

# Bulletin

## Health Data Standards and Systems

**Issue 70: 5 August 2004**

Attention: Health Information Managers - For Action  
VAED/ESIS/VEMD Submission Officers - For Action  
VAED/ESIS/VEMD Software Suppliers - For Action  
Emergency Department Directors – For Action

Issue 70 of the Health Data Standards & Systems (HDSS) Bulletin has been published in electronic format only. It has been posted onto our website at <http://www.health.vic.gov.au/hdss/bulletin/70-050804.pdf> and can be viewed as a downloadable file. To view the subject index for every edition of the bulletin, please refer to: <http://www.health.vic.gov.au/hdss/bulletin/index.htm>

Bulletin 70 provides information regarding:

- PRS/2 Processing
- Amendments to VAED Specifications
- ICD-10-AM Library File: 3<sup>rd</sup> and 4<sup>th</sup> edition modifications
- PICQ Data
- Approved Medi-Hotel

Please download the document from our web site. If you do not have Internet access, please contact the HDSS Help Desk to obtain a hard copy of this Bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

VAUGHN MOORE  
ACTING MANAGER, HEALTH DATA STANDARDS AND SYSTEMS  
METROPOLITAN HEALTH AND AGED CARE SERVICES DIVISION

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# Victorian Admitted Episodes Dataset (VAED)

## 70.1 PRS/2 Processing

At this stage it is envisaged that 2004-05 processing of PRS/2 data will not be available until after the August consolidation date (17<sup>th</sup> August). Given these circumstances, obviously the requirement that hospitals submit all July 2004 E2 *Episode Record* by 17 August 2004 will not apply.

Any further changes in data timelines for either 2004-05, or final consolidation for 2003-04, will be published in HDSS Bulletins.

## 70.2 Amendments to the Specifications for Revisions to PRS/2 and the VAED

### 70.2.1 Palliative Care and Nursing home Type

The changes listed below for edits 528 and 529 are required to accommodate statistical admissions and separations between Palliative Care and Nursing Home Type Care Types. The VAED Manual will be updated in all appropriate sections to reflect this.

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## 528 Stat Episode Pall: Not NHT in Prior Episode (Amended)

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<i>Effect</i>	REJECTION
<i>Problem</i>	The E2 Episode Record's Admission Source is S <i>Statistical Admission (change in Care Type within this hospital)</i> and Care Type is 8 <i>Palliative Care Program</i> , however the previous episode's Care Type is not 4 <del>NHT/Non-Acute</del> <i>Nursing Home Type</i> (Care Types F, 1 or 5T).
<i>Remedy</i>	<p>Check the episode's Admission Source and Care Type and the previous episode's Care Type, amend as appropriate and re-transmit the E2.</p> <ul style="list-style-type: none"><li>• Change to Care Type 8 <i>Palliative Care Program</i> as a statistical admission is not permitted, unless the episode is changing from Nursing Home Type (Care Types F, 1 or 5T) to Palliative Care (Care Type 8).</li></ul> <p>Refer to:</p> <ul style="list-style-type: none"><li>• Section 3: <i>Care Type</i></li><li>• Section 4: Business Rules (non-tabular) <i>Palliative Care</i> and Business Rules (tabular) <i>Admission Source and Care Type</i>.</li></ul>

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## 529 Stat Episode Pall: Not NHT in Next Episode (Amended)

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<i>Effect</i>	NOTIFIABLE (DHS only, not on PRS/2 reports)
<i>Problem</i>	The E2 Episode Record's Separation Mode is S <i>Statistical Separation (change in Care Type within this hospital)</i> and Care Type is 8 <i>Palliative Care Program</i> , however the following episode's Care Type is not 4 <del>NHT/Non-Acute</del> <i>Nursing Home Type</i> (Care Types F, 1 or 5T).
<i>Remedy</i>	<p>Check the episode's Separation Mode and Care Type and the subsequent episode's Care Type, amend as appropriate and re-transmit the E2.</p> <ul style="list-style-type: none"><li>• Change from Care Type 8 <i>Palliative Care Program</i> as a statistical separation is not permitted, unless the episode is changing from Palliative Care (Care Type 8) to Nursing Home Type (Care Types F, 1 or 5T).</li><li>• This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.</li></ul> <p>Refer to:</p> <ul style="list-style-type: none"><li>• Section 3: <i>Care Type</i></li><li>• Section 4: Business Rules (non-tabular) <i>Palliative Care</i> and Business Rules (tabular) <i>Care Type and Separation Mode</i>.</li></ul>

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## 70.2.2 Reciprocal Health Care Agreements

The following edits will be amended to reflect the new Reciprocal Health Care Agreement with Norway.

