

Week of March 20, 2023

Executive Office of Resiliency and Health Security Situation Report

Purpose

The intended audience for this report includes response planners and any organization responding to or helping to mitigate the negative health impacts of emerging and existing events.

Data presented in this report are for individuals ages **19 and above** unless otherwise specified.

As of January 8, 2023, this report has been updated to remove data that are no longer beneficial to the Executive Office of Resiliency and Health Security (ORHS). If mission critical information that has been removed, please contact Alaine Ziegler at Alaine.Ziegler@doh.wa.gov to address the data.

Key Takeaways

For the most recent reporting period ([CDC Week¹ 11](#), week ending March 18, 2023), all six syndromic indicators (psychological distress, suicidal ideation, suspected suicide attempt, all drug-related overdose, alcohol-related emergency department [ED] visits, and behavioral health-related and reported homelessness) **decreased** from the previous reporting period (CDC week 9).

For the current reporting period, psychological distress, suspected suicide attempt, all drug-related overdose, alcohol-related emergency department [ED] visits, and behavioral health-related and reported homelessness are **decreasing**. For the current reporting period suicidal ideation is **increasing**.

- For the week ending March 18th, an alert was issued for individuals over 65 who report their race as “Native Hawaiian or Other Pacific Islander.”

Survey data collected by the U.S. Census Bureau for February 1 – 13, 2023, show an **increase** in anxiety (6.30%), and a **decrease** in depression (1.15%) among adults in Washington.

For Quarter 3 of 2022, the number of individuals with an opioid prescription within Washington **decreased** (7.07%).

¹ <https://ibis.doh.nm.gov/resource/MMWRWeekCalendar.html#part2>

Impact Assessment

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses.

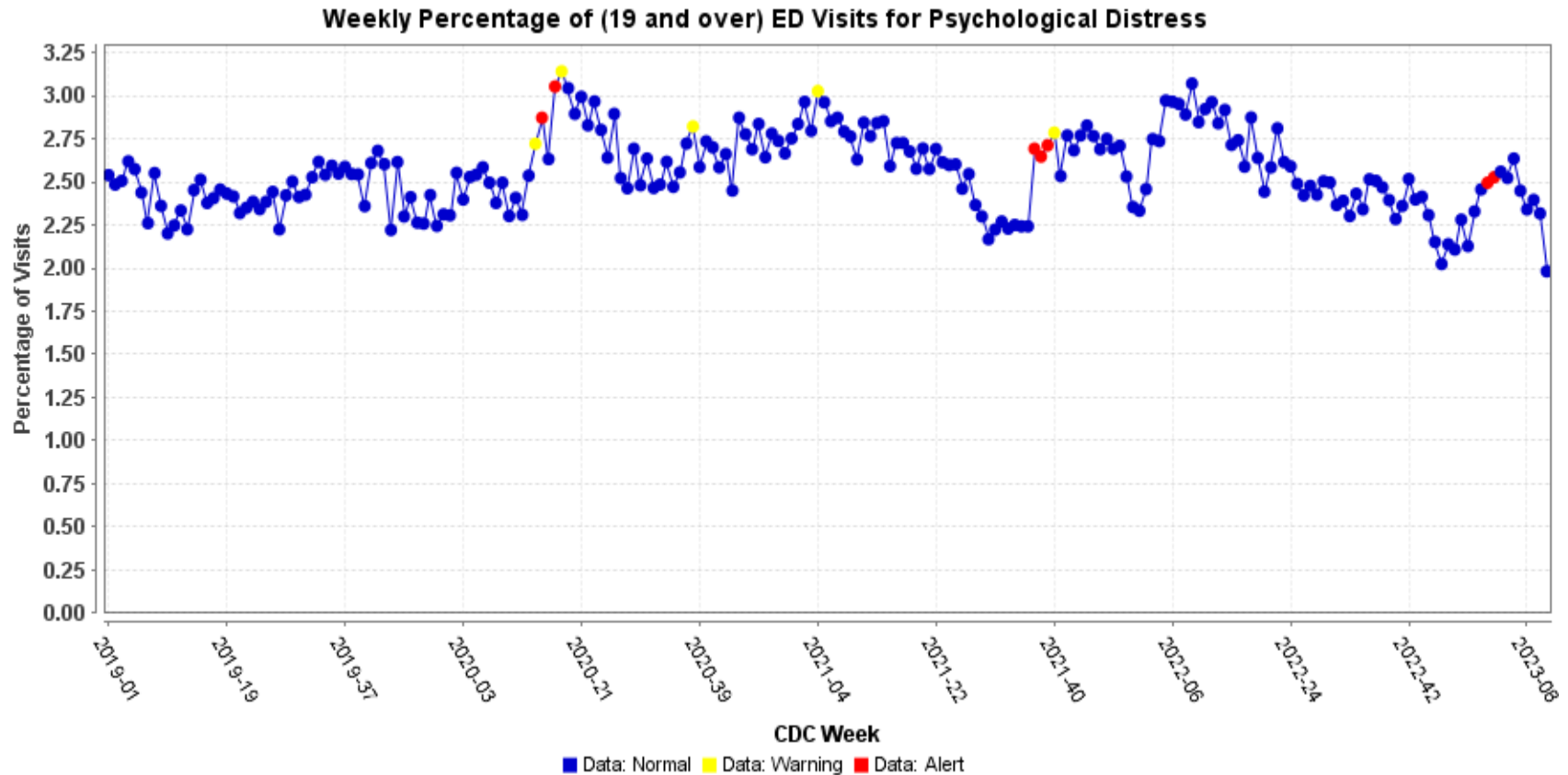
Statistical warnings (yellow dot), and alerts (red dot), are raised when a CDC algorithm detects a weekly count at least three standard deviations² above a 28-day average count, ending three weeks prior to the week with a warning or alert. These warnings or alerts are indicated as needed within each respective syndrome section. Alerts indicate more caution is needed than a warning.

² Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

Psychological Distress

During CDC Week 11 (week of March 18, 2023), the reported relative percentage of ED visits for psychological distress³ **decreased** from the previous reporting period (CDC week 9), and the current week is **decreasing** (Graph 1). No statistical alert or warning was issued.

Graph 1: Percentage change of ED visits for psychological distress in Washington, by week (Source: CDC ESSENCE)

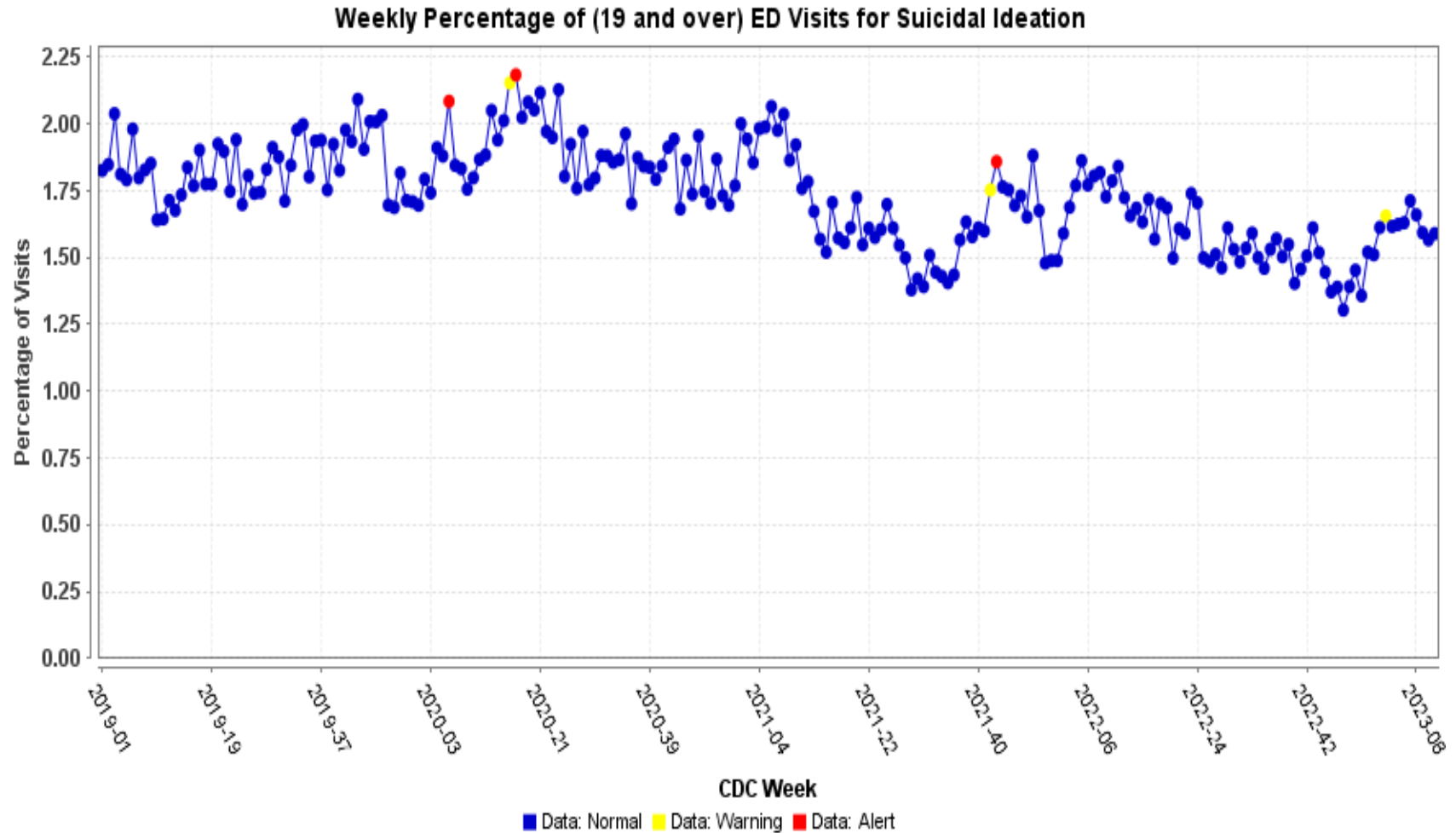


³ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>.

