

CANADIAN GOVERNMENT DATABASE REVEALS CATASTROPHIC REPRODUCTIVE DAMAGE TO WOMEN AND MEN

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[*https://files.ontario.ca/moh-diagnostic-codes-en-2023-09-01.pdf](https://files.ontario.ca/moh-diagnostic-codes-en-2023-09-01.pdf)

NOTES ABOUT THE DATA AND ANALYSIS

Incidence Rates For Registered Persons For Specified Diagnostic Codes

IM Requests # IMSC-000018707 and # IMSC-000020521

Data Source(s): Claims History Database (BIDA environment)

Run Date: 2022-12-13 and 2023-08-25

Distinct Incidence Counts By Calendar Year, Sex Type Code, Age Band and Diagnostic Code

Please refer to Notes worksheet for extraction criteria.

General Criteria

HCP claims only, Ontario registered physicians only, approved claims only, service date between 2015-01-01 and 2022-12-31, diagnostic code listed in Table I. Based on the provided ICD-9 diagnosis codes only the available supplied ICD-9 diagnosis codes were included.

Community laboratory groups excluded, duplicate claims excluded.

Notes

Patient age was calculated as of the last day of each calendar year.

Counts are distinct patient counts are the respective reporting level of granularity.

The year is based on the calendar year covering a service period between 2015-01-01 and 2022-12-31.

Each patient was counted once per year, sex type code, diagnostic code and age band.

The reported counts of distinct patients was performed at the reported level of granularity. Columnar volumes should not be accumulated.

Sex Type Code: F = Female, M = Male

ANALYZED OHIP BILLING/DIAGNOSTIC CODES OVERVIEW

Diagnostic Code	Description
604	ORCHITIS, EPIDIDYMITIS
606	MALE INFERTILITY, OLIGOSPERMIA, AZOOSPERMIA
614	ACUTE OR CHRONIC SALPINGITIS, OOPHORITIS OR ABSCESS, PELVIC INFLAM DISE
626	DISORDERS OF MENSTRUATION
627	MENOPAUSE, POST-MENOPAUSAL BLEEDING
628	INFERTILITY
629	OTHER DISORDERS OF FEMALE GENITAL ORGANS
632	MISSED ABORTION
634	INCOMPLETE ABORTION, COMPLETE ABORTION

This analysis includes about SIX MILLION unique patients exported directly from the OHIP database.

One must consider the possibility of human error in a dataset such as this, because billing data is entered into insurance systems by humans. For example, a female patient may be accidentally coded into the system with “Sex Type” male and vice versa. The amount of human error can be assumed to remain fairly consistent over time.

ORCHITIS, EPIDIDYMITIS (OHIP CODE 604)

Orchitis, Epididymitis (OHIP Code 604)

Orchitis is inflammation of the testicles. The epididymitis is a curved structure at the back of the testicle.

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	130,458		
Distinct Patients 2020-2022 (COVID State of Emergency)	47,263	36.2%	Over 36% of 2015-2022 total "Orchitis/Epididymitis" distinct patients had their condition coded with OHIP Diagnostic Code 604 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	15,706	12.0%	
Distinct Patients 2021-2022 (Vaccine Years)	31,557	24.2%	Over 24% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 634 (Orchitis/Epididymitis) during the COVID vaccine years of 2021 and 2022, double that of pre-vaccine 2020. Out of 8 years of data, these 2 years of data account for over 24% of distinct patients coded to that diagnostic code.

MALE INFERTILITY, OLIGOSPERMIA, AZOOSPERMIA (OHIP CODE 606)

Male Infertility, Oligospermia, Azoospermia (OHIP Diagnostic Code 606) Oligospermia is low sperm count. Azoospermia is when a man's semen contains no sperm.

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	215,872		
Distinct Patients 2020-2022 (COVID State of Emergency)	92,888	43.0%	43% of 2015-2022 total "Male Infertility" distinct patients had their condition coded with OHIP Diagnostic Code 606 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	27,442	12.7%	
Distinct Patients 2021-2022 (Vaccine Years)	65,392	30.3%	Over 30% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 606 (Male Infertility) during the COVID vaccine years of 2021 and 2022, more than double that of pre-vaccine 2020. Out of 8 years of data, these 2 years of data account for over 30% of distinct patients coded to that code.

ACUTE OR CHRONIC SALPINGITIS, OOPHORITIS OR ABSCESS, PELVIC INFLAMMATION DISEASE (OHIP CODE 614)

ACUTE OR CHRONIC SALPINGITIS, OOPHORITIS OR ABSCESS, PELVIC INFLAMMATION DISEASE (OHIP Code 614)

Salpingitis is an infection causing inflammation in the fallopian tubes. Oophoritis is an inflammation of the ovaries.

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	56,826		
Distinct Patients 2020-2022 (COVID State of Emergency)	21,998	38.7%	Almost 39% of 2015-2022 total "ACUTE OR CHRONIC SALPINGITIS, OOPHORITIS OR ABSCESS, PELVIC INFLAM DISEASE" distinct patients had their condition coded with OHIP Diagnostic Code 614 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	6,987	12.3%	
Distinct Patients 2021-2022 (Vaccine Years)	15,043	26.5%	26.4% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 614 (ACUTE OR CHRONIC SALPINGITIS, OOPHORITIS OR ABSCESS, PELVIC INFLAM DISEASE) during the COVID vaccine years of 2021 and 2022, more than double that of pre-vaccines 2020. Out of 8 years of data, these 2 years of data account for over 26% of distinct patients coded to that code.

