Table 4: Crude provincial prevalence estimates for coronary heart disease algorithms, 2001/02 -2005/06

# Years		Algorithm	Prevalence Estimates (%)
1	1	1+P	3.4
	2	2+P	2.3
	3	1+H or 1+ P	3.6
	4	1+ H or 2+ P	2.5
	5	1+ H or 1+ P or 1+ Rx	21.4
	6	1+ H or 1+ P or 2+ Rx	20.4
	7	1+H or 2+P or (1 P and 2+Rx)	3.3
2	8	1+P	4.8
	9	2+P	3.5
	10	1+H or 1+ P	5.0
	11	1+ H or 2+ P	3.8
	12	1+ H or 1+ P or 1+ Rx	23.0
	13	1+ H or 1+ P or 2+ Rx	21.8
	14	1+H or 2+P or 1 P and 2+Rx)	4.7
3	15	1+P	5.9
	16	2+P	4.3
	17	1+H or 1+ P	6.1
	18	1+ H or 2+ P	4.7
	19	1+ H or 1+ P or 1+ Rx	24.3
	20	1+ H or 1+ P or 2+ Rx	22.9
	21	1+H or 2+P or (1 P and 2+Rx)	5.7
5	22	1+P	7.5
	23	2+P	5.6
	24	1+H or 1+ P	7.8
	25	1+ H or 2+ P	6.0
	26	1+ H or 1+ P or 1+ Rx	26.3
	27	1+ H or 1+ P or 2+ Rx	24.5
	28	1+H or 2+P or (1 P and 2+Rx)	7.2

Notes:

* # Years = number of years of administrative data to which the case ascertainment algorithm was applied. For example, 1+P in one year identifies individuals as disease cases if they had one or more physician billing claims with the relevant diagnosis code(s) in a one-year period. The algorithm 1+H or 2+P in one year identifies individuals as disease cases if they had one or more hospitalization or two or more physician claims with the relevant diagnosis code(s) in a one-year period.
* 1-year estimates are for 2005/06, 2-year estimates are for 2004/05 - 2005/06, 3-year estimates are for 2003/04 - 2005/06, 5-year estimates are for 2001/02 - 2005/06.
* H = Hospital separation; P = Physician billing claim; Rx = Prescription drug record.

Source: Lix L, Yogendran M, Mann J. *Defining and Validating Chronic Diseases: An Administrative Data Approach. An Update with ICD-10-CA*. Winnipeg, MB: Manitoba Centre for Health Policy, November 2008.