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### 571 Acct Recip, Pcode Oseas, Locality Not RHCA (*Amended*)

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### 574 Postcode Overseas, Locality RHCA, Acct Not RHCA (*Amended*)

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## 70.2.3 Carer Availability

The following edit has been amended, to reflect that Carer Availability is not required for all episodes. A new edit will be introduced to reject episodes that have Carer Availability when it is not required.

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### 591 Invalid Carer Availability (*Amended*)

---

<b>Effect</b>	REJECTION
<b>Problem</b>	The Public Hospital E2 Episode Record's Carer Availability is blank or in an incorrect format.
<b>Remedy</b>	Check Carer Availability, amend as appropriate and re-transmit the E2.  Refer to: <ul style="list-style-type: none"><li>• Section 3: <i>Carer Availability</i>.</li></ul>

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## 599 Carer Availability Not Required (*New*)

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<b>Effect</b>	REJECTION
<b>Problem</b>	The E2 Episode Record's Carer Availability is a valid code, but the patient Care Type does not require Carer Availability to be reported.
<b>Remedy</b>	Check Carer Availability and Care Type, amend as appropriate and re-transmit the E2.

### 70.2.4 Same Day Rehabilitation

The following edit has been amended to allow episodes of same day rehabilitation, where it was planned that the episode be overnight, but due to deterioration in the patient condition, the patient was unable to remain in rehabilitation.

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## 598 Same Day Rehabilitation: Not in Scope (*Amended*)

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<b>Effect</b>	REJECTION
<b>Problem</b>	The E2 Episode Record's Care Type is 2, 6, 7, <u>J</u> or <u>K</u> <del>Designated Rehabilitation Unit/Program</del> , and the Admission Date and Separation Date are the same, <u>and the Separation Mode is not T Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre or D Death</u> . Same day rehabilitation does not meet Criterion for Admission, and therefore should not be reported on the VAED.
<b>Remedy</b>	Check Admission Date, Care Type and Separation Date, amend as appropriate and re-transmit the E2.

## 70.2.5 Diagnosis and Procedure Code edits

Review of the way edits between Diagnosis and Procedure Codes, and Sex operate, has resulted in:

- Reversion to edit 354 as specified in the VAED 13<sup>th</sup> Edition (disregard advice in HDSS Bulletin 68). The edit as originally specified is listed below.
- Expansion of edits 450 and 451 to include Diagnosis Codes.

Refer also refer to 70.3 and 70.4 for additional information.

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### 354 Code & Sex Incompatible (*Original*)

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**Effect** Warning or REJECTION

**Problem** The X2/Y2 Diagnosis Record has a Diagnosis or Procedure Code(s) unusual (warning) or impossible (rejection) for the sex of patient (as reported in the E2). This Message appears against the E2 and X2/Y2 records.

[On Library File: column J, SEX, Rejection being codes 1 and 3, Warning being 2 and 4]

**Remedy** Check Diagnosis and Procedure Code(s)(X2/Y2) and Sex (E2), amend as appropriate, and re-transmit the E2 and/or X2/Y2.

- If you consider a sex edit unjustified, notify the Victorian ICD Coding Committee via the HDSS Help Desk, for possible future revision of the Library File.

For Grouper Status Codes, refer to page 8-#.

## Code Incompatible W Female Sex (Amended)

**Effect**

REJECTION

**Problem**

The E2 Episode Record's Sex is Female but the X2/Y2 Diagnosis Record has a Diagnosis or Procedure Code that is normally only performed on relevant to a male patient. There is no Diagnosis Code that might explain why the procedure is performed on the code is recorded for a patient recorded as female.

