

Making “Opioid Overdose” a Notifiable Condition in Clallam County

Background

Substance abuse is a major health problem in our community. Opioid-related hospitalization and death rates in Clallam County are statistically higher than the state average and are increasing (See figure.) As a result, substance abuse was identified as one of the six community health priorities in Clallam County in late 2012.

Clallam County Health and Human Services (CCHHS) conducts a Syringe Services Program (SSP) that has the following goals:

- Decrease transmission of blood-borne infections including hepatitis C and HIV
- Decrease injuries to the public and public servants (e.g., law enforcement, sanitation workers) associated with improper disposal of contaminated syringes used for intravenous drug injection,
- Increase harm reduction and substance abuse treatment opportunities for intravenous drug users, and
- Prevent opioid-overdose deaths through distribution of naloxone to high-risk clients in the Syringe Services Program. Naloxone is a medication that reverses the effects of opioids, especially in an overdose.

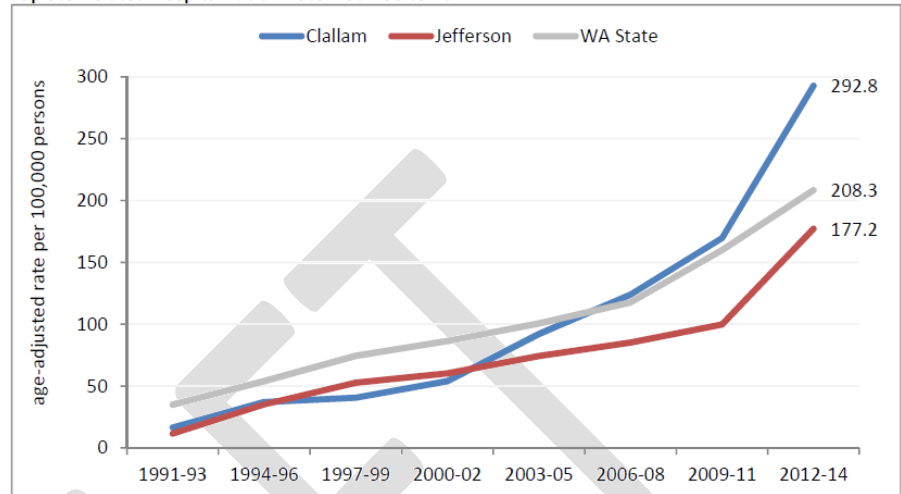
Proposal

Mandatory reporting of opioid-overdoses to Clallam County Health and Human Services

Purpose

1. To identify individuals who might benefit from receiving a naloxone kit to prevent future overdose events.
2. To identify individuals for drug treatment counseling, at a time that they might be most receptive to initiating treatment.
3. To allow education of health care providers prescribing opioids to their patients about the risks of overdose and approaches to prevention.
4. To collect timely information on opioid-related overdoses to assess the burden of the problem in our community, evaluate the impact of the naloxone distribution program, and establish baseline data to evaluate future intervention programs.
5. To provide reliable data to other interested stakeholders in the community who are working to improve substance abuse prevention, treatment, and harm reduction.

Opiate-Related Hospitalization Rate: 1991-93 to 2012-14



Legal authority

WAC 246-101-505 (3) Each local health officer has the authority to: (d) Require the notification of additional conditions of public health importance occurring within the jurisdiction of the local health officer.

Reporting details

Conditions to be reported: both fatal and non-fatal overdoses of opioid-containing drugs whether obtained legally or illegally, such as heroin, methadone, hydrocodone (Vicodin), oxycodone (Percocet, OxyContin), fentanyl and morphine

Potential reporters: To limit the burden of reporting as much as possible, notification will initially be required only of those health care entities most likely to see overdose victims including:

- Olympic Medical Center Emergency Department
- Forks Emergency Department
- County Coroner

Time frame for reporting: Within 24 hours of seeing the patient to allow speedy follow-up with victims, referral to chemical dependency and mental health counseling, and enrollment in CCHHS Naloxone Distribution Program.

Data collected: name, age, and sex of patient; contact information for patient; date and location of incident; facility reporting overdose; substances involved; disposition of patient (discharged, admitted, death); name of reporting individual; name of hospital.

Personal identifiers are needed to allow follow-up of overdose victims and for comparison with SSP records of clients who have received naloxone through the Naloxone Distribution Program.

Public health response

CCHHS staff will take the following actions on each report in a timely fashion:

1. Contact the patient as soon as possible and offer a naloxone kit and training to use the device.
2. Attempt to connect the patient with the SSP chemical dependency and mental health case manager to review treatment options.
3. Determine if the patient was an SSP client who received a naloxone kit in the past.
4. Refer the patient to the Syringe Services Program if appropriate.
5. Contact prescribing health-care provider when overdose is due to prescription medication.

Program evaluation

CCHHS will summarize data on overdose hospitalizations and deaths on a quarterly basis and share the information with stakeholders and in the Public Health Newsletter.

Evaluate completeness of reporting in 6 months by comparison of reported cases with other existing data (EMS, Washington Poison Control Center, hospital discharge data).

Integrate incoming data into Washington State's new disease reporting system (when available in 2016).