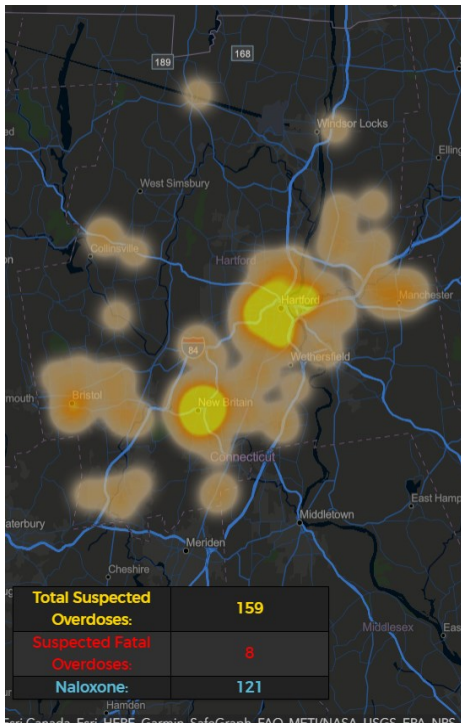


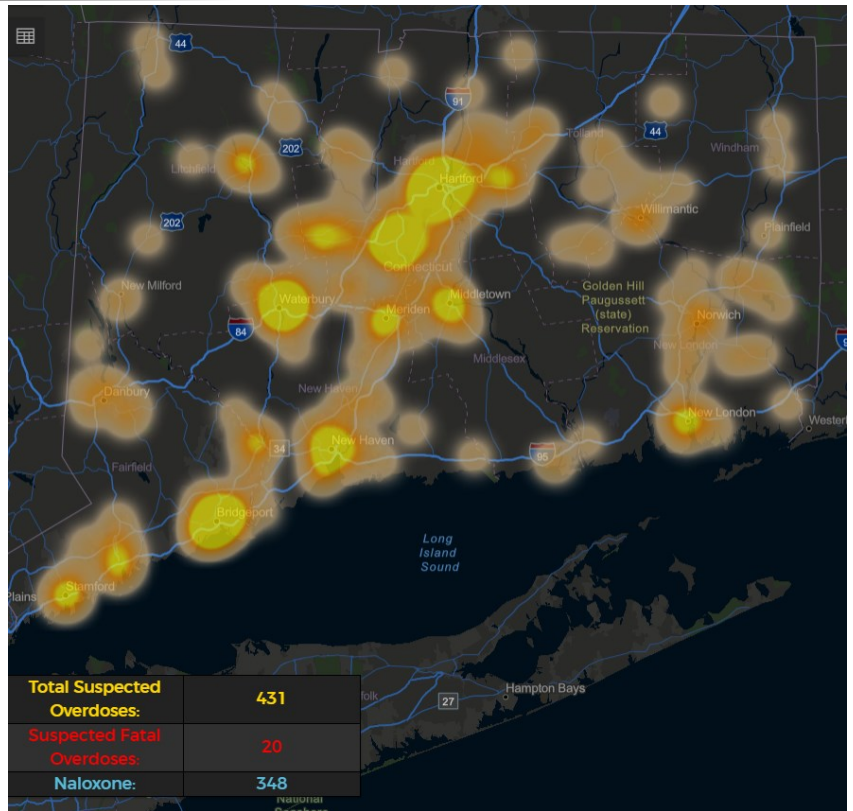
July 2021, Issue XXVI

Connecticut Opioid Heat Map

In the month of May the State of Connecticut saw increased activity in Hartford Counties. The heatmaps depicted, at right, an and New Haven below show cumulative data for the month of June 2021.



Above is Hartford County Heat Map, for June 2021



Above is a Heat Map of the entire State for June 2021 .

