Suspected Drug Overdose Anomaly Survey

As follow-up to suspected drug overdose anomalies detected by the state's syndromic surveillance system, EpiCenter, this survey was developed to capture information about local health departments and their partners' analysis and response to an anomaly. Please take a few minutes to reply to this survey on behalf of your health department and your partners to provide an overall assessment of the response to your most recent EpiCenter alert for drug overdose emergency department (ED) visits.

Date of Anomaly _____

(If multiple anomalies occur in a 24-hour period, consider it one "event" and report on the overall "event.")

County

- ◯ Adams
- ◯ Allen
- ◯ Ashland
- ◯ Ashtabula
- ◯ Athens
- ◯ Auglaize
- ◯ Belmont
- ◯ Brown
- ◯ Butler
- ◯ Carroll
- ◯ Champaign
- ◯ Clark
- ◯ Clermont
- ◯ Clinton
- ◯ Columbiana
- ◯ Coshocton
- ◯ Crawford
- ◯ Cuyahoga
- ◯ Darke
- ◯ Defiance
- ◯ Delaware
- ◯ Erie
- ◯ Fairfield
- ◯ Fayette
- ◯ Franklin
- ◯ Fulton
- ◯ Gallia
- ◯ Geauga
- ◯ Greene
- ◯ Guernsey
- ◯ Hamilton
- ◯ Hancock
- ◯ Hardin
- ◯ Harrison
- ◯ Henry
- ◯ Highland
- ◯ Hocking
- ◯ Holmes
- ◯ Huron
- ◯ Jackson
- ◯ Jefferson
- ◯ Knox
- ◯ Lake
- ◯ Lawrence
- ◯ Licking
- ◯ Logan
- ◯ Lorain
- ◯ Lucas
- ◯ Madison
- ◯ Mahoning
- ◯ Marion
- ◯ Medina
- ◯ Meigs
- ◯ Mercer
- ◯ Miami
- ◯ Monroe
- ◯ Montgomery
- ◯ Morgan
- ◯ Morrow
- ◯ Muskingum
- ◯ Noble
- ◯ Ottawa
- ◯ Paulding
- ◯ Perry
- ◯ Pickaway
- ◯ Pike
- ◯ Portage
- ◯ Preble
- ◯ Putnam
- ◯ Richland

- ◯ Ross
- ◯ Sandusky
- ◯ Scioto
- ◯ Seneca
- ◯ Shelby
- ◯ Stark
- ◯ Summit
- ◯ Trumbull
- ◯ Tuscarawas
- ◯ Union
- ◯ Van Wert
- ◯ Vinton
- ◯ Warren
- ◯ Washington
- ◯ Wayne
- ◯ Williams
- ◯ Wood
- ◯ Wyandot

Did your health department investigate the alert (i.e., review EpiCenter data and/or other data sources)?

- ◯ Yes
- ◯ No

Briefly describe why the alert was not investigated.

_____

Please upload a copy of the analysis of the alert.

Did this anomaly reflect an increase in overdose events in the anomaly's 24 hour period compared to previous time periods (e.g., not due to false positives)?

- ◯ Yes
- ◯ No

Please describe why your health department determined there was not an increase.

_____

Does your health department have a written community response plan for increases in suspected drug overdose (drug anomalies from EpiCenter)?

- ◯ Yes
- ◯ No

Please upload the most recent copy of your community response plan if you have not done so in a previous Suspected Drug Overdose Anomaly Survey.

Was any response activated to your county's most recent EpiCenter alert for drug overdose ED visits?

- ◯ Yes
- ◯ No

Briefly describe why a response was not activated.

_____

Please check all boxes that apply. Did any of the following agencies:

	LHD	Coroner/ME	Law enforcement	EMS	Local mental health agency(ies)	Other partner(s)
Report an increase in suspected OD deaths, dispatches, calls/runs, etc. around the time of the anomaly?	☐	☐	☐	☐	☐	☐
Provide feedback/information about the suspected substances involved?	☐	☐	☐	☐	☐	☐
Provide any additional information to help verify the anomaly?	☐	☐	☐	☐	☐	☐
Equip staff with additional naloxone or naloxone kits?	☐	☐	☐	☐	☐	☐
Activate a post-overdose response team equipped with referral resources?	☐	☐	☐	☐	☐	☐
Provide direct outreach to people who use drugs with harm reduction messaging?	☐	☐	☐	☐	☐	☐
Provide naloxone kits to clients, family members, general community?	☐	☐	☐	☐	☐	☐
Send out a public announcement (e.g., press release, alert, social media post)?	☐	☐	☐	☐	☐	☐
Activate a peer support team to link people with substance use disorder to treatment and/or naloxone?	☐	☐	☐	☐	☐	☐
Respond with any other activities?	☐	☐	☐	☐	☐	☐

If there are any boxes checked for "other partners" above, please list those other partners.

_____

If there are any boxes checked for "respond with any other activities," please list those activities.

_____

Please check all boxes that apply.

	Assessed need for naloxone	Provided them with naloxone
Emergency department	☐	☐
EMS	☐	☐
Law enforcement	☐	☐
Project DAWN(s)	☐	☐
Substance use treatment center(s)	☐	☐
Other	☐	☐

If "other," please specify. _____

Was naloxone requested from the Ohio Department of Health (ODH) and/or the Ohio Department of Mental Health and Addiction Services (Ohio MHAS) as a result of this anomaly?

- ◯ Yes, from ODH
- ◯ Yes, from Ohio MHAS
- ◯ Yes, from both
- ◯ No
- ◯ Not applicable (We did not need naloxone)

Did your county request state assistance for anything other than naloxone?

- ◯ Yes
- ◯ No

Please describe the state assistance requested and the result of that request.

_____

Were any novel or emerging concerns identified related to this anomaly?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable (not a true anomaly)

Please describe any novel or emerging concerns identified.

Did your agency contact the Ohio Department of Health (ODH) related to this EpiCenter alert?

- ◯ Yes
- ◯ No

Please provide any additional relevant information identified through the investigation and response for this anomaly, such as substances involved, local response, state response or assistance needs.

Please describe the impact, if any, that EpiCenter alerts for drug-related anomalies are having on your community.

Please upload any press releases or any additional information about the drug anomaly.

Please provide contact information so we can reach you if we have additional questions.

Name _____

Phone number _____

Email address _____