DISORDERS OF MENSTRUATION (OHIP CODE 626)

626 - DISORDERS OF MENSTRUATION

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	3,249,839		
Distinct Patients 2020-2022 (COVID State of Emergency)	1,206,277	37.1%	Over 37% of 2015-2022 total "DISORDERS OF MENSTRUATION" distinct patients had their condition coded with OHIP Diagnostic Code 626 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	368,827	11.3%	
Distinct Patients 2021-2022 (Vaccine Years)	837,425	25.8%	Almost 26% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 626 (Disorders of Menstruation) during the COVID vaccine years of 2021 and 2022, over 2.25 times that of pre-vaccine 2020. Out of 8 years of data, these 2 years of data account for almost 26% of distinct patients coded to that code.

MENOPAUSE, POST-MENOPAUSAL BLEEDING (OHIP CODE 627)

627 - MENOPAUSE, POST-MENOPAUSAL BLEEDING

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	1,399,529		
Distinct Patients 2020-2022 (COVID State of Emergency)	541,219	38.7%	Almost 39% of 2015-2022 distinct patient diagnoses occurred during the COVID state of emergency, from 2020-2022. Almost 39% of 2015-2022 total "Menopause, Post-Menopausal Bleeding" distinct patients had their condition coded with OHIP Diagnostic Code 627 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	153,424	11.0%	
Distinct Patients 2021-2022 (Vaccine Years)	387,741	27.7%	Almost 28% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 627 (Menopause, Post-Menopausal Bleeding) during the COVID vaccine years of 2021 and 2022, more than 2.5 times that of pre-vaccines 2020. Out of 8 years of data, these 2 years of data account for almost 28% of distinct patients coded to that code.

INFERTILITY (OHIP CODE 628)

628 - INFERTILITY			
Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	793,121		
Distinct Patients 2020-2022 (COVID State of Emergency)	311,748	39.3%	Over 39% of 2015-2022 distinct patient diagnoses occurred during the COVID state of emergency, from 2020-2022. Over 39% of 2015-2022 total "Infertility" distinct patients had their condition coded with OHIP Diagnostic Code 628 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	98,027	12.4%	
Distinct Patients 2021-2022 (Vaccine Years)	224,900	28.4%	Over 28% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 628 (Infertility) during the COVID vaccine years of 2021 and 2022, more than two times that of pre-vaccines 2020. Out of 8 years of data, these 2 years of data account for over 28% of distinct patients coded to that code.

OTHER DISORDERS OF FEMALE GENITAL ORGANS (OHIP CODE 629)

629 - OTHER DISORDERS OF FEMALE GENITAL ORGANS

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	784,073		
Distinct Patients 2020-2022 (COVID State of Emergency)	315,980		Over 40% of 2015-2022 total "Other Disorders of Female Genital Organs" distinct patients had their condition coded with OHIP Diagnostic Code 629 40.3% during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	88,738	11.3%	
Distinct Patients 2021-2022 (Vaccine Years)	227,242		29% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 629 (Other Disorders of Female Genital Organs) during the COVID vaccine years of 2021 and 2022, more than 2.5 times that of pre-vaccines 2020. Out of 8 years of data, these 2 years of data account for 29% of 29.0% distinct patients coded to that code.

MISSED ABORTION (OHIP CODE 632) - A MISSED ABORTION IS ALSO KNOWN AS A MISSED MISCARRIAGE OR SPONTANEOUS ABORTION. IT IS A MISCARRIAGE IN WHICH THE FETUS DID NOT FORM OR IS NO LONGER DEVELOPING, BUT THE PLACENTA AND EMBRYONIC TISSUES ARE STILL IN THE MOTHER'S UTERUS.

632 - MISSED ABORTION

A missed abortion is also known as a missed miscarriage or spontaneous abortion. It is a miscarriage in which the fetus did not form or is no longer developing, but the placenta and embryonic tissues are still in the mother's uterus.

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	111,669		
Distinct Patients 2020-2022 (COVID State of Emergency)	45,052	40.3%	Over 40% of 2015-2022 total "Missed Abortion" distinct patients had their condition coded with OHIP Diagnostic Code 629 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	14,622	13.1%	
Distinct Patients 2021-2022 (Vaccine Years)	30,430	27.3%	Over 27% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 632 (Missed Abortion) during the COVID vaccine years of 2021 and 2022, more than two times that of pre-vaccine 2020. Out of 8 years of data, these 2 years of data account for over 27% of distinct patients coded to that code.

INCOMPLETE ABORTION, COMPLETE ABORTION (OHIP CODE 634) - AN INCOMPLETE ABORTION IS WHEN SOME PRODUCTS ARE HELD BACK IN THE UTERUS AFTER A MISCARRIAGE. THE PRODUCTS OF CONCEPTION HAVE PASSED AND THE CERVIX IS CLOSED.

634 - INCOMPLETE ABORTION, COMPLETE ABORTION

An incomplete abortion is when some products are held back in the uterus after a miscarriage. In a complete abortion, products of conception have passed and the cervix is closed.

Data Groupings	Total	Percentage of 2015-2022 Total Distinct Patients	Notes/Analysis
Distinct Patients 2015-2022	160,792		
Distinct Patients 2020-2022 (COVID State of Emergency)	65,994	41.0%	41% of 2015-2022 total "Incomplete Abortion, Complete Abortion" distinct patients had their condition coded with OHIP Diagnostic Code 634 during the COVID state of emergency, from 2020-2022.
Distinct Patients 2020 (COVID-Only Year)	21,065	13.1%	
Distinct Patients 2021-2022 (Vaccine Years)	44,929	27.9%	Almost 28% of 2015-2022 distinct patients had their condition coded with OHIP Diagnostic Code 634 (Incomplete Abortion, Complete Abortion) during the COVID vaccine years of 2021 and 2022, more than 2.5 times that of pre-vaccines 2020. Out of 8 years of data, these 2 years of data account for almost 28% of distinct patients coded to that code.