

Opioid Overdose Public Health Surveillance Update January 2021.

Data Sources:

Opioid overdose visit data from all non-federal Emergency departments (ED) and the urgent care centers (UCC) currently sharing their data with the Oregon Health Authority (OHA) via the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE).

Summary of Findings:

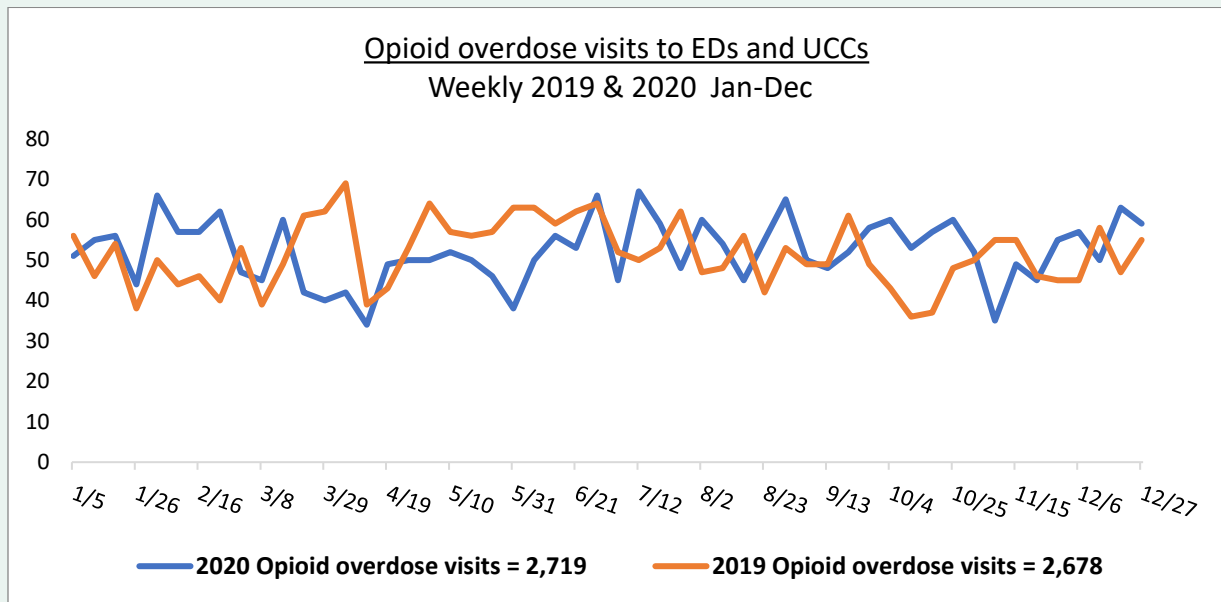
- The number of opioid overdose visits to EDs and UCCs in the 4th quarter of 2020 are slightly higher than the 4th quarter of 2019.
- The percent of opioid overdose visits to EDs and UCCs in the 4th quarter of 2020 are similar to 2019.

Items of Note:

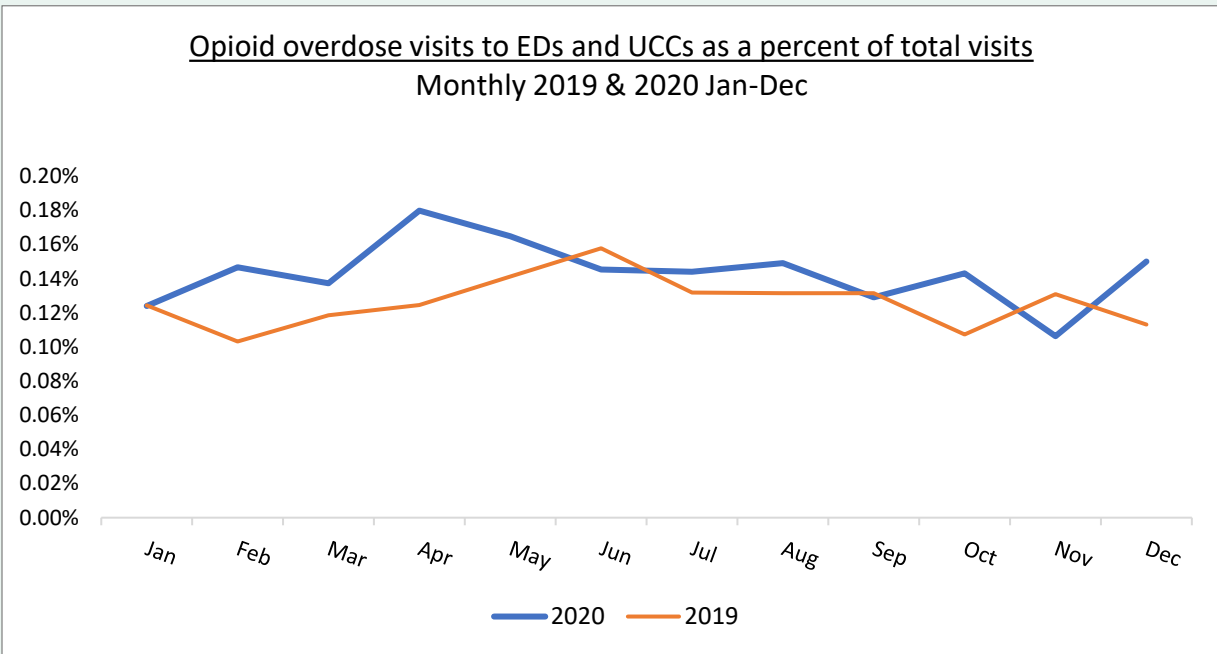
Syndromic surveillance data from 10 UCCs was added to ESSENCE in August 2020.