SWORD Reports of Opioid Overdose in Children Under Three

You are dispatched to a pediatric walk-in clinic for a lethargic two-year-old. You find a cyanotic child with agonal respirations. You assist the child’s respirations with a pedi-BVM and transport lights and sirens to the nearest ED. The assisted ventilations are effective, raising the patient’s oxygen saturation to the mid 90s, and as you. You run through your differential diagnoses. Sepsis, trauma, heart disease, seizure, hypoglycemia, bronchiolitis, poisoning. You ask the parent if the child had any access to medicine or hazardous materials. The mother vigorously denies this. At the hospital, with laryngoscope in hand, the ED MD decides to try 0.2 mg Narcan IV before intubating. The child’s breathing improves in just moments so assisted ventilation is no longer needed. The child opens his eyes and begins crying. When the drug toxicology report comes back, the patient tests positive for Fentanyl. The PD and DCF are now involved.

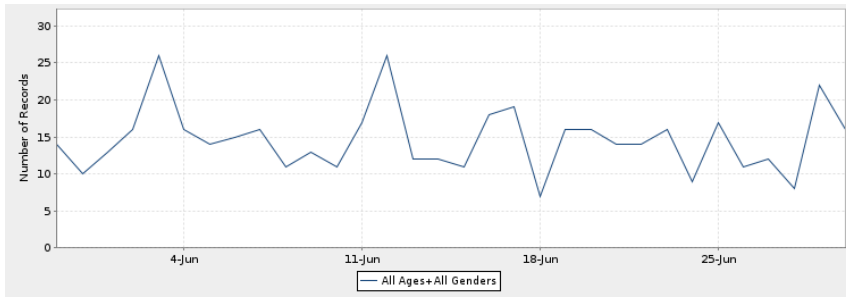
Pediatric Opioid Exposure story continues on page 4

SWORD Spotlight

Kudos to East Hartford Fire, Middlesex Hospital Medics, and Norwalk Hospital EMS, who all achieved 100% reporting of overdoses in the month of June.

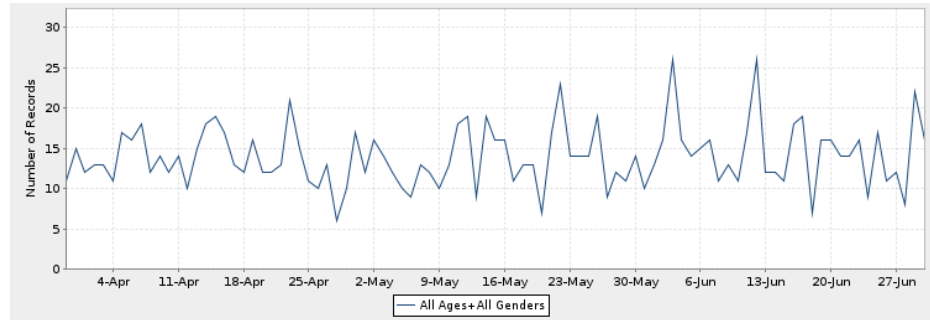


Your continued diligence is appreciated. Consistent and committed reporting translates into real outcomes as local public health entities and their community partners look to ODMAP for real time data relating to opioid overdoses.



