



# Ministry of Health Consolidated Analytics Services

**Title** Hospitalization for Kawasaki Disease between 2016 and 2022

**Completion Date** 2022-03-31

**Client** CFR 2021-11170 M. Saeni

## Program Area

### Question being asked

A listing of all hospital records with a discharge diagnosis of Kawasaki Disease in all forms: Typical, Atypical and Incomplete. (Date Range for Record Search: From 1/1/2016 To 12/31/2022).

### Summary of Analysis

Provincially, an annual average of 71 Kawasaki Disease (KD) related hospitalizations (ranged from 57 hospitalizations in 2016 to 85 in 2017) was reported in BC between 2016 and 2021 calendar year (excluding 2022 calendar year's hospitalizations due to incomplete data).

**\*Note:** April 1-December 31, 2022 includes open year data, and therefore, data within this period are subject to change based on corrections and/or added records. For the current extract, the most complete data available is up to August 31, 2022.

**\*\*Note:** International Classification of Diseases Version 10- Canada (ICD10-CA) coding is limited to M30.3 (Mucocutaneous lymph node syndrome [Kawasaki]); therefore, further breakdown for typical vs atypical (incomplete) KD is not possible.

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SME = Subject Matter Expert

**RMS #** 4698 **Filename** CFR 2023-30788-30792 Kawasaki Disease Hospitalizations 2016-2022 FINAL.xlsx

*The information contained in this/these spreadsheet(s) is of a summary nature and may be released in its entirety (Cover Sheet and relevant Tabs) for the purpose for which it was provided. However, as it was prepared to address a specific question, other use or manipulation of the data is not permitted.*

## Hospitalization for Kawasaki Disease between 2016 and 2022

**Filename** CFR 2023-30788-30792 Kawasaki Disease Hospitalizations 2016-2022 FINAL.xlsx

**Data source** 1 Discharge Abstract Database

**Extract date** 2023-03-31

### Notes

- 1 All records with a diagnosis code (diagx1-diagx25) of M30.3 Mucocutaneous lymph node syndrome [Kawasaki] were extracted, regardless of patient residence or treating facility regions. Extraction by discharge date is normal business practices and will exclude hospitalizations of patients discharged after Dec 31, 2022 even though the patient may have been admitted by this date.
- 2 Records were extracted based on discharge dates between Jan 01, 2016 and December 31, 2022. This extract includes open year data, which is subject to change based on corrections and new submissions of records. For the current extract, the most complete data available is up to August 31, 2022.
- 3 Care levels included in this report are Acute, Rehabilitation, Psychiatric and Day Surgery (Care\_Level in ('A', 'R', 'S', 'P'))
- 4 This report excludes abortion related records (Abortion is null and hosp not in (50, 51, 53))
- 5 ICD10-CA coding (M30.3) does not allow for the differentiation of typical vs atypical Kawasaki Disease. Therefore, further breakdown is not possible.

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## Hospitalization for Kawasaki Disease between 2016 and 2022

Date range: Jan 01, 2016 - Dec 31, 2022 (most complete data to August 31, 2022)

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### Number of distinct patient and hospitalizations with a diagnosis of Kawasaki Disease (ICD10-CA M30.3) for 2016-2022

Calendar Year	2016	2017	2018	2019	2020	2021	2022†
<b>Unique Patients</b>	53	80	78	63	71	62	56
<b>Hospitalizations</b>	57	85	81	66	76	63	61

N.B. Caution should be exercised when interpreting data; please refer to the Notes tab for important information.

N.B. Cite sources when using these data.

NB: ICD10-CA coding (M30.3) does not allow for the differentiation of typical vs atypical Kawasaki Disease. Therefore, further breakdown is not possible.

† April - December 2022 includes open year data, and therefore, is subject to change based on corrections and missing records. For the current extract, the most complete data available is up to August 31, 2022.

### Number of distinct patients and hospitalizations with a diagnoses of Kawasaki Disease (ICD10-CA M30.3) by Hospital Health Authority for 2016-2022

Health Authority	2016	2017	2018	2019	2020	2021	2022†
<b>Unique Patients</b>							
<b>Interior</b>	7 s.22		8	6	6 s.22		
<b>Fraser</b>	16	14	15	12	12	16	21
<b>Vancouver Coastal</b>	s.22	7 s.22					
<b>Vancouver Island</b>		8	9	8 s.22		7	s.22
<b>Northern</b>		s.22	6 s.22			6	6
<b>Provincial Health Services Authority</b>	22	44	34	33	43	24	16
<b>Out of Province</b>		s.22					s.22
<b>British Columbia††</b>	<b>53</b>	<b>80</b>	<b>78</b>	<b>63</b>	<b>71</b>	<b>62</b>	<b>56</b>
<b>Hospitalizations</b>							
<b>Interior</b>	9 s.22		8	7	6 s.22		
<b>Fraser</b>	17	14	16	12	12	17	22
<b>Vancouver Coastal</b>	s.22	7 s.22					
<b>Vancouver Island</b>		9	9	8 s.22		7	s.22
<b>Northern</b>		s.22	6 s.22			6	7
<b>Provincial Health Services Authority</b>	23	46	35	35	47	24	19
<b>Out of Province</b>		s.22					s.22
<b>British Columbia</b>	<b>57</b>	<b>85</b>	<b>81</b>	<b>66</b>	<b>76</b>	<b>63</b>	<b>61</b>

NB: ICD10-CA coding (M30.3) does not allow for the differentiation of typical vs atypical Kawasaki Disease. Therefore, further breakdown is not possible.

† April - December 2022 includes open year data, and therefore, is subject to change based on corrections and missing records. For the current extract, the most complete data available is up to August 31, 2022.

††Counts of unique patients for BC will not equal the summation of all Health Authorities as some patients transferred to the Provincial Health Services Authority

\* cells with values 5 or less have been suppressed to reduce the risk of re-identification of individuals. Secondary suppression was applied to BC Unknown episodes (\*\*) and provincial totals to prevent calculation of suppressed cells. Suppressed provincial totals have been rounded down to the nearest 5 or 10 from the total number of MH readmission for Health Authorities and rounded up for the total number of all episodes. Totals and rates cannot be compared to age-group values due to differences in inclusion criteria.