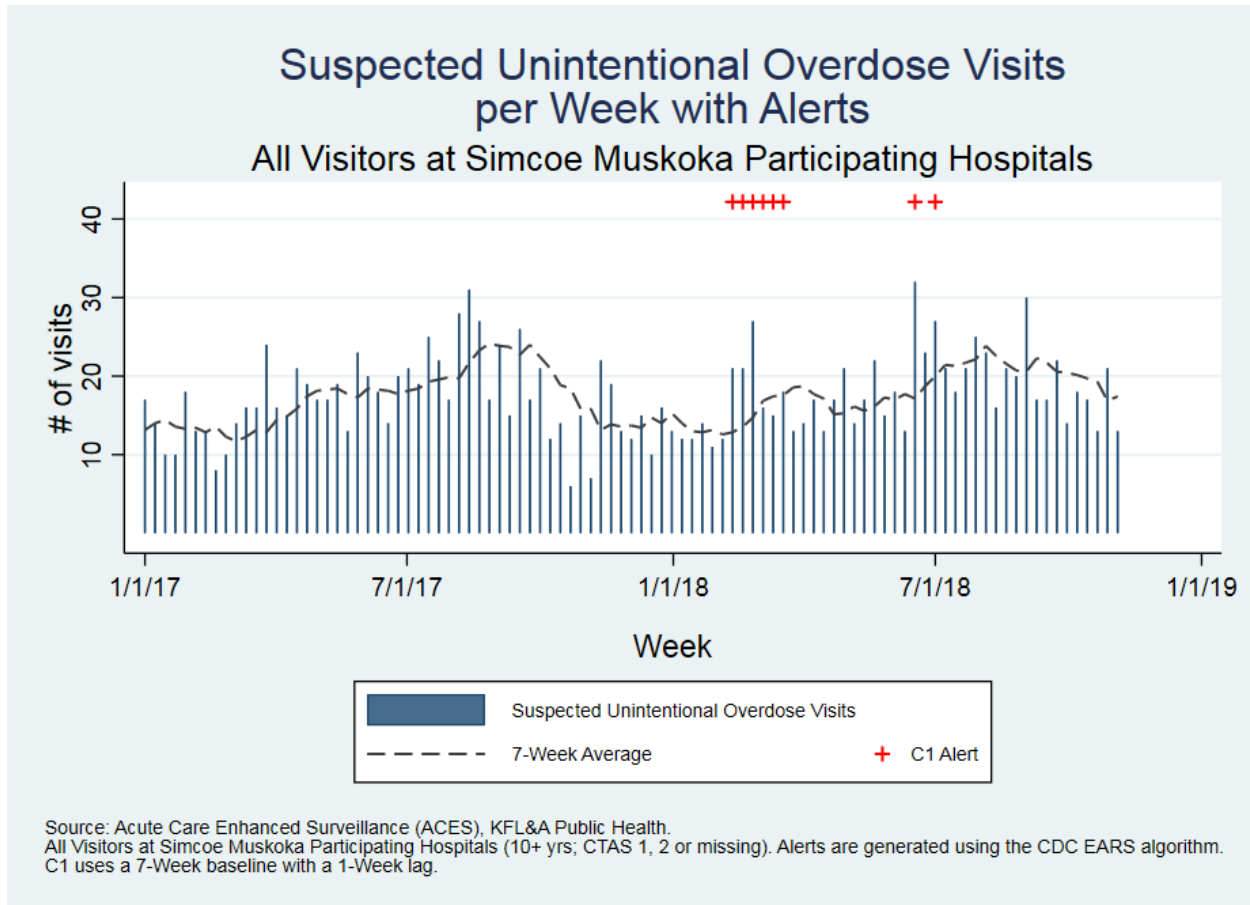


## Opioid & Other Drug Overdose Syndromic Surveillance Report



### Suspected Unintentional Overdose Visits Past 14 Weeks

Week Starting	# of Visits	7-Week Ave. (1-Week Lag)	Alerts
8/5/18	23	23.9	None
8/12/18	16	22.6	None
8/19/18	21	21.6	None
8/26/18	20	20.7	None
9/2/18	30	20.6	None
9/9/18	17	22.3	None
9/16/18	17	21.7	None
9/23/18	22	20.6	None
9/30/18	14	20.4	None
10/7/18	18	20.1	None
10/14/18	17	19.7	None
10/21/18	13	19.3	None
10/28/18	21	16.9	None
11/4/18	13	17.4	None

**Notes.**

Includes all patients 10 years and older visiting participating Simcoe Muskoka Hospitals.  
Opioid and/or Toxicity related visits with a CTAS score of 1, 2 or missing.  
Alerts are generated using the CDC EARS CUSUM Algorithm. C1 uses a 7-Week baseline with a one-Week lag.

**Participating Hospitals.**

Muskoka Algonquin Healthcare – Bracebridge (BRSH) & Muskoka Algonquin Healthcare – Huntsville (HUSH); Georgian Bay General Hospital (GBGH) & Orillia Soldiers Memorial Hospital (OSMH); Royal Victoria Regional Health Centre (RVH); Collingwood General and Marine Hospital (CGMH).

**Data Source.**

Acute Care Enhanced Surveillance (ACES): a real-time syndromic surveillance system developed and maintained by Kingston, Frontenac and Lennox and Addington (KFL&A) Public Health and funded by the Ministry of Health and Long Term Care (<http://www.kflaphi.ca/acute-care-enhanced-surveillance/>). ACES has more than 80 syndrome categories including: infectious disease syndromes (e.g. sepsis, meningitis), environmental syndromes (e.g. heat, cold) and non-infectious disease syndromes (e.g. dental pain, diabetes, injuries, mental health).

**Definitions.**

Opioid & Other Drug Overdose Syndrome: count of emergency visits that have the chief complaint coded in the ACES system that include any mention of opioid & other drug overdoses from methadone, fentanyl, codeine, morphine, hydromorphone, hydromorph, carfentanil, dilaudid, heroin, oxycodone, opium, percocet and opioids (and their misspellings). Also includes mentions of non-drug specific overdose (excluding alcohol-related or other specific non-opioid drug mentions). Excludes suspected intentional self-harm overdoses.

**Limitations.**

There are inherent limitations to emergency department triage data. Overdose specificity can be limited due to the potential for poly-drug overdoses. Chief complaints recorded at patient intake may be different to the discharge diagnosis which can overestimate broad syndrome classifications like mental health issues while underestimating very specific syndromes such as opioid or alcohol abuse.

**For additional local opioid statistics -**

<http://www.simcoemuskokahealthstats.org/topics/alcohol-drugs/drugs/opioids>