Suicidal Ideation and Suspected Suicide Attempt

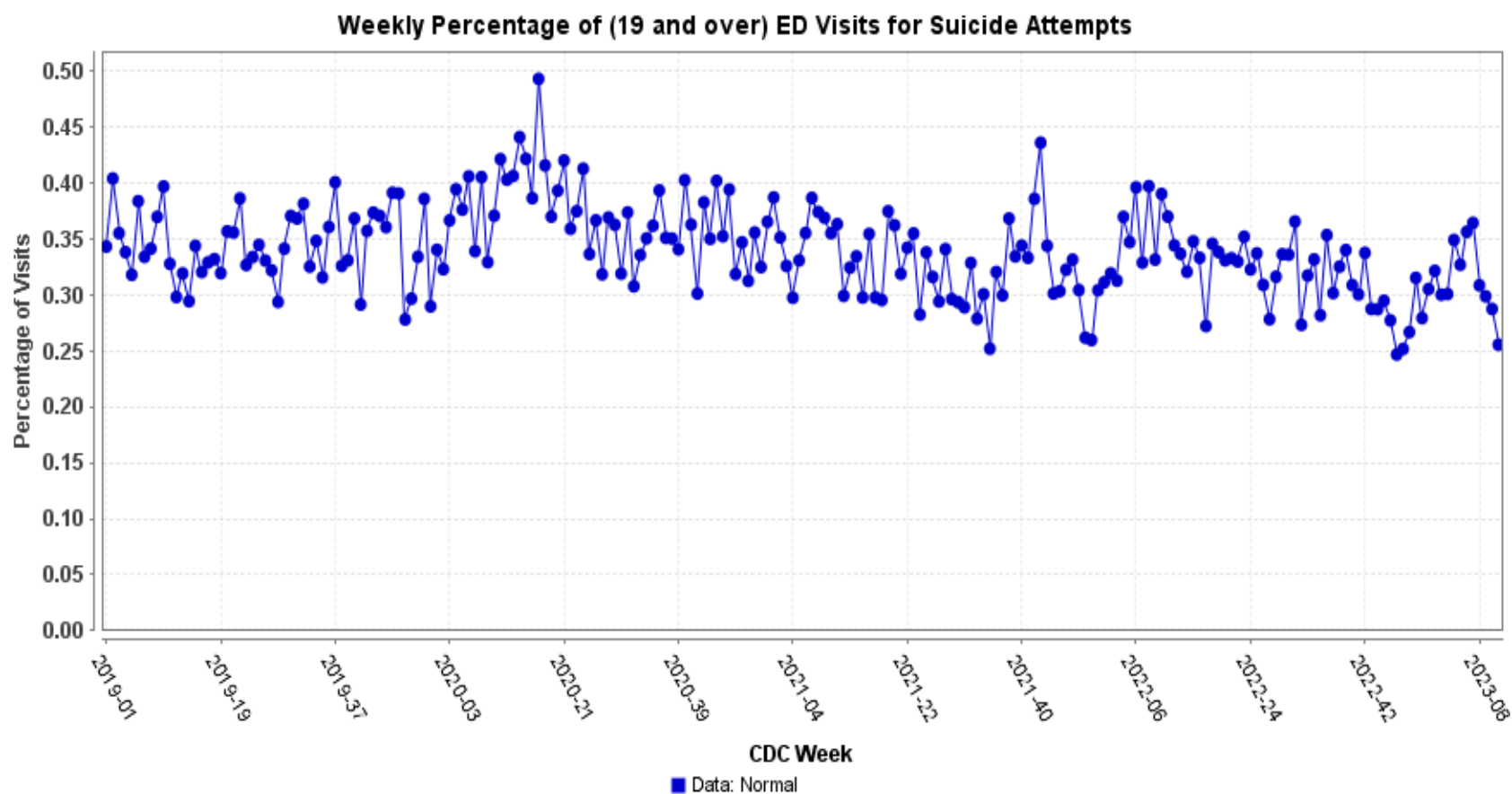
During CDC Week11 (week of March 18, 2023), the reported relative percentage of ED visits for suicidal ideation **decreased** from the previous reporting period (CDC week 9), and the current week is **increasing** (Graph 2). No statistical alert or warning was issued.

Graph 2: Percentage change of ED visits for suicidal ideation in Washington, by week (Source: CDC ESSENCE)



During CDC Week 11 (week of March 18, 2023), the reported relative percentage of ED visits for suspected suicide attempt⁴ **decreased** from the previous reporting period (CDC week 9), and the current week is **decreasing** (Graph 3). No statistical alert or warning was issued.

Graph 3: Percentage change of ED visits for suspected suicide attempt in Washington, by week (Source: CDC ESSENCE)

