

Georgia and Ohio's Modernized Opioid Surveillance Strategies

Strong partnerships enable states to implement comprehensive opioid overdose surveillance systems that inform life-saving prevention efforts. Two state health departments that have successfully married a robust surveillance system with strong partnerships and quality assurance practices are the Georgia Department of Public Health (GDPH) and the Ohio Department of Health (ODH). Both GDPH and ODH are committed to collecting timely, quality mortality and morbidity drug overdose data for use in conducting large-scale analyses, performing data linkages, and developing tools to build cross-sector partnerships. Below is an analysis of three critical ways Georgia and Ohio are enhancing overdose surveillance.

Using Data Linkages to Streamline Analyses

Since leveraging partnerships to gain access to prescription drug monitoring program (PDMP) data, GDPH has prioritized data linking to quickly obtain comprehensive death statistics. Where abstractors once manually searched individuals in the PDMP by name, GDPH has now created a long identification to electronically match the PDMP data with deidentified State Unintentional Drug Overdose Reporting Surveillance (SUDORS) cases. This led to a quicker, more manageable process. GDPH is currently developing an electronic, real-time interface with emergency medical services (EMS) data and vital records. This work will enhance rapid abstraction, as abstractors will no longer have to manually match SUDORS, PDMP, EMS, and vital records data.

ODH included language in the Ohio Revised Code for the Ohio Violent Death Reporting System protecting data that a partner state agency or political subdivision may share with ODH, facilitating cross-agency data linking projects. For one such project, ODH worked with the Ohio Department of Medicaid Data to match Medicaid claims to overdoses.

After the claims were matched to the decedent, ODH worked with CDC to identify the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes that correspond to variables in the National Violent Death Reporting System, such as mental health diagnoses, mental health treatment, and substance use treatment.

GDPH Key Successes:

- Created a long ID to match PDMP data to SUDORS cases.
- Developed a checkbox for suspected overdoses in the electronic vital records system.
- Building and sustaining partnerships with key players such as HIDTA and the Fusion Center.

Georgia's Partners Effectively Use Data to Manage Overdose Cluster Response

GDPH developed an interagency, multiorganization overdose cluster response plan. As an initial step, GDPH tested the overdose syndrome case definition by retrospectively reviewing a confirmed cluster of overdoses from June 2017; their case definition clearly showed this cluster. GDPH and other partners then created protocols that guide districts through a cluster response. The protocols focus chiefly on communications, epidemiological response, and processes for identifying related cases. GDPH developed one-pagers for a variety of audiences explaining what syndromic surveillance is and its limitations. These resources are disseminated to district epidemiologists when a cluster arises. The epidemiologists then share these resources with relevant partners. Georgia works with several key

partners during a cluster response, including high intensity drug trafficking areas (HIDTA), the Fusion Center (Georgia Information Sharing Analysis Center), and Georgia Poison Center. To strengthen its data collection protocol, GDPH created a template for quick reports and designed a best practices protocol for documenting overdose-related EMS trips, which was distributed to emergency medical technicians (EMTs) across the state.

When there is an overdose cluster in Georgia, internal overdose syndrome reports are shared with the affected health district. GDPH also produces monthly syndromic surveillance reports, which are disseminated through local coalitions and made available on its web page. They are expanding their distribution channels and getting this information to law enforcement and other essential partners.

Health Alerts Trigger Awareness Around Non-Fatal Overdoses

As part of its comprehensive response, ODH monitors near real-time suspected drug overdose emergency department (ED) data. Recently, ODH tested and refined a new classifier to better detect nonfatal overdoses with fewer false positives. When more overdose encounters than expected occur in a 24-hour period (based on historical data), it is considered an anomaly, and an alert is sent to the state and the affected county's local health department (LHD) epidemiologists. The local health department verifies whether the alert represents a true anomaly, notifies cross sectoral partners, and activates its own community response. ODH then sends the LHD a survey to capture information about the LHD's analysis and response, which is summarized and distributed to state partners. To assist LHDs with their response to anomalies, ODH collaborated with its state injury prevention coalition to develop a community response plan template. This template includes guidance on verification of the anomaly and the roles of partners. ODH also sends state stakeholders a weekly report summarizing current trends in suspected drug overdose encounters at the state, region, and county level, and uses the data to issue statewide alerts when overall activity has increased in the state over multiple weeks. The public-facing interactive data dashboard, updated monthly, displays county, regional, and statewide visualizations and is a key part of the effort to improve data systems and better respond to suspected drug overdoses.

ODH attributes its surveillance successes to three factors:

- Language in the Ohio Revised Code that allows for protected data sharing between coroners and ODH
- Strong partnerships and buy-in with local health departments and coroners
- Rapid response and detection for overdoses and improving electronic data collection methods

Conclusion

Georgia and Ohio develop and sustain strategic partnerships to leverage their opioid work. Collecting and disseminating comprehensive data informs prevention activities and drives a targeted response to the opioid epidemic. Quicker analyses, improved data visualization, updated protocols, and strong partnerships with medical examiners, coroners and other essential entities are critical pieces of this work.

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