Such procedures can be performed to reassign or clarify gender, or on patients who have retained their biological sex specific organs, that require a form of treatment.

Explanatory diagnosis codes:

- E25.0 *Congenital adrenogenital disorders associated with enzyme deficiency*  
(includes Congenital adrenal pseudohermaphroditism)
- E25.8 *Other adrenogenital disorders* (includes Adrenal pseudohermaphroditism)
- E29.1 *Testicular hypofunction* (includes Pseudohermaphroditism, male, with 5-alpha- reductase deficiency)
- E34.5 *Androgen resistance syndrome* (includes Pseudohermaphroditism, male, with feminising testis)
- F64.0 *Transsexualism*
- Q56.- *Indeterminate sex and pseudohermaphroditism*
- Q99.0 *Chimera 46,XX/46,XY* (hermaphrodite)
- Q99.1 *46,XX true hermaphrodite*

[On Library File: column J, SEX, code 5 without an explanatory diagnosis code]

**Remedy**

Check Sex (E2), Diagnosis Code(s) and Procedure Code(s)(X2/Y2), amend as appropriate and re-transmit the E2 and/or X2/Y2.

- ~~The ICD Library File generates *Warning* Edit 354 for these procedures with sex female; however, because there is no explanatory diagnosis in this episode, *this* edit is a Rejection and requires correction.~~
- ~~For Grouped Status Codes, refer to page 8-#.~~

**Effect**

REJECTION

**Problem**

The E2 Episode Record's Sex is Male but the X2/Y2 Diagnosis Record has a **Diagnosis or Procedure Code** that is normally only performed on **relevant** to a female patient. There is no Diagnosis Code that might explain why the procedure is performed on **the code is recorded for** a patient recorded as male.

Such procedures can be performed to reassign or clarify gender, or on patients who have retained their biological sex specific organs, that require a form of treatment.

Explanatory diagnosis codes:

- E25.0 *Congenital adrenogenital disorders associated with enzyme deficiency* (includes Congenital adrenal pseudohermaphroditism)
- E25.8 *Other adrenogenital disorders* (includes Adrenal pseudohermaphroditism)
- E29.1 *Testicular hypofunction* (includes Pseudohermaphroditism, male, with 5-alpha- reductase deficiency)
- E34.5 *Androgen resistance syndrome* (includes Pseudohermaphroditism, male, with feminising testis)
- F64.0 *Transsexualism*
- Q56.- *Indeterminate sex and pseudohermaphroditism*
- Q99.0 *Chimera 46,XX/46,XY* (hermaphrodite)
- Q99.1 *46,XX true hermaphrodite*

[On Library File: column J, SEX, code 6 without an explanatory diagnosis code]

**Remedy**

Check Sex (E2), Diagnosis Code(s) and Procedure Code(s) (X2/Y2), amend as appropriate and re-transmit the E2 and/or X2/Y2.

- ~~The ICD Library File generates *Warning Edit 354* for these procedures with sex male; however, because there is no explanatory diagnosis in this episode, *this* edit is a Rejection and requires correction.~~
- ~~For Grouper Status Codes, refer to page 8-#.~~

The follow edit has been implemented to reflect changes made to the Library File (70.4), which is also consistent with ACS 1335 *Biomechanical Lesions, NEC*.

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## 600 Invalid Code (*New*)

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<b>Effect</b>	REJECTION
<b>Problem</b>	<p>The X2/Y2 Diagnosis Record has Diagnosis or Procedure Code(s) that are valid codes, but they are not to be used in the context of the ICD-10-AM (which incorporates the Australian Coding Standards).</p> <p>[On Library File: column L, AREA, code 1]</p>
<b>Remedy</b>	Check Diagnosis Codes and Procedure Codes, amend as appropriate and re-transmit the X2.