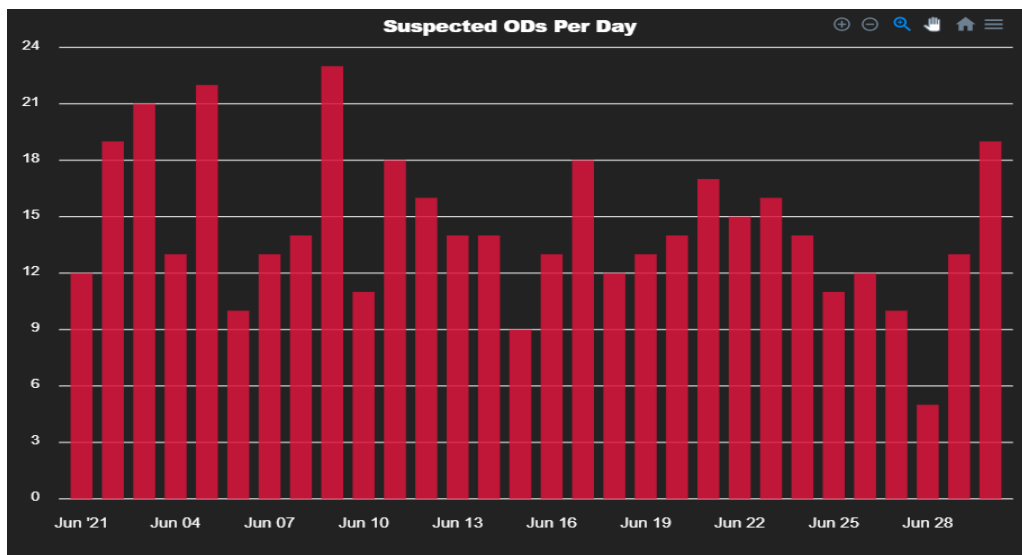
Left: < Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows counts for **June 2021** for the state of Connecticut.

Right: > Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows total counts for the **previous 90 days** for the state of Connecticut.



Data, above, represents the total count of emergency department visits (Syndromic Surveillance) related to prescription and illicit opioid drug overdoses. Data reflects overdoses based on town/city resident. It does not include non-resident overdoses. Data subject to change.

*Suspected overdoses involving any opioid include prescription and illicit opioids.



< Left: This graph represents EMS reported opioid overdoses by incident day during June, 2021.

SWORD Statewide Reporting June 2021

In the month of June 2021, there were 431 calls to the CT Poison Control Center (CPCC) for SWORD. Of these calls, 411 were non-fatal and 20 resulted in fatalities. There were 348 total naloxone administrations: 184 non-fatal multiple doses of naloxone administered, 153 non-fatal single dose naloxone, and 72 non-fatal with no naloxone administered. There were seven (2) non-fatal with “unknown” naloxone administered. Of the 20 fatalities, eight (6) received multiple doses of naloxone, six (5) received single dose, and fifteen (9) with no naloxone administered. The gender breakdown for the state is: Male (334), Female (92), and (5) unknown.

The 431 cases involved suspected overdoses from all of our counties: Fairfield (87), Hartford (159), Litchfield (22), Middlesex (19), New Haven (88), New London (32), Tolland (14), and Windham (10). The age breakdown of the patients is as follows: 0 to 18 years of age (6); 19 to 24 years of age (25); 25 to 34 years of age (108); 35 to 44 years of age (106); 45 to 54 years of age (78); 55 to 64 years of age (74); 65 years of age and older (27); age unknown (7).

