

# Health Advisory: All Hospital-Treated Drug Overdose Deaths Requested by MDH

Minnesota Department of Health Thu May 3 11:00 CDT 2018

**Action Steps:**
***Local and tribal health departments:*** Please forward to hospitals, clinics, emergency departments, urgent care centers, and convenience clinics in your jurisdiction.
***Hospitals and clinics:*** Please distribute to all health care providers in these facilities.
***Health care providers:*** Please report all hospital-treated drug overdose fatalities to MDH, either by FAX or online:

* FAX (1-800-267-1058): [www.health.state.mn.us/divs/healthimprovement/data/projects/mndosa.html](http://www.health.state.mn.us/divs/healthimprovement/data/projects/mndosa.html)
* Online: <https://apps.health.state.mn.us/redcap/surveys/?s=YNCCJJPALX>

**Background**
Drug overdose deaths continue to rise in Minnesota. In 2016, the number of drug overdose deaths was nearly six times higher than in 2000. Between 2015 and 2016 alone, there was a 16% increase in fatal drug overdoses ([www.health.state.mn.us/opioiddashboard](http://www.health.state.mn.us/opioiddashboard)). Prescription opioids continue to account for the greatest number of fatal overdoses, with 194 deaths in 2016. The fatal drug overdose epidemic is not limited to opioids – overdose deaths increased in almost all drug categories from 2015 to 2016, revealing an urgent public health problem. In response to this crisis, the Commissioner of Health ordered MDH to investigate “drug overdose, substance abuse, and other poisoning” in Minnesota. Last fall, MDH initiated a pilot project at select hospitals in Minnesota to track all emergency department-treated cases of recreational drug use, both fatal and nonfatal. These data will be used to better understand the patterns of substance abuse and drug overdose in Minnesota and inform a public health response.

MDH is now expanding surveillance for drug overdose deaths treated in the hospital throughout the state of Minnesota. To illustrate the magnitude of these cases, there were 166 hospital-treated fatal overdoses in Minnesota in 2016.

Beginning **June 1, 2018**, all hospital-treated fatal cases of drug overdose are requested to be reported to MDH within 1-2 business days. This includes deaths occurring in the emergency department and inpatient areas, such as intensive care units.

**Note:** Deaths resulting from alcohol poisoning alone are excluded from reporting.

Continue following the normal protocol for reporting deaths to the coroner or Medical Examiner’s Office (ME). This reporting does not replace the normal procedure of notifying the coroner or ME of these deaths (Minnesota State Statute section 390.11, subdivision 1). In the event the death will not be evaluated by the coroner or ME, MDH may contact the lab at your facility to request clinical specimens (blood and/or urine), which will be tested for surveillance purposes only. Any toxicology testing initiated by the coroner or medical examiner will be prioritized over testing conducted at the MDH Public Health Laboratory.

**Clinical Presentation**
For questions or concerns on drug toxicity, overdose or any suspected poisoning, intoxication, inhalation or ingestion, call the Minnesota Poison Control Center 24/7 at 1-800-222-1222.

**Patient Education**
Regarding opioids, advise patients about the risk of overdose and the importance of having people available to intervene should overdose occur; recommend that patients participate in overdose prevention education at a local harm reduction program; and refer them to a pharmacy to get naloxone to halt the effects of an overdose. Minnesota Poison Control can talk anyone through administering naloxone and is reachable 24/7 at 1-800-222-1222.

**Questions or Concerns**
For questions or concerns regarding reporting to MDH, please contact:

* Nate Wright at 651-201-4237 or nate.wright@state.mn.us or
* Terra Wiens at 651-201-5449 or terra.wiens@state.mn.us

A copy of this HAN is available at: [www.health.state.mn.us/han](http://www.health.state.mn.us/han)
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.