

Suspected Drug Overdose Increases in Georgia Amid COVID-19

Over the past several weeks, our syndromic surveillance (SS) system has picked up increasing drug overdose-involved Emergency Department (ED) visits throughout Georgia. The Georgia Department of Public Health (DPH) needs your help to determine if an increase in drug overdoses is truly occurring before initiating further public health response, and we are alerting partners to be vigilant about any unusual drug overdose activity.

What is Syndromic Surveillance?

Syndromic surveillance is a near-real time method of categorizing visits from emergency departments across Georgia into disease or illness syndromes, based on a patient's chief complaint upon admission. Participating hospitals across Georgia send these data to DPH daily. A drug overdose syndrome is identified by searching the patient's chief complaint for text indicative of a drug[§] overdose. These data can be used as an early detection method for drug overdose outbreaks. DPH monitors these data results daily to look for unusually high numbers of drug overdoses at the state or local level. If an irregularity is detected, an investigation is conducted to determine if potential "bad batch(es)" of drugs are circulating, or any other unusual situation that could be driving these increases and warrant public health response.

What do we know?

- The United States is facing two concurrent national public health emergencies: COVID-19 and drug overdoses. In Georgia, the recent increase in drug overdose-involved ED visits appears to overlap with the emergence of COVID-19.
- Over the past 9 weeks, beginning 4/4/2020, SS identified an average weekly increase of 3.0% in ED visits with drug overdose syndrome.
 - This includes a week with a 3rd highest weekly count for the past year.
- Over this same 11-week period, beginning 3/22/2020, SS identified an average weekly increase of 5.9% in opioid-involved* ED visits among patients with drug overdose syndrome.
 - This includes 3 weekly counts in the top 3 for the past year.
- Over the past 11 weeks, beginning 3/22/2020, SS identified an average weekly increase of 6.4% in suspected heroin-involved[†] ED visits among patients with drug overdose syndrome.
 - This includes 4 weekly counts in the top 3 for the past year.
 - Preliminary results for fentanyl-involved[‡] overdose deaths among Georgia residents show a 17% increase comparing the current 5-month period (December 2019 – April 2020) to the previous 5-month period (July – November 2019).

Please see the chart and maps on the next page for more information.

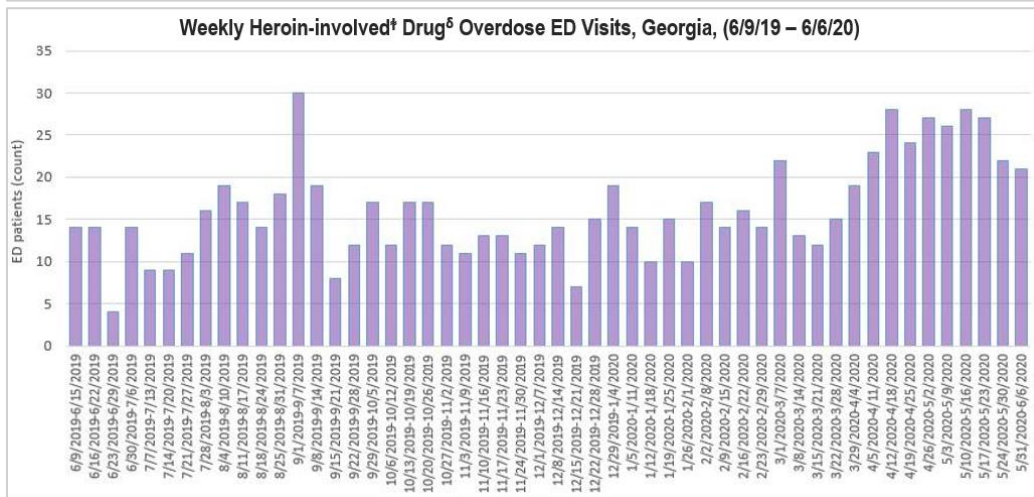
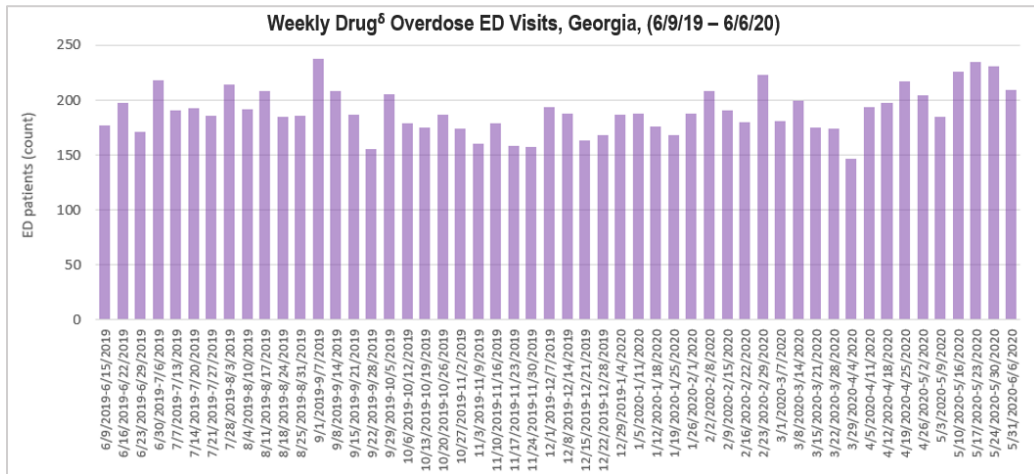
Data sources: SS data is based on suspected drug overdose ED/Urgent Care visits by patient chief complaint upon admission and/or discharge diagnosis reported to DPH. SS data excludes patients ≤14 years of age and excludes select visits that appear unrelated to instances of accidental acute drug overdose (e.g. drug withdrawal, opioid-induced constipation, intentional overdose). Death data is based on DPH Vital Records death certificates for deaths that occurred in Georgia among Georgia residents and deaths that occurred outside of Georgia among Georgia residents.

