subcutaneous tissue
Μ	3
F	2
XII. Diseases of the	e skin and subcutaneous tissue TOTAL
Μ	6
F	4
Rheumatoid arthrit	is and related inflammatory polyarthropathies
М	0
F	2
Other arthropathies	s and related disorders
М	4
F	4
Dorsopathies	
Μ	0
F	1
Osteoporosis	
М	0

F	1	
		es and disorders of musculoskeletal system + connective tissues
	opatilies, chonaropatilie	
М	2	
F	1	
XIII. Disea	ises of the musculoskele	etal system and connective tissue TOTAL
М	6	
F	9	
Nephrotic	syndrome	
М	0	
F	1	
-	unspecified glomerular	diseases
M	2	
F	1	
Renal tubu	Ilo-interstitial diseases	
М	2	
F	3	
Renal failu	re	
М	11	
F	20	
Urolithiasi		
М	1	
F	0	- e
Urinary tra	ict infection, site not spe	Scified
М	5	
F	6	
Other dise	ases of urinary system	
М	2	
F	0	
	a of prostate	
••••	-	
M	1	
F	0	
Other dise	ases of male genital org	ans
М	1	
F	0	
XIV. Disea	ses of the genitourinary	system TOTAL
М	25	
F	31	
		tors and by complications of pregnancy, labor and delivery
	2	
M F	0 2	
		originating in the perinatal period
other and	unspecifieu conditions c	

M F	1	
F		
	0	
XVI. Certa	in conditions orig	inating in the perinatal period TOTAL
М	1	
F	2	
Spina bifid	la	
М	0	
F	1	
-	-	nations of nervous system
M F	1 0	
	I malformations o	f heart
M	1	
F	0	
Other cong	genital malformat	ions of circulatory system
М	1	
F	0	
Other cong	genital malformat	ions and deformations
М	2	
F	3	
Down's sy	ndrome	
М	з	
M	3	
F	1	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong	1 genital malformat	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M	1 genital malformat 8	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M F	1 genital malformat	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M	1 genital malformat 8	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M F Senility M	1 genital malformat 8 5 2	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M F Senility M F	1 genital malformat 8 5 2 2 2	
F XVII. Cong M F Senility M F	1 genital malformat 8 5 2 2 2	ions, deformations and chromosomal abnormalities TOTAL
F XVII. Cong M F Senility M F	1 genital malformat 8 5 2 2 2	
F XVII. Cong M F Senility M F Other ill-d	1 genital malformat 8 5 2 2 efined and unkno	
F XVII. Cong Senility M F Other ill-d F	1 genital malformat 8 5 2 efined and unkno 12 12	
F XVII. Cong Senility M F Other ill-d F	1 genital malformat 8 5 2 efined and unkno 12 12	wn causes of mortality
F XVII. Cong Senility M F Other ill-d M F All other s	1 genital malformat 8 5 2 efined and unkno 12 12 ymptoms,signs +	wn causes of mortality
F XVII. Cong Senility M F Other ill-d M F All other s M F	1 genital malformat 8 5 2 2 efined and unkno 12 12 ymptoms,signs + 2 4	wn causes of mortality abnormal clinical + laboratory findings, not elsewhere classified
F XVII. Cong Senility M F Other ill-d M F All other s M F	1 genital malformat 8 5 2 2 efined and unkno 12 12 ymptoms,signs + 2 4	wn causes of mortality abnormal clinical + laboratory findings, not elsewhere classified
F XVII. Cong M F Senility M F Other ill-d M F All other s M F XVIII. Syn	1 genital malformat 8 5 2 2 efined and unkno 12 12 ymptoms,signs + 2 4 nptoms, signs and	wn causes of mortality abnormal clinical + laboratory findings, not elsewhere classified
F XVII. Cong M F Senility M F Other ill-d M F All other s M F XVIII. Syn M F	1 genital malformat 8 5 2 2 efined and unkno 12 12 ymptoms,signs + 2 4 nptoms, signs and 16 18	wn causes of mortality abnormal clinical + laboratory findings, not elsewhere classified
F XVII. Cong M F Senility M F Other ill-d M F All other s M F XVIII. Syn M F	1 genital malformat 8 5 2 2 efined and unkno 12 12 ymptoms,signs + 2 4 nptoms, signs and 16 18	wn causes of mortality abnormal clinical + laboratory findings, not elsewhere classified l abnormal clinical and laboratory findings, not elsewhere classified TOTAI

М	1
F	0
Occupant of spec	ial-use motor vehicle involved in any accident
М	3
F	0
-	cified motor vehicle accidents
· · · · · · · · · · · ·	
М	6
F	3
Water transport a	accidents
Μ	2
F	2
-	cified transport accidents and their sequelae
М	3
F	0
Fall on same leve	1
M	24
F Fall from one leve	37
rall from one leve	er to another
М	6
F	0
Unspecified fall	
М	12
F	13
Accidental drown	ing and submersion
M	2
F	1
Accidental innala	tion + ingestion of objects causing obstruction of respiratory tract
М	2
F	1
Accidental expos	ure to smoke, fire and flames
M	4
F Accidental neiser	1 ing by and exposure to drugs and other biological substances
Accidental poison	ing by and exposure to drugs and other biological substances
М	16
F	4
Accidental poison	ing by and exposure to other and unspecified solid or liquid substances
м	0
M F	0 2
-	2 pecified accidents and their sequelae
	ביוויני שנטשנווש שוע נוכון שבעשבומב
М	13
F	12

Intentional self-poisoning (suicide) by and exposure to drugs + other biological substance			
М	3		
F	7		
Intenti	onal self-poisoning (suicide) by and exposure to other gases and vapors	
М	0		
F	2		
Intenti	onal self-harm (suici	de) by hanging, strangulation and suffocation	
М	16		
F	4		
Intenti	onal self-harm (suici	de) by discharge of firearms	
М	6		
F	0		
Intenti	onal self-harm (suici	de) by jumping from a high place	
М	1		
F	1		
Intenti	onal self-harm (suici	de) by all other and unspecified means and their sequelae	
М	2		
F Assault	0 : (homicide) by hang i	ing, strangulation and suffocation	
M F	0 1		
	: (homicide) by disch	arge of firearms	
М	2		
F	3 0		
	(homicide) by sharp	object	
М	1		
F	0		
Assault	(homicide) by blunt	object	
М	1		
F	0		
Other c	complications of med	ical and surgical care and their sequelae	
М	1		
F	1		
XX. Ext	ernal causes of mort	ality TOTAL	
М	130		
F	90		
Unknov	wn Underlying Cause		
М	3,698		
F	3,398		
XXI. Ur	nknown Underlying C	ause TOTAL	
М	3,695		

F	3,396		
TOTALS			
М	5,285		
F	4,791		