

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D74
Atlanta, Georgia 30329

***Re: CDC-2021-0043-0001 for Drug Overdose Surveillance and Epidemiology (0920-1268)
2021-08576***

Dear Mr Zirger,

Thank you for the opportunity to respond to the Centers for Disease Control and Prevention's (CDC) request for public comment on Drug Overdose Surveillance and Epidemiology. I currently reside in Morgantown, West Virginia and am employed at the Monongalia County Health Department. I am completing my Masters of Public Health at the George Washington University and am an advocate for opioid addiction treatment and overdose prevention. West Virginia is the center of the opioid epidemic in the United States, and would greatly benefit from accurate and timely reporting of emergency department data reporting through DOSE. I would like to provide input on two specific requests for comment on the proposed data collection:

- 1. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.*

The practical utility of this information is directly related to the timeliness of the data collection. Many existing databases are reported on an annual basis, decreasing the utility of the information. I fully support the monthly reporting of suspected drug, opioid, heroin, and stimulant overdoses using existing emergency department (ED) syndromic data and hospital discharge data; however, I have concerns regarding the anticipated coverage of this reporting.

While it is plausible that the coverage rate will be higher than "at least 75% of ED visits in the jurisdiction" as suggested in the proposed data collection document, I am concerned that a disproportionate number of unreported overdoses will be from hospitals in rural areas. In West Virginia (and other Appalachian states), opioid abuse and overdose is more prevalent in rural counties, which have low access to health care and high rates of poverty.¹ Last year, two hospitals in West Virginia closed and many other rural hospitals are operating at an extreme financial loss.²

It is essential this data collection accurately reflects ED admission due to overdose and that the reporting exceeds "at least 75%" in rural counties. To ensure consistent reporting to county health departments, the DOSE program must consider and mitigate the burden of reporting on understaffed hospitals.

The exchange of information between local and state public health authorities must be bi-directional, automated, and standardized. If the suspected drug, opioid, heroin, and stimulant

overdose data is already being collected using existing ED syndromic and discharge data, the systems need to be modified to send this information directly to public health authorities. While this data collection proposal accounts for the burden on state health departments, the burden on clinical providers must also be considered.

2. *Enhance the quality, utility, and clarity of the information to be collected.*

The proposed demographic data collection includes county, age group, sex, and time, pulled from hospital discharge files. While the collection of additional demographic data needs to be balanced against the burden of reporting, there is immense value in collecting socioeconomic data such as income, educational attainment, race and ethnicity, insurance status, and disability status.³ This data is necessary to inform county and state addiction programming and for the appropriate allocation of funding. It will also help inform prescribing practices in rural counties and help identify whether the patient's drug source is legal or illicit.

In summary, I firmly support the proposed collection of information for the Drug Overdose Surveillance and Epidemiology (DOSE) program as the information is necessary to inform staffing levels, aid in the design of prevention programming, and to allocate intervention and addiction resources. However, it is essential the reporting exceeds "at least 75%" in rural counties and that the proposed demographic data collection is expanded to increase the utility of this data for the CDC and the states enrolled in DOSE.

I appreciate your consideration of my concerns.

Sincerely,

Jayne Harris Esposito

Jayne Harris Esposito
Masters of Public Health Candidate
George Washington University

1. County-level Vulnerability to Overdose Deaths in West Virginia. Oeps.wv.gov. https://oeps.wv.gov/HCV/documents/data/WV_OD_Vulnerability_Assessment.pdf. Published date unknown. Accessed May 26, 2021.
2. For West Virginia's Hospitals, The Financial Crisis Came First. Huffpost.com. https://www.huffpost.com/entry/west-virginia-hospital-closures-coronavirus_n_5e908257c5b63e73d7e3b5e3. Published April 13, 2020. Accessed May 26, 2021.
3. Altekruze SF, Cosgrove CM, Altekruze WC, Jenkins RA, Blanco C. Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). PLoS One. 2020;15(1):e0227966. Published 2020 Jan 17. doi:10.1371/journal.pone.0227966