

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

# Years	Algorithm	Prevalence Estimates (%)
1	1 1+H	0.2
	2 1+P	1.0
	3 2+ P	0.5
	4 1+ H or 1+ P	1.0
	5 1+ H or 1+ P or 1+ Rx	6.1
	6 1+H or 2+P or (1 P and 2+Rx)	0.7
2	7 1+H	0.4
	8 1+P	1.6
	9 2+ P	0.9
	10 1+ H or 1+ P	1.6
	11 1+ H or 1+ P or 1+ Rx	7.3
	12 1+H or 2+P or (1 P and 2+Rx)	1.2
3	13 1+H	0.4
	14 1+P	1.6
	15 2+ P	0.9
	16 1+ H or 1+ P	1.7
	17 1+ H or 1+ P or 1+ Rx	8.0
	18 1+H or 2+P or (1 P and 2+Rx)	1.3
5	19 1+H	0.4
	20 1+P	1.6
	21 2+ P	1.0
	22 1+ H or 1+ P	1.7
	23 1+ H or 1+ P or 1+ Rx	7.1
	24 1+H or 2+P or (1 P and 2+Rx)	1.3

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.