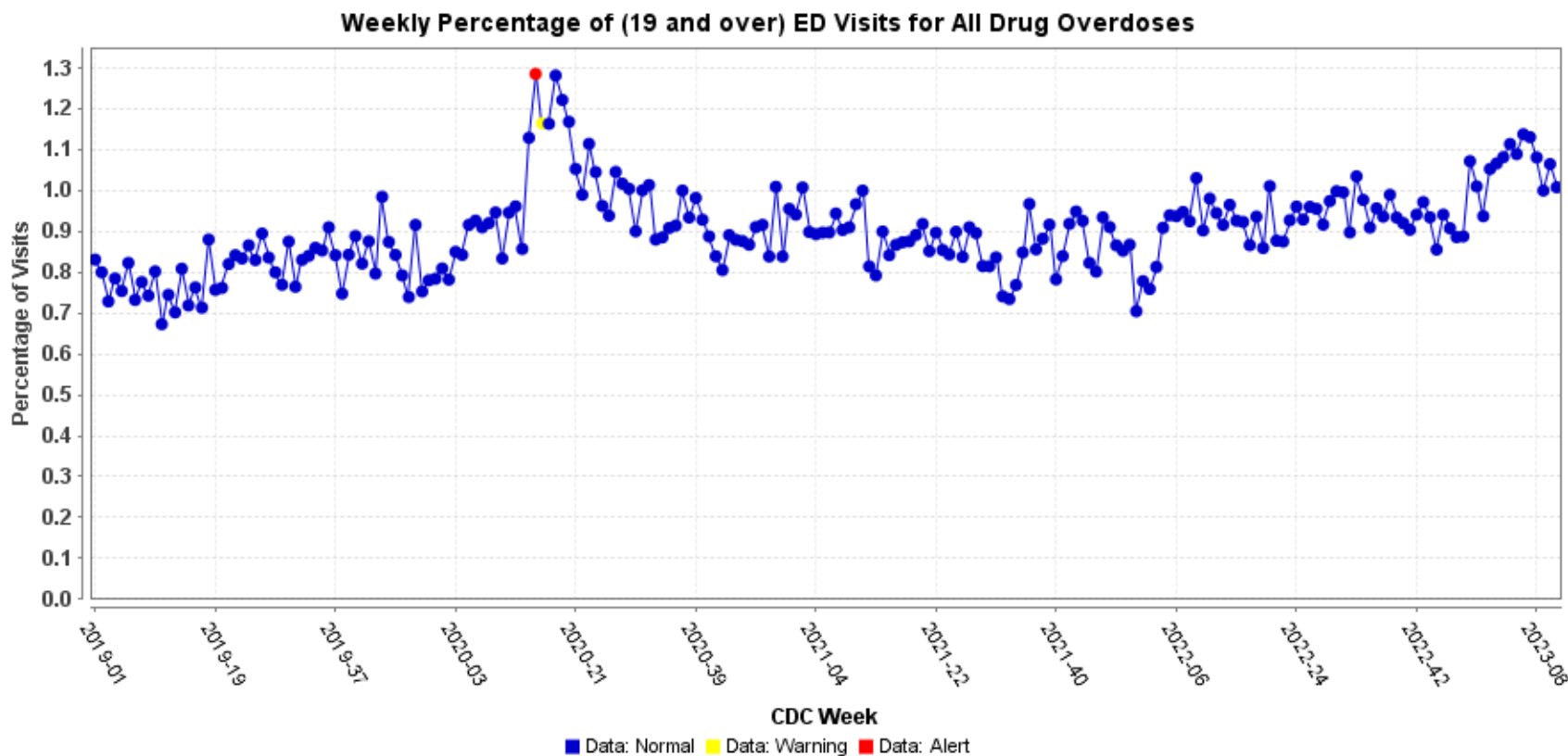


⁴ Data should be interpreted with caution. The current CDC definition for suspected suicide attempt, due to its broad inclusion of intentional self-harm behaviors that may or may not be interpreted as a suicidal act, could artificially inflate both the count and percentage of such visits.

Substance Use – All Drug-Related Overdose and Alcohol-Related Emergency Visits

During CDC Week 11 (week of March 18, 2023), the reported relative percentage of all drug⁵-related overdose ED visits **decreased** from the previous reporting period (CDC week 9), and the current week is **decreasing** (Graph 4). No statistical alert or warning was issued.

