

OPIOID SURVEILLANCE SUMMARY

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MAY 2021

This summary¹ provides local and provincial surveillance information. For some indicators, there is a lag time to receive data, so data are shown for the most recent complete month available. For more detailed provincial and local data visit [Public Health Ontario's Interactive Opioid Tool](#) and the [Ontario Prescription Opioid Tool](#)

EMERGING ISSUES

- No emerging issues at this time.

CHATHAM-KENT ACTIVITY

EMS Calls²	<ul style="list-style-type: none">• 10 suspected opioid overdose-related calls to CK EMS in April (29 to date in 2021) (Figure 1)• 9 non-opioid drug overdose-related calls to CK EMS in April (45 to date in 2021)
Emergency Department Visits³	<ul style="list-style-type: none">• 10 opioid overdose-related ED visits by CK residents in April (43 to date in 2021 or 40.4 per 100,000) (Figure 1)
Deaths⁴	<ul style="list-style-type: none">• 2 suspect drug-related deaths in CK in March (Figure 1)• 15 confirmed opioid-related deaths in CK between January and December 2020 (14.1 per 100,000; 6 deaths in 2019) (Figure 1)
Naloxone Distribution⁵	<ul style="list-style-type: none">• 41 naloxone kits distributed by CK Public Health in April (119 to date in 2021; 429 in 2020)• 161 naloxone kits distributed through CK pharmacies in January (2020 Total: 1,712)
OVERALL	<ul style="list-style-type: none">• The number of opioid-overdose related ED visits in April were similar to the previous months; EMS calls increased in March and April compared to previous months. The death rate for 2020 was nearly 3 times the rate experienced in 2019.

PROVINCIAL ACTIVITY

Emergency Department Visits³	<ul style="list-style-type: none">• 880 ED visits in April (4,299 to date in 2021 or 28.9 per 100,000)
Deaths⁴	<ul style="list-style-type: none">• 2,352 deaths between January and December 2020 (15.8 per 100,000; 1,509 deaths in 2019)
OVERALL	<ul style="list-style-type: none">• The number of ED visits in April was lower than previous months; however, this trend may be due to a reporting lag. The death rate for 2020 has increased substantially compared to 2019.

Figure 1. Opioid overdose-related ED visits and EMS calls and opioid-related and suspect drug-related deaths in Chatham-Kent, January 2019 to April 2021