Details of Findings

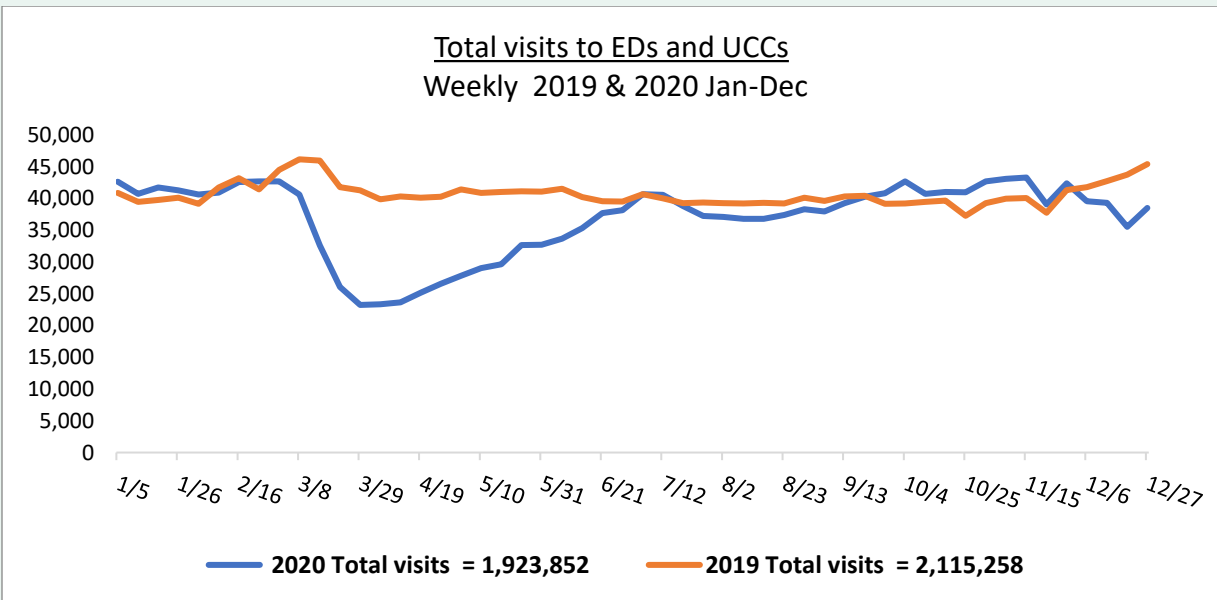
Opioid overdose visits to EDs and UCCs in 2019 and 2020, January through December.



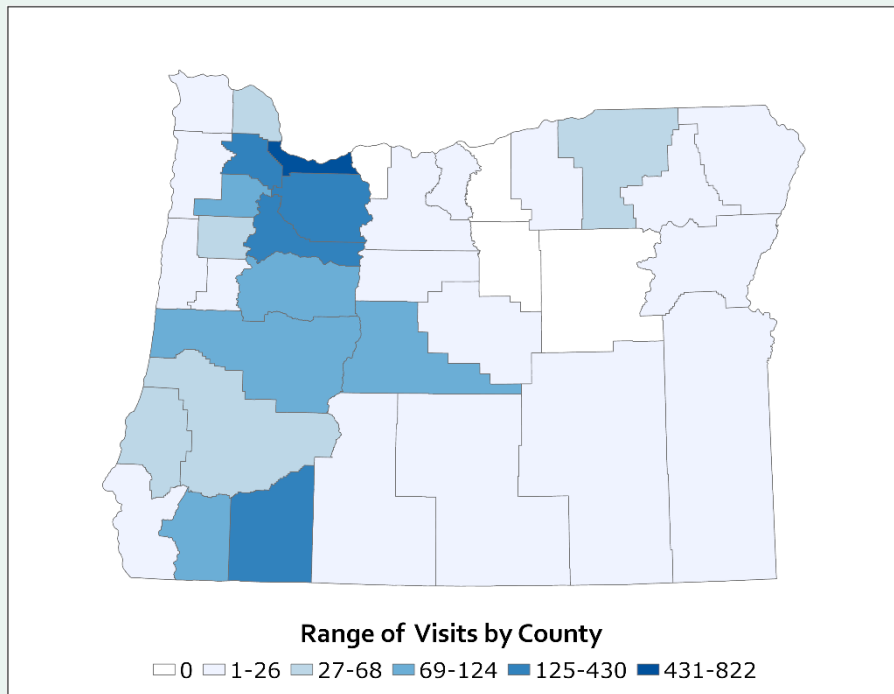
When measured as a percent of total visits for all health concerns, opioid overdose visits to EDs and UCCs have historically hovered around 0.13%. In March of 2020 the percentage of opioid overdose visits began to increase while total visits decreased as shown in the second chart below.



