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

# Years		Algorithms	Prevalence Estimates (%)
1	1	1+P	6.5
	2	2+P	4.8
	3	1+H or 1+ P	6.7
	4	1+ H or 2+ P	5.1
	5	1+ H or 1+ P or 1+ Rx	7.6
	6	1+ H or 2+ P or 1+ Rx	6.7
	7	1+ H or 1+ P or 2+ Rx	7.5
	8	1+ H or 2+ P or 2+ Rx	6.6
2	9	1+P	7.9
	10	2+P	6.2
	11	1+H or 1+ P	8.1
	12	1+ H or 2+ P	6.5
	13	1+ H or 1+ P or 1+ Rx	8.6
	14	1+ H or 2+ P or 1+ Rx	7.5
	15	1+ H or 1+ P or 2+ Rx	8.5
	16	1+ H or 2+ P or 2+ Rx	7.3
3	17	1+P	8.8
	18	2+P	7.0
	19	1+H or 1+ P	9.0
	20	1+ H or 2+ P	7.3
	21	1+ H or 1+ P or 1+ Rx	9.4
	22	1+ H or 2+ P or 1+ Rx	8.0
	23	1+ H or 1+ P or 2+ Rx	9.3
	24	1+ H or 2+ P or 2+ Rx	7.8
5	25	1+P	10.0
	26	2+P	7.8
	27	1+H or 1+ P	10.2
	28	1+ H or 2+ P	8.1
	29	1+ H or 1+ P or 1+ Rx	10.6
	30	1+ H or 2+ P or 1+ Rx	8.6
	31	1+ H or 1+ P or 2+ Rx	10.5
	32	1+ H or 2+ P or 2+ Rx	8.5

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.