### 70.2.6 Care Type K *Non-Designated Rehabilitation Program/Unit*

Data items are required in differing circumstances, and some are limited to a selection of Care Types, as listed in Section 3 Data Definitions, of the *VAED Manual*. Care Type K *Non-Designated Rehabilitation Program/Unit* requires the following data items:

- ACAS Status
- Admission/Re-Admission to Rehabilitation
- Barthel Index Score on Admission (a)
- Barthel Index Score on Separation (b)
- Carer Availability
- Clinical Sub-Program
- Onset Date

Additionally, the following amendment has been made in the Edit Table below.

## Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7, J and K)

If Care Type is 2 *Designated Rehabilitation Program/Unit: Level 1*, 6 *Designated Rehabilitation Program/Unit: Level 2*, 7 *Designated Rehabilitation Program/Unit: Level 3* or J *Designated Rehabilitation Program/Unit: Home Based Substitution* or K *Non-Designated Rehabilitation Program/Unit* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Note that the only difference between the four Care Types is Clinical Sub-program.

Field	Valid codes
<b>E2 Episode Record</b>	
Admission Source	S, T, N, A, H
Admission Type	S, C, L, O, X
Qualification Status	X
Separation Referral	P, M, L, B, U, C, S, D, G, I, A, K, R, X or spaces
Criterion for Admission	B, O, E, C
Mental Health Legal Status	9
Funding Arrangement	1 or space
<b>X2 Diagnosis Record</b>	
Admission weight	Spaces
Duration of MV	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces
<b>S2 Sub-Acute Record</b>	
Barthel Index Score on Admission	Range 000 to 100
Barthel Index Score on Separation	Range 000 to 100
Clinical Sub-program	
If Care Type 2	02x, 04x, 05x
If Care Type 6, 7, J, K	Any code from list see section 3
Onset Date	DDMMCCYY
Admission/Re-admission to Rehabilitation	0, 1
RUG ADL on Admission	Spaces
RUG ADL on Separation	Spaces
Source of Referral to Palliative Care	Spaces

The above changes relating to Care Type K *Non-Designated Rehabilitation Program/Unit* have also had an impact on the E2 File Structure not previously specified, as listed below. Appropriate changes to the Sub-Acute Record (S2) have already been specified in the *Specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2004*.

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## Episode Record File Structure (*Amended*)

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Table as printed in the *Specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2004*, pages 76-78.

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

- 1 Transfer Source: Mandatory if Admission Source = T, else spaces. Transfer Destination: Mandatory if Separation Mode = T, else spaces.
- 2 Mandatory in first Status Segment. In any subsequent Status Segment, if any field is present, then all fields for that segment must be present.
- 3 Mandatory but transmit only when Separation Date is transmitted.
- 4 Mandatory for public hospital if Separation Mode = H but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 5 Carer Availability: Mandatory for public hospitals when Care Type is 1, 2, 6, 7, J,  8, 9, F or E but transmit only when Separation Date is transmitted, else spaces. Private hospitals report a space.
- 6 Criterion for Admission: Code S only for use by Early Parenting Centres.
- 7 Mandatory for all hospitals involved in contracted care and hub and spoke arrangements, else space.
- 8 Mandatory for all hospitals involved in contracted care arrangements, else space.
- 9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements, else spaces.
- 10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.
- 12 Mandatory for all public hospitals. Private hospitals report codes or spaces.
- 13 Mandatory for public hospitals when Care Type is 1, 2, 4, 6, 7, J,  8, 9, F or E, and patient age is greater than or equal to 50, and where the episode is not a sameday episode, but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 14 Where a field at the end of a record has a value of space, the record can be ended at the last field where a value is not space(s).
- 15 Mandatory for all public hospitals with an approved Mental Health Service when Care Type is 5x. Private hospitals report spaces.

