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To: Hospitals, Emergency Medical Services (EMS), and First Responders in Iowa  
 From: Iowa Department of Public Health (IDPH)  
 Re: Mandatory Reporting of an Opioid Overdose requiring Naloxone Administration  
 Date: July 1, 2018

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**Background:**

Thought to be an issue only in major U.S. cities or more populated states, use of opioids (which includes heroin and prescription pain relievers) is becoming a problem of epidemic proportions in more rural areas of the country. While alcohol, marijuana and methamphetamines remain the primary substances misused in Iowa, in just over a decade, significant increases have been observed in the number of opioid overdose deaths.

<b>Opioid Overdose Deaths in Iowa</b>		
<i>Year</i>	<i>2005</i>	<i>2017</i>
<i>Overdose Deaths</i>	28	103

Due to their effect on the part of the brain that regulates breathing, opioids in high doses can cause respiratory depression and death. An opioid overdose can be identified by a combination of signs and symptoms, such as:

- Slow breathing (less than 1 breath every 5 seconds) or no breathing
- Vomiting
- Face is pale and clammy
- Blue lips, fingernails or toenails
- Slow, erratic or no pulse
- Snoring or gurgling noises while asleep or nodding out
- No response when the person’s name is yelled
- No response when the middle of the person’s chest is rubbed using knuckles

While accurate data is available that helps the state continue to monitor the issue of opioid overdose in Iowa, due to the time needed by reporting sources to review, verify and approve data used to populate official reports, it is common for finalized data to be unavailable for 6 months or more after the overdose occurred. While these processes are in place to ensure high accuracy and quality of data, it presents a barrier for timely reporting of unusual frequencies in overdoses (potential outbreaks). These delays lead to missed opportunities for preventing additional overdoses through real-time targeted interventions, and in conducting current trend analysis.

**Surveillance:**

In order to take a proactive approach in addressing opioid misuse in Iowa, all suspected or confirmed opioid overdoses where naloxone was administered (via any route of administration) are to be reported to IDPH within 3 days of the administration occurring. Doing so will provide information that can be used by IDPH, stakeholders, and communities, to address the misuse of opioids in a more actionable timeframe and focus preventative efforts.

This designation is effective July 1, 2018, and remaining in place until December 31, 2019.

In the event that a suspected opioid overdose has occurred but Naloxone is not administered, these occurrences are not to be reported.

### **Who should Report:**

Naloxone can be administered by a number of individuals (hospital emergency departments, EMS providers, First Responders, persons in a position to assist). To avoid the potential for duplicate reporting, IDPH expects that the hospital will be responsible for reporting the opioid overdose and naloxone administration. This reporting would be inclusive of any Naloxone administered by EMS providers, First Responders, or others immediately prior to services delivered by the hospital.

### **How to report:**

ALL reports shall be made to the dedicated reporting website using the following link:

- <https://www.surveymonkey.com/r/IDPHopioidoverdosetracking>

### **What to Report:**

Hospitals will report the opioid overdose and Naloxone administration using the form provided on the reporting website. No identifying patient information will be collected other than the following:

- a. Reporting organization name
- b. Name of the staff member completing the form
- c. Date form was completed
- d. Date patient was treated for overdose
- e. County where Naloxone administration occurred
- f. Method of arrival to the hospital organization
- g. Type of location where Naloxone administration occurred
- h. Gender of the patient
- i. Age of the patient
- j. Race of the patient
- k. Ethnicity of the patient
- l. If the patient was conscious before being administered Naloxone
- m. Route of Naloxone administration
- n. Number of doses of Naloxone administered
- o. If the patient was resuscitated
- p. If the patient was referred to a substance use disorder provider
- q. How the referral was made

### **Unusual Frequencies/Identification of Potential Outbreaks:**

To assist the State in identification of a potential outbreak and the development of a community response, any hospital, EMS provider, or first responder that becomes aware of an increase in opioid overdoses that represents an unusual frequency (increase), is to contact IDPH at 1-866-834-9671. In addition, contact with the local law enforcement organization(s) should be considered as part of a community response.

### **Authority:**

Pursuant to 641 Iowa Administrative Code 1.5-1.6 (135,139A): Reportable poisonings and conditions are those diseases or conditions listed in Appendix B. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.

**The Director of the Iowa Department of Public Health has designated suspected and confirmed cases of Opioid Overdose as reportable in Iowa until December 31, 2019.**