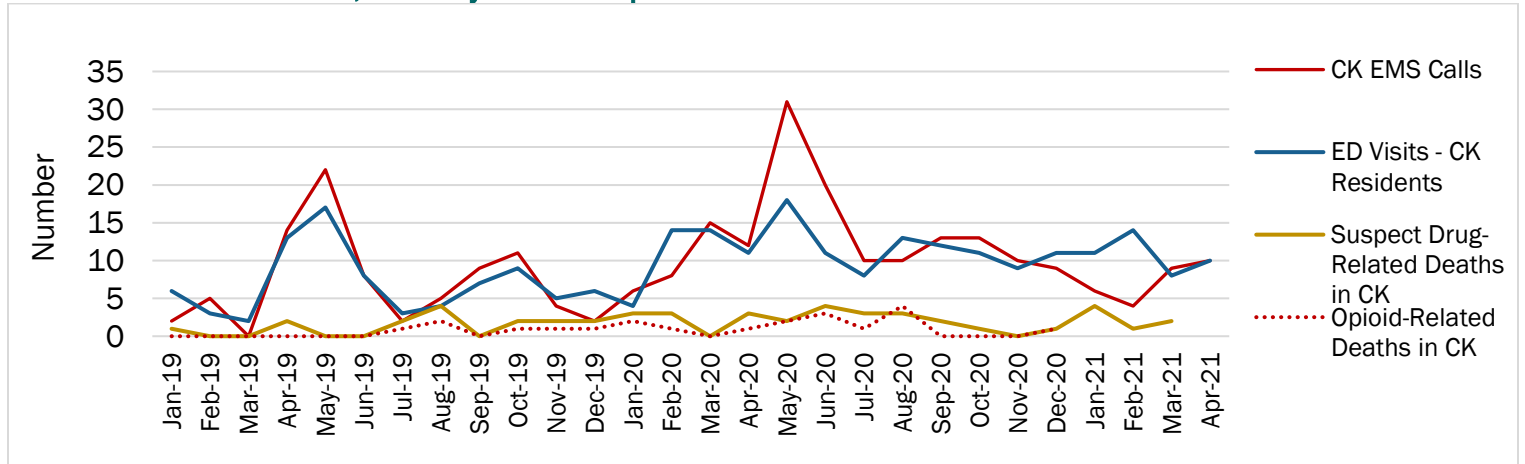
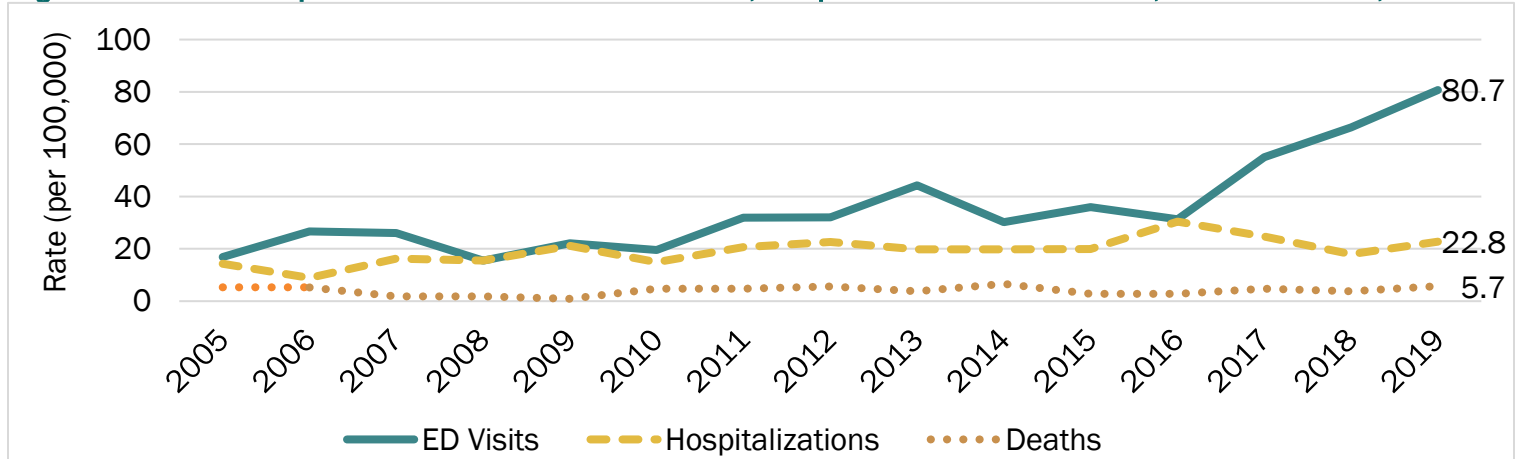


Figure 2. Rates⁴ of opioid overdose-related ED visits, hospitalizations and deaths, Chatham-Kent, 2005-19



NOTES

¹Content and format of this information summary has been adapted from Lambton Public Health
²EMS calls for March and April were provided by Chatham-Kent EMS, May 3, 2021
³Emergency department visits were provided by the Ontario Ministry of Health and Long-Term Care (Weekly emergency department visits for opioid overdose Week 5: Apr 26 to May 2, 2021). All Ontario hospitals are required to report cases of opioid overdose presenting in their EDs to the Canadian Institute for Health Information. Results are considered preliminary and subject to change as emergency departments continue to submit data. Rates are based on 2020 population projections.
⁴2019 and 2020 suspect drug-related deaths are based on the Monthly Summary table provided by the Office of the Chief Coroner for Ontario, Apr 9, 2021. 2020 opioid-related death data are based on the Coroner's Opioid Investigative Aid, January 2020 to Dec 2020, Office of the Chief Coroner for Ontario, Apr 28, 2021. Opioid-related deaths include confirmed deaths only, are considered preliminary and are subject to change. 2005 to 2019 ED visits, hospitalizations and deaths were obtained from Public Health Ontario's [Interactive Opioid Tool](#). 2019 death data also include confirmed deaths only and should be considered preliminary as remaining cases are closed by the Office of the Chief Coroner of Ontario.
⁵Naloxone kits distributed by CK Public Health are tracked through NEO as part of the Ontario Harm Reduction Database initiative. The number of kits distributed in 2020 by Chatham-Kent pharmacies was available up to January 2021 through the [Ontario Drug Policy Research Network Prescription Opioid Tool](#).

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