## 70.3 ICD-10-AM Fourth Edition Library File Modification

The age edit for the following diagnosis codes has been modified as a result of a PRS/2 help desk query:

ICD-10-AM Code	Code Description	Change			Specification
		First Age (Col D-F)			
		Age	LL	HH	
Z550	Illiteracy and low-level literacy	4	00	04 07	Warn if within range
Z551	Schooling unavailable & unattainable	4 6	00 07	17	Warn if within outside range
Z552	Failed examinations	4	00	17 07	Warn if within range
Z553	Underachievement in school	4 6	00 07	17	Warn if within outside range
Z554	Educational maladjustment & discord	4 6	00 07	17	Warn if within outside range
Z558	Oth problems rel to education & literacy	4	00	17 07	Warn if within range
Z559	Problem rel to education & literacy unsp	4	00	17 07	Warn if within range

The validity of the following diagnosis codes has been reverted to 'valid' and an area edit (see 70.3 for 3 for edit details) has been created to prevent these codes from being used, in accordance with the Australian Coding Standard 1335 *Biomechanical lesions, NEC*:

ICD-10-AM Code	Description	Change		Specification
		Valid (Col C)	Area (Col L)	
M990	Segmental and somatic dysfunction	N Y	0	Reject if code found
M991	Subluxation complex (vertebral)	N Y	1	
M992	Subluxation stenosis of neural canal	N Y	1	
M993	Osseous stenosis of neural canal	N Y	0	
M994	Connective tissue stenosis neural canal	N Y	1	
M995	Intervertebral disc stenosis neural cnl	N Y	1	
M996	Osseous & sublux stenosis I/V foramina	N Y	1	
M997	Con tis & disc stenosis I/V foramina	N Y	1	
M998	Other biomechanical lesions	N Y	0	
M999	Unspecified biomechanical lesion	N Y	0	

Further to the modification of breast procedure codes detailed in HDSS Bulletin 69, the sex edit for the following procedure codes has been modified to allow the reporting of limited breast procedures to be performed on men:

ICD-10-AM Code	Block No	Code Description	Change Sex	Specification
			(Column J)	
4552701	1753	Aug mammoply foll mastectomy bil	6 4	Warn if male or indeterminate
4552700	1753	Aug mammoply foll mastectomy uni		
4552400	1753	Augmentation mammoplasty, unilateral		
4552800	1753	Augmentation mammoplasty, bilateral		
4552104	1754	Rdctn mammoplasty w recon nipple, uni		
4552103	1754	Rdctn mammoply w nipple reposition bil		
4552100	1754	Reduction mammoplasty, unilateral		
4552101	1754	Reduction mammoplasty, bilateral		
4552102	1754	Reduct mammoply w nipple reposition uni		
4552105	1754	Reduction mammoplasty w recon nipple bil		
4553000	1756	Recon breast using myocutaneous flap		
4554800	1758	Removal of breast prosthesis		
9072000	1759	Other procedures on breast		

Please ensure this modification is made to the 2004-05 Library File. Alternatively the updated Library File is available for downloading at:

<http://www.health.vic.gov.au/hdss/reffiles/2004-05/vaed/libfil04.htm>

Additionally, the Library File specification has been modified as follows:

Field	Column(s)	Comments
	J	5: REJECT if female <del>and male procedure not accompanied by</del> without an explanatory diagnosis code 6: REJECT if male <del>and female procedure not accompanied by</del> without an explanatory diagnosis code

This change in specification has affected edits 354, 450 and 451, as listed earlier in this Bulletin.

In line with the change in the Library File specification, Diagnosis Codes relating to males, that were previously 1 *Reject if not male* have now been assigned a code of 5 *Reject if female without an explanatory diagnosis code* (124 codes), excluding Diagnosis Codes those relating to reproduction. Also, Diagnosis Codes relating to females, that were previously 3 *Reject if not female* have now been assigned a code of 6 *Reject if male without an explanatory diagnosis code* (325 codes), excluding Diagnosis Codes relating to assisted reproduction and pregnancy.

