



ARIZONA DEPARTMENT
OF HEALTH SERVICES

June 8, 2017

Re: Consultation on Enhanced Surveillance Advisory for Opioid Emergency

Dear Governor Ducey,

As you recognized in your June 5 declaration of public health emergency for the opioid overdose epidemic, the alarming increase in opioid overdoses and deaths in Arizona necessitates a rapid response and intervention with targeted solutions. Your foresight to issue an enhanced surveillance advisory will allow the Arizona Department of Health Services to rapidly collect essential data in real-time, which will facilitate implementation of more efficient prevention efforts.

In response to your declaration, and pursuant to §A.R.S 36-782 (B), I am pleased to submit to you this recommendation for necessary elements for inclusion in an enhanced surveillance advisory for Arizona. The following pages detail my proposal for the contents of this advisory.

I appreciate your leadership on this critical opioid epidemic and recognition that improved data collection is crucial to mount an effective response. I look forward to providing you with an updated summary of the situation once data collection is underway.

Sincerely,

A handwritten signature in black ink, appearing to read "C.M. Christ".

Cara M. Christ, MD, MS
Director

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

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Health and Wellness for all Arizonans

Enhanced Surveillance Advisory Recommendations for Reporting of Opioid Related Events and Conditions

Reporting elements recommended to be included in the enhanced surveillance advisory are as follows:

§A.R.S. 36-782 (B)(1) and (2) – Persons and entities required to report; Clinical syndromes, illness, or health condition to be reported:

Health condition to be reported	Required Reporters	Rationale
Suspected opioid overdoses	<ul style="list-style-type: none"> • Healthcare professionals licensed under A.R.S. Title 36 • Administrators of a healthcare institution or correctional facility • Emergency Medical Services/ Ambulance agencies <ul style="list-style-type: none"> ○ First response agencies ○ Ground and air ambulance agencies • Law enforcement officers 	Will allow for enhanced situational awareness of the current opioid situation in Arizona and provide insight into specific communities for targeted interventions.
Suspected opioid deaths	<ul style="list-style-type: none"> • Healthcare professionals licensed under A.R.S. Title 36 • Administrators of a healthcare institution or correctional facility • Emergency Medical Services/ Ambulance agencies <ul style="list-style-type: none"> ○ First response agencies ○ Ground and air ambulance agencies • Law enforcement officers • Medical examiners 	Due to delays with cause of death determination, reporting of these deaths is typically delayed by months. Reporting of suspect opioid deaths will provide enhanced situational awareness of the current opioid epidemic and allow for real time tracking of the severity of the epidemic.
Neonatal abstinence syndrome	<ul style="list-style-type: none"> • Healthcare professionals licensed under A.R.S. Title 36 • Administrators of a healthcare institution or correctional facility 	Will provide an additional proxy measure for the severity and extent of the opioid epidemic and will allow for improved targeting of resources and interventions.
Naloxone doses administered in response to suspected opioid overdose or death	<ul style="list-style-type: none"> • Emergency Medical Services/ Ambulance agencies <ul style="list-style-type: none"> ○ First response agencies ○ Ground and air ambulance agencies • Law enforcement officers 	Will provide insight into the extent of the opioid epidemic. Will support enhanced awareness of location and use of naloxone and allow for targeted intervention.
Naloxone doses dispensed	<ul style="list-style-type: none"> • Pharmacists 	Will provide enhanced situational awareness of the number of naloxone doses distributed in the state.

§A.R.S. 36-782 (B)(3) – Patient tracking

Reporting of suspect opioid overdoses will require reporting entities to submit patient specific information, including name, gender, and date of birth, if known. This information will allow ADHS to implement patient tracking, if necessary.

§A.R.S. 36-782 (B)(4) – Information Sharing

To ensure access to relevant data and information from the multitude of agencies and organizations across the state with information to bear on the opioid overdose epidemic, the following entities may be requested to provide data or information to the Arizona Department of Health Services (ADHS).

- ◇ Arizona Criminal Justice Commission (ACJC)
- ◇ Arizona Department of Economic Security (DES)
- ◇ Arizona Health Care Cost Containment System (AHCCCS)
- ◇ Arizona Health and Medical Boards to include:
 - Arizona Medical Board
 - Arizona Board of Osteopathic Examiners
 - Arizona State Board of Nursing
 - Arizona Board of Dental Examiners
 - Arizona Regulatory Board of Physicians Assistants
 - Arizona State Board of Pharmacy
 - Arizona Podiatry Board
 - Arizona Naturopathic Board
 - Arizona Optometry Board
 - Arizona Veterinary Board
- ◇ Arizona Health Information Exchange (Health Current)
- ◇ Licensed Health Care Institutions, including behavioral health institutions
- ◇ Local Law Enforcement Agencies to include:
 - County law enforcement agencies
 - County jails
 - County juvenile detention facilities
- ◇ State Law Enforcement Agencies to include:
 - Arizona Department of Public Safety (DPS)
 - Arizona Department of Corrections (DOC)
 - Arizona Department of Juvenile Corrections (ADJC)

This information sharing will allow ADHS to better coordinate prevention and response activities and to gain a more complete picture of the extent of the epidemic and the resources available to combat it.

§A.R.S. 36-782 (B)(5) – Specimen Testing and Coordination

The Arizona State Public Health Laboratory is standing up capability to conduct toxicological screening for suspected opioid deaths. Once testing is operational, blood samples from suspected opioid overdose deaths should be collected and sent to the Arizona State Public Health Laboratory for screening. While preliminary, and not a determination of cause of death, this screening will help reduce the backlog at medical examiner offices statewide and allow for more rapid identification of opioid analogs in deceased individuals to provide better situational awareness of the specific opioids causing death in Arizona. This will support better targeted interventions for prevention of opioid deaths.