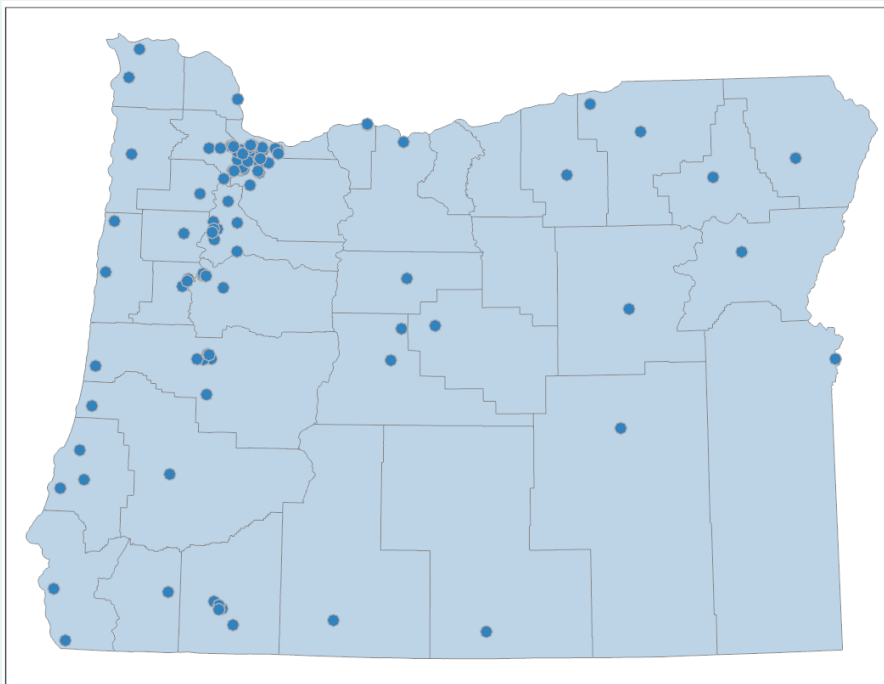
Total visits to EDs and UCCs for all health concerns decreased dramatically in March of 2020. By the 4th quarter of 2020 total visits are back to levels close to the 4th quarter of 2019.



The following map displays the range of opioid overdose visits to EDs and UCCs by patient's county of residence from January 2020 to December 2020.



The following map displays the locations of EDs and UCCs who share their data with OHA via ESSENCE.



Methods/ Data Sources

The Oregon Health Authority (OHA) queried Oregon Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) for opioid overdose visits to Emergency Departments (EDs) and Urgent Care Centers (UCCs) using an advanced query developed to search multiple fields.

Considerations

Opioid overdose visits to EDs and UCCs range in severity, may result from symptoms that are not life threatening, and may involve opioids in combination with other substances. Visits classified as intentional overdoses are included in this report in order to provide a complete view.

Not all people in Oregon have access to an ED or UCC. People who are assisted by emergency medical services (EMS, EMT and ambulances) may refuse transport to an ED or UCC.

Syndromic surveillance data from 10 UCCs was added to ESSENCE in August 2020. Syndromic surveillance data from 1 UCC was added in October of 2020.

Limitations

ED and UCC data are still being received/updated and minor fluctuation is anticipated.

This report does not include data about opioid overdose mortality. The classification of such deaths may be delayed by required toxicology. While this delay is not expected to change, this report may include mortality data in the future.

Strengths

To assess opioid overdose visits to EDs and UCCs, OHA developed an advanced query consisting of ICD-10 codes, chief complaint terms, clinical impression terms, triage note terms, and exclusions. The advanced query was compared to the CDC opioid overdose query version 2 which does not use triage note search terms but relies on ICD-10 codes, chief complaint terms, and exclusions. The comparison of queries was done on visits from January through July 2020. To be considered a true positive, a visit must contain both an opioid and an overdose term. The Oregon opioid overdose advanced query captured additional true positive visits not capture by the CDC opioid overdose version 2 query, and returned fewer false positives than the CDC opioid overdose version 2.

Oregon ESSENCE

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