## 70.4 ICD-10-AM Third Edition Library File Modification

Further to the modification of breast procedure codes detailed in HDSS Bulletin 69, the sex edit for the following procedure codes has been modified to allow the reporting of limited breast procedures to be performed on men:

ICD-10-AM Code	Block No	Code Description	Change	Specification
			Sex (Column J)	
4552400	1753	Augmentation mammoplasty, unilateral	6 4	Warn if male or indeterminate
4552700	1753	Augmentn mammoply foll mastectomy uni		
4552701	1753	Augmentn mammoply foll mastectomy bil		
4552800	1753	Augmentation mammoplasty, bilateral		
4552100	1754	Reduction mammoplasty, unilateral		
4552101	1754	Reduction mammoplasty, bilateral		
4552102	1754	Reduct mammoply w nipple reposition uni		
4552103	1754	Reduct mammoply w nipple reposition bil		
4552104	1754	Reduct mammoplasty w recon nipple, uni		
4552105	1754	Reduction mammoplasty w recon nipple bil		
4553000	1756	Recon breast using myocutaneous flap		
4554800	1758	Removal of breast prosthesis		
9072000	1759	Other procedures on breast		

Please ensure this modification is made to the 2003-04 Library File. Alternatively the updated Library File is available for downloading at:

<http://www.health.vic.gov.au/hdss/reffiles/2003-04/vaed/libfil03.htm>

## 70.5 PICQ Data

VAED episodes for 2003-04 submitted up until 17 July 2004 have been analysed using NCCH's Performance Indicators for Coding Quality (PICQ). Feedback in the form of an Excel Workbook has been e-mailed out to sites. If your site did not receive your feedback, please contact [gregory.oconnell@dhs.vic.gov.au](mailto:gregory.oconnell@dhs.vic.gov.au).

It is intended that statewide comparisons will be conducted after final consolidation of the VAED for 2003-04 has occurred.

## 70.6 Approved Medi-Hotel

The following hospital has been granted Medi-Hotel approval.

<b>Hospital Code</b>	<b>Hospital</b>
1031	The Austin Hospital

# HDSS Bulletin by Dataset

This table lists the most recent HDSS Bulletins, and identifies the dataset to which they relate. All previous Bulletins are on the website at:

<http://www.health.vic.gov.au/hdss/bulletin/bulindex.htm>

If you are unable to access the website, please contact the HDSS HelpDesk to request any previously released HDSS Bulletins.

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 70	02 August 2004	✓			
Bulletin 69	09 July 2004	✓	✓		✓
Bulletin 68	16 June 2004	✓	✓		✓
Bulletin 67	28 May 2004	✓	✓		
Bulletin 66	30 April 2004	✓	✓	✓	✓
Bulletin 65	08 April 2004	✓	✓	✓	✓
Bulletin 64	25 February 2004	✓	✓	✓	✓
Bulletin 63	26 November 2003	✓			✓
Bulletin 62	10 October 2003	✓	✓	✓	✓
Bulletin 61	16 September 2003	✓	✓	✓	✓
Bulletin 60	26 August 2003	✓	✓		✓
Bulletin 59	05 August 2003	✓	✓		✓
Bulletin 58	22 July 2003	✓			✓
Bulletin 57	01 July 2003	✓	✓	✓	✓
Bulletin 56	11 June 2003	✓	✓	✓	✓
Bulletin 55	29 May 2003	✓	✓	✓	✓
Bulletin 54	07 April 2003	✓	✓	✓	✓
Bulletin 53	19 February 2003	✓	✓		
Bulletin 52	20 January 2003	✓	✓		
Bulletin 51	20 December 2002	✓			✓
Bulletin 50	11 November 2002	✓	✓	✓	✓
Bulletin 49	17 October 2002	✓		✓	✓
Bulletin 48	04 October 2002	✓	✓	✓	✓
Bulletin 47	12 September 2002	✓	✓	✓	✓
Bulletin 46	23 August 2002	✓		✓	
Bulletin 45	13 August 2002	✓	✓	✓	
Bulletin 44	06 August 2002	✓	✓	✓	✓
Bulletin 43	19 July 2002	✓		✓	
Bulletin 42	12 July 2002	✓	✓	✓	✓
Bulletin 41	04 July 2002	✓	✓		✓
Bulletin 40	28 June 2002	✓			
Bulletin 39	26 June 2002	✓			✓
Bulletin 38	21 June 2002	✓	✓	✓	✓
Bulletin 37	28 May 2002	✓	✓	✓	✓
Bulletin 36	22 May 2002	✓			
Bulletin 35	26 April 2002	✓			

