

Syndromic Surveillance

Source: Syndromic Surveillance is a collaborative effort among CDC, state, and local health departments. It provides public health with timely information for detecting, monitoring, and understanding health events. It is able to track symptoms of patients in emergency departments before a diagnosis is confirmed to detect whether a public health response is needed. It can serve as an early warning system for public health concerns, and has recently found utility in being used for drug overdoses that present to the hospital. The data from facilities are entered as early as 24 hours after a patient visits a facility, and includes information on the discharge diagnosis, chief complaint, demographic information (age, sex, race/ethnicity, Zip Code of residence), and other information.

For more information about Syndromic Surveillance, visit: <https://www.cdc.gov/nssp/overview.html>

Case Definitions: We use CDC developed case definitions, which use discharge diagnosis codes and chief complaints to detect suspected all-drug, opioid, heroin, and stimulant overdoses in the emergency department.

For more information about Suspected drug overdose case definitions, visit: <https://www.cdc.gov/drugoverdose/data/nonfatal/case.html>

Strengths:

- Most data are available within 24 hours and over 90% of hospitals that report data do so in less than a week.
- In Nevada, as of January 2021, 91% of emergency department facilities report into the system.
- Can capture demographic information (sex, age, race/ethnicity, Zip Code).

Limitations:

- Visits are labeled as 'suspect' due to lack of confirmatory drug testing.
- Since people who overdose may not always make it to the emergency department, data may underestimate the burden of drug overdose in the community.
- Over time, more facilities have onboarded, so previous years may not be comparable to current years.