[§] Drugs may include any over the counter, prescription, or illicit drug.

*Includes drug overdose syndrome visits containing Opioids, Opiates, Heroin, Methadone, Suboxone, Oxycodone, Roxycodone, Percocet, Vicodin, Fentanyl, Hydrocodone, Morphine, Oxymorphone, Dilaudid, Hydromorphone, Tramadol, Kratom, or Buprenorphine.

[†] Includes drug overdose syndrome visits containing Heroin or Morphine.

[‡] Includes any cause of death text field containing the word "TOXIC" AND at least one of the following terms (or common misspelling): fentanyl (and fentanyl analogs).



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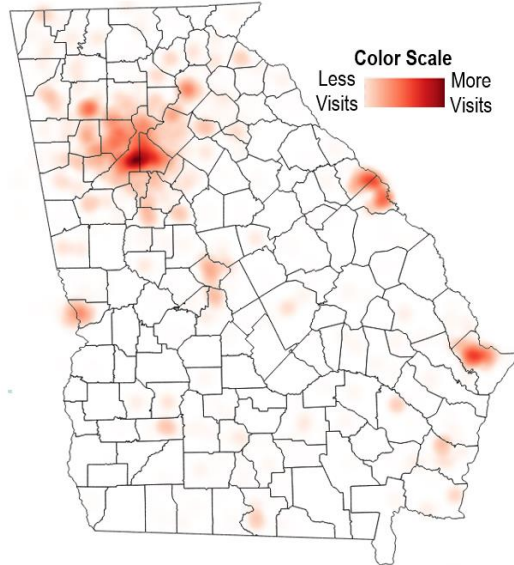
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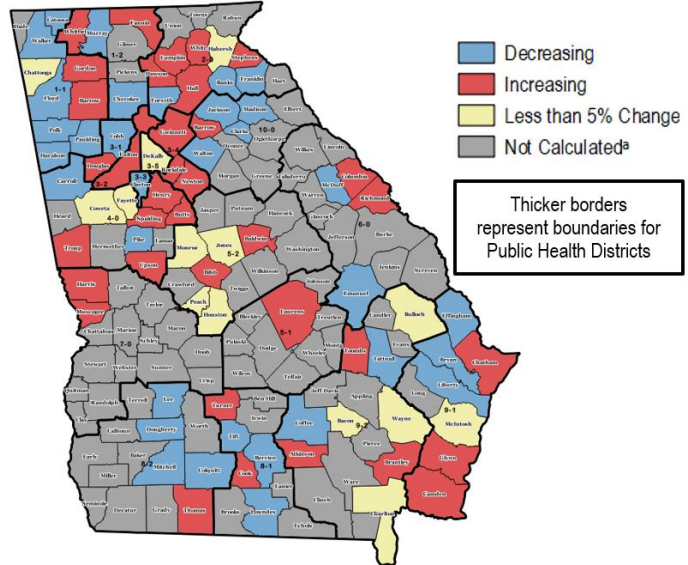
[^] Zip code and county are based on patient residence.

[^] Percent change data excludes counties with less than 3 visits.

Drug⁶ Overdose ED Visits by Patient Zip Code[^],
Past 9 Weeks (4/4/20 – 6/6/20)



Percent Change^a of Drug⁶ Overdose ED Visits by Patient County[^],
Current 9 Weeks (4/4/20 – 6/6/20) vs Previous 9 Weeks (1/31/20 – 4/3/20)



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What are the limitations of Syndromic Surveillance?

Because SS is based on chief complaint upon admission to an ED, it does not always reflect the true diagnosis, and can have limited detail to understand the true nature of the visit; it may initially appear that a patient has overdosed, but they may receive a different diagnosis upon further medical examination. It may also appear that cases are related, but this may change upon further review of medical records and patient circumstances. For this reason, an increase or cluster picked up by syndromic surveillance is only a *SUSPECT* increase or cluster until further investigation is completed. More details about SS data limitations can be found [here](#).

What do we do?

Because we are unsure of what could be driving these increases, we ask that you maintain normal operations but remain vigilant. If you notice any unusual activity or a possible rise in drug overdoses, please alert the Georgia Poison Center (1-866-PUB-HLTH) immediately. Once we are confident that there is a situation which warrants a robust public health response, we will notify additional partners and begin our overdose outbreak response protocols.

To be aware of available resources for people with substance use disorder, we also encourage engagement with your local substance use prevention and treatment professionals. For access to services and immediate crisis help, call the Georgia Crisis & Access Line at 1-800-715-4225, available 24/7.

Out of an abundance of caution, we encourage first responders to protect themselves with Personal Protective Equipment (PPE), and have access to Naloxone when responding to a potential overdose or when interacting with unknown substances. For guidelines on proper PPE and Naloxone please see <https://dph.georgia.gov/stopopioidaddiction/opioid-epidemic-first-responders-and-ems>.

If you have any questions, comments, or concerns, please let me know.

Thank you,

Emily Hosterman, MPH

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