



Figure 1.
Unintentional Injury Deaths, Snohomish County, 1990 - 2007

Unintentional Poisoning Deaths in Snohomish County: Opioids Most Common Cause

Unintentional injuries were the third leading cause of death in 2007 in Snohomish County. Unintentional poisonings became the leading cause of unintentional injury death in 2004 surpassing motor vehicle collisions (Fig 1). The age-adjusted unintentional poisoning death rate increased five-fold since 1990 to 14 deaths per 100,000 residents in 2007. Age-adjusted hospitalization rates doubled in the same period to 39 per 100,000 residents in 2007.

From 2005 through 2007, most unintentional poisoning deaths (97%, n= 271) were the result of a drug overdose. Of the unintentional poisoning deaths, 79% included at least one opioid, and 63% were prescription opioids, such as methadone, morphine, oxycodone, and hydrocodone. Multiple drugs were most often the cause. On average 3.3 drugs were reported at death, and 1.3 were prescription opioids. More than 50% of the deaths with more than one prescription opioid were due to a combination of prescription opioids and nonopioid prescriptions drugs, e.g., antidepressants (Celexa), antianxiety (Diazepam, Valium, Diastat), central nervous system stimulants (Cocaine), antihistamines (Benadryl). In addition to prescription opioids, over-the-counter opioids were also found. Alcohol was present in 18% of deaths that also included at least one prescription opioid. Illicit drugs, such as cocaine and LSD, were present in 18% of unintentional poisoning deaths from prescription opioids and were often used with at least one other type of drug.

Males were more likely to die of unintentional poisonings than females, but were equally likely to be hospitalized. Middle-aged adults (35-54 years) had the highest death rate from unintentional poisonings. Older adults (65+) had the highest hospitalizations rates. Areas with higher poverty had higher rates of unintentional poisoning deaths and hospitalizations.

Deaths and hospitalizations are the most severe consequences of unintentional poisonings. However, many prescription drugs (including opioids) are now being used recreationally by teens and young adults. Almost 11% of 10th graders in our county reported using pain relievers to get “high.” Young adults (18-29 years old) admitted to treatment centers for opioid addiction increased 30% since 2005.

These unintentional poisoning deaths are preventable with the use of multiple approaches. The first step is to increase the awareness of the dangers of taking too many medications and to follow dosing instructions. Government agencies are responsible for ensuring that medications meet certain safety standards and for providing general education to physicians and patients. Physicians and pharmacist are responsible for understanding the uses, side effects, and potential drug interactions of the medications they are prescribing. Patients need to understand their prescribed medications, how to use them, and inform physicians of all medications they are taking.

Clinical and practice guidelines for health care providers on safe prescribing of opioids are available at www.agencymeddirectors.wa.gov/opioiddosing.asp. Collaborative Opioid Prescribing Education (COPE) is an online training created by the University of Washington Medical Center to improve doctor-patient communication (<http://depts.washington.edu/cme/online/course/EN0705>). There are also “Unwanted Medicine Return Programs” aimed at keeping unwanted medicines from negatively impacting the environment and reducing their availability for misuse.

More information about unintentional poisonings and prevention is available in the recently released report published by the Health Statistics and Assessment Program at Snohomish Health District. “Unintentional Poisonings in Snohomish County” is available at www.snohd.org/snoHealthStats.

Report Snohomish County Communicable Diseases

STD's: 425.339.5298/Fax: 425.339.8707
 Tuberculosis: 425.339.5225/Fax: 425.339.5217
 Communicable Diseases: 425.339.5278
 Fax: 425.339.8706
 After hours emergency only: 425.339.5295
 24-hr Reporting: 425.339.5235
 H1N1: 425.339.5278 Fax: 425.339.8706

Health Statistics &
Assessment
3020 Rucker Ave
Everett, WA 98201

Address Service
Requested

EpiNews

CD Cases Reported Jan – Aug

Disease	2009	2008
AIDS	10	18
Arboviral Disease	0	0
Campylobacteriosis	75	83
Chlamydial infections [§]	1179	1189
E. Coli 0157:H7	19	16
Giardiasis	48	44
Gonorrhea [§]	107	152
Hepatitis A	6	9
Hepatitis B, acute	2	1
Hepatitis B, chronic*	112	70
Hepatitis C, acute	1	0
Hepatitis C, chronic*	354	541
HIV infection	21	19
Listeriosis	1	0
Measles	0	0
Meningococcal disease (N. meningitidis)	2	4
Mumps	0	1
Pertussis	22	25
Rubella	0	0
Salmonellosis	57	56
Shigellosis	8	6
Syphilis; primary, secondary and other	12	16
Tuberculosis, pulmonary	14	11
Tuberculosis, other	8	5

*Includes probable and confirmed cases

[§] Previously counted by date reported; now counted by date of diagnosis

H1N1 in Snohomish County

Snohomish Health District (SHD) has joined with health care partners throughout Snohomish County to make preparations for receiving H1N1 vaccine and vaccinating prioritized persons per Centers for Disease Control guidelines. The first supplies of H1N1 vaccine, in the form of live attenuated nasal mist, were released by the federal government and made available locally mid-October. The first doses of FluMist are being administered to health care providers who are eligible for its use (healthy persons through age 49 who are not pregnant). Health care providers are a priority group for vaccination, as they are at high risk of exposure and could put patients at risk if they become ill.

Other priority persons include:

- Pregnant women and family members of pregnant women
- Persons who live with or care for children younger than 6 months of age
- Persons between the ages of 6 months and 24 years old
- First Responders, including emergency medical services and law enforcement
- Persons between 25 through 64 years of age with chronic health conditions or weakened immune systems.
- Teachers and childcare professionals

Additional shipments of vaccine are expected to arrive by the 4th week of October. Mass Immunization clinics to vaccinate priority group persons will be held at nine sites throughout the county, beginning October 31st, if the vaccine shipments arrive as

expected. When vaccine supplies are sufficient to cover the demands in the prioritized groups, vaccine will be available to all interested individuals. A media campaign is being planned to announce the vaccine availability and mass clinic information. Vaccine will also be available through traditional channels, including Snohomish Health District, regular health care providers, pharmacies, and other commercial vendors.

The Washington State Secretary of Health signed the order temporarily suspending Washington's Thimerosal law for administration of H1N1 vaccine. This allows people to have the choice to receive vaccine containing Thimerosal as a preservative if no vaccine without the preservative is available. Parents of children and pregnant women will be informed prior to administration of the vaccine. Flu vaccine is a federally-owned drug and will be provided at no cost. Health care providers, pharmacies, and commercial vendors may charge an administration fee, and most insurers will reimburse administration costs. To ensure that all individuals will be served, no administration fee will be charged at community vaccination clinic sites.

REPORTING

Under emergency rule, influenza is now reportable. Report the following to the Snohomish Health District Communicable Disease Program within one business day either by phone (425.339.5278) or by faxing a completed case report form to 425.339.8706:

- ◆ All hospitalized patients with lab-confirmed influenza infection of any type. Report hospitalized patients through the hospital infection control program.*
- ◆ Deceased patients with lab-confirmed influenza infection*
- ◆ Deceased and critically ill patients (i.e. admitted to ICU) suspected to have influenza, even if infection is not lab-confirmed

*Laboratory confirmation includes confirmation by a positive rapid influenza test, real-time PCR test, direct or indirect fluorescent antibody test, or viral isolate from cell culture.