*Numbers subject to change

***TIP: Store the CPCC number in your cell for ease of use! 1-800-222-1222**

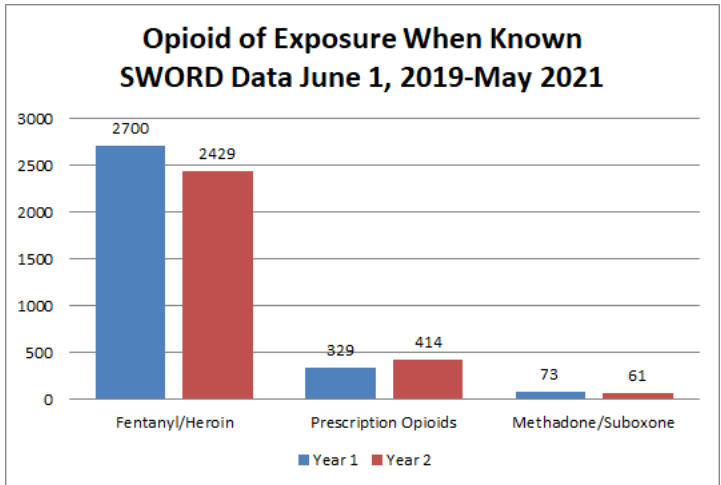
Data a Deeper Dive

Drug of Exposure

When EMS reports a suspected overdose to the CPMC, they are asked to report the suspected opioid of exposure, such as heroin, fentanyl, oxycodone, etc. When the opioid of exposure was known (n=2904), 84% of the time the drug was either heroin or fentanyl. In this analysis, oxycodone and Percocet were placed together with other drugs as “prescription pills,” which represented 14% of cases. The category “prescription pills” includes all “pills” regardless of whether or not there was suspicion that the pill was counterfeit, diverted, or prescribed. In many of the cases, drugs were not found on scene and the patient refused to divulge what opioid they overdosed on. These were categorized as unknown opioid, which occurred in 36% of all SWORD reported cases.

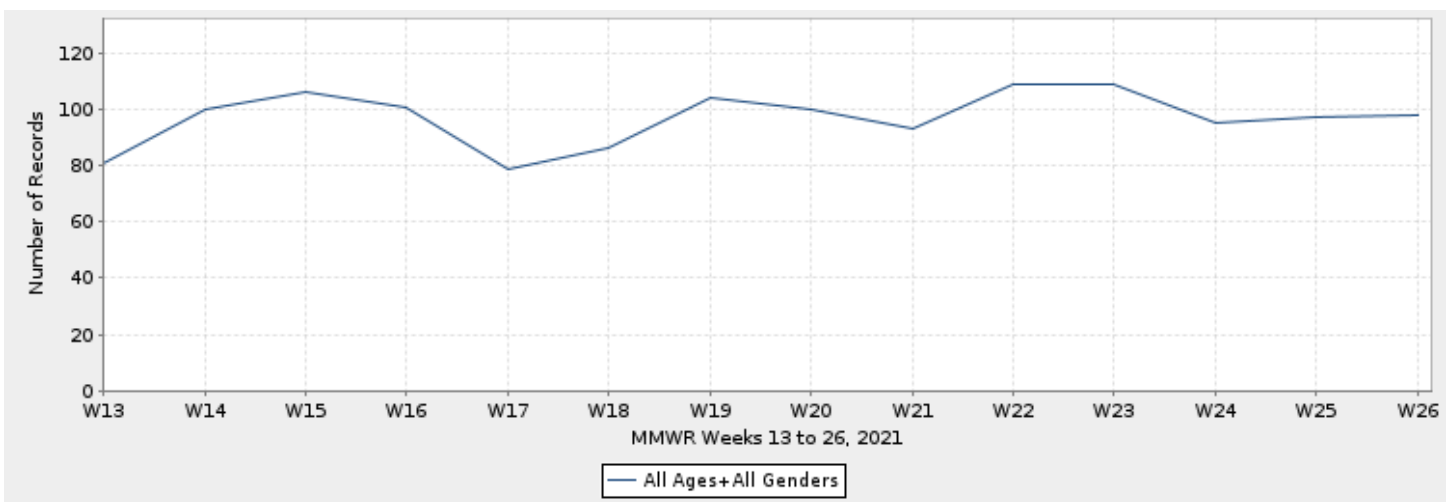
We have identified a small shift in overdose opioid drug of exposure (when the drug of exposure is known) from powdered heroin and/or fentanyl (84% down from 87%) to the use of prescription pills (up to 14% from 11%), while overdoses on methadone and/or Suboxone remained steady at 2%.

We speculate that the shift from heroin/fentanyl to pills may be accounted for by an increasing number of reports we have received of patients overdosing on prescription pills (Percocet and Xanax) they bought on the street that we suspect may have been counterfeit pills laced with



fentanyl. Users and public health workers should be aware that these pills are not subject to quality control and due to uneven mixing carry unpredictable amounts of active drug. One pill might have no active fentanyl while another could contain a lethal dose. We expect that these counterfeit prescription pills will continue to account for an increasing number of opioid overdoses in the coming year.

Note: Reports of cocaine, PCP and alcohol use where the patients required naloxone for resuscitation were classified as unknown opioid.



Above\ June 2021 Weekly Suspected Opioid Overdoses- 3 months

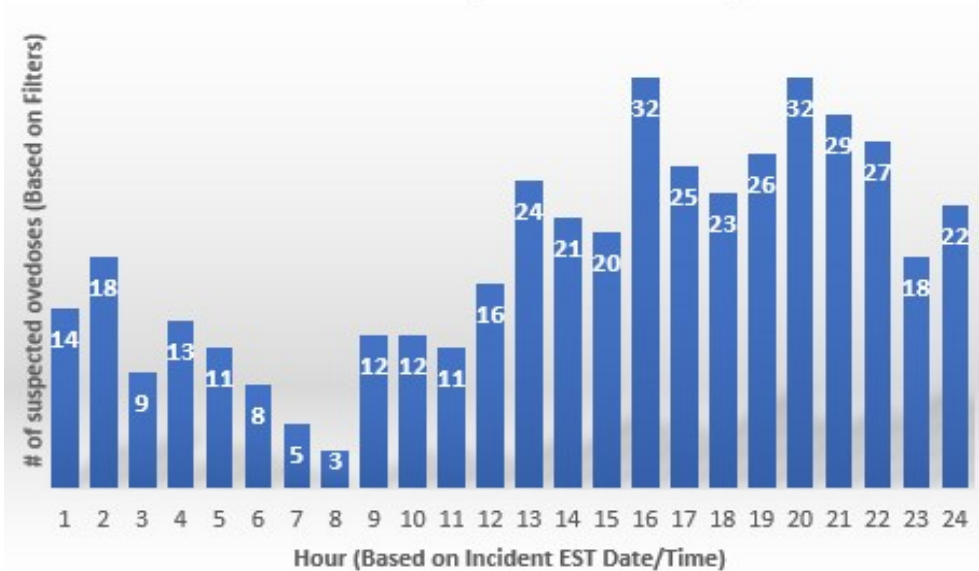
According to SWORD data there have been 10 EMS reported opioid poisonings of children under three (range from 14 months to 2.5 years) in the last two years, including four since June. The location of these calls included residences, a homeless shelter, a motor vehicle, a bodega, as well as urgent care and physician offices. In seven of the cases EMS successfully resuscitated the patients with naloxone. Four of these patients required additional naloxone at the hospital. Positive toxicology results included fentanyl, general opioid, cocaine and methadone. Fortunately none of these young patients

died.

Unfortunately with the increased prevalence of fentanyl in the drug supply, whenever responding to a young child with apnea, respiratory depression or lethargy, opioid toxicity should always be considered in your differential diagnosis.

In addition to these ten SWORD reports, the Poison Control Center has received similar reports from hospital staff after the ED staffs encountered similar patients taken directly to the hospital by their parents or caregivers.

Overdose by Hour of Day



Data, above, represents the hour of the day when the most overdoses occur. The information represents data from June of 2021. The data was extracted from the ODMAP system on 7/21/2021, and is subject to change.

Second Annual SWORD Report

The second annual SWORD report will be released later this summer, covering the time period June 1, 2020 to May 31, 2021. Comparing data from year one to year two may help us identify trends so we can better understand the evolving nature of the opioid overdose epidemic. Here is an example of data that will be in report.

Do you need help accessing ODMAP Level 1 (Spike Alert Level) or Level 2 (Map Level)?

[Click here to contact the ODMAP Helpdesk](#), or call (301) 489-1744



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[Click here](#) to contact OEMS regarding the SWORD program,

ODMAP, or feedback, [Click here](#) to check out the SWORD page on our website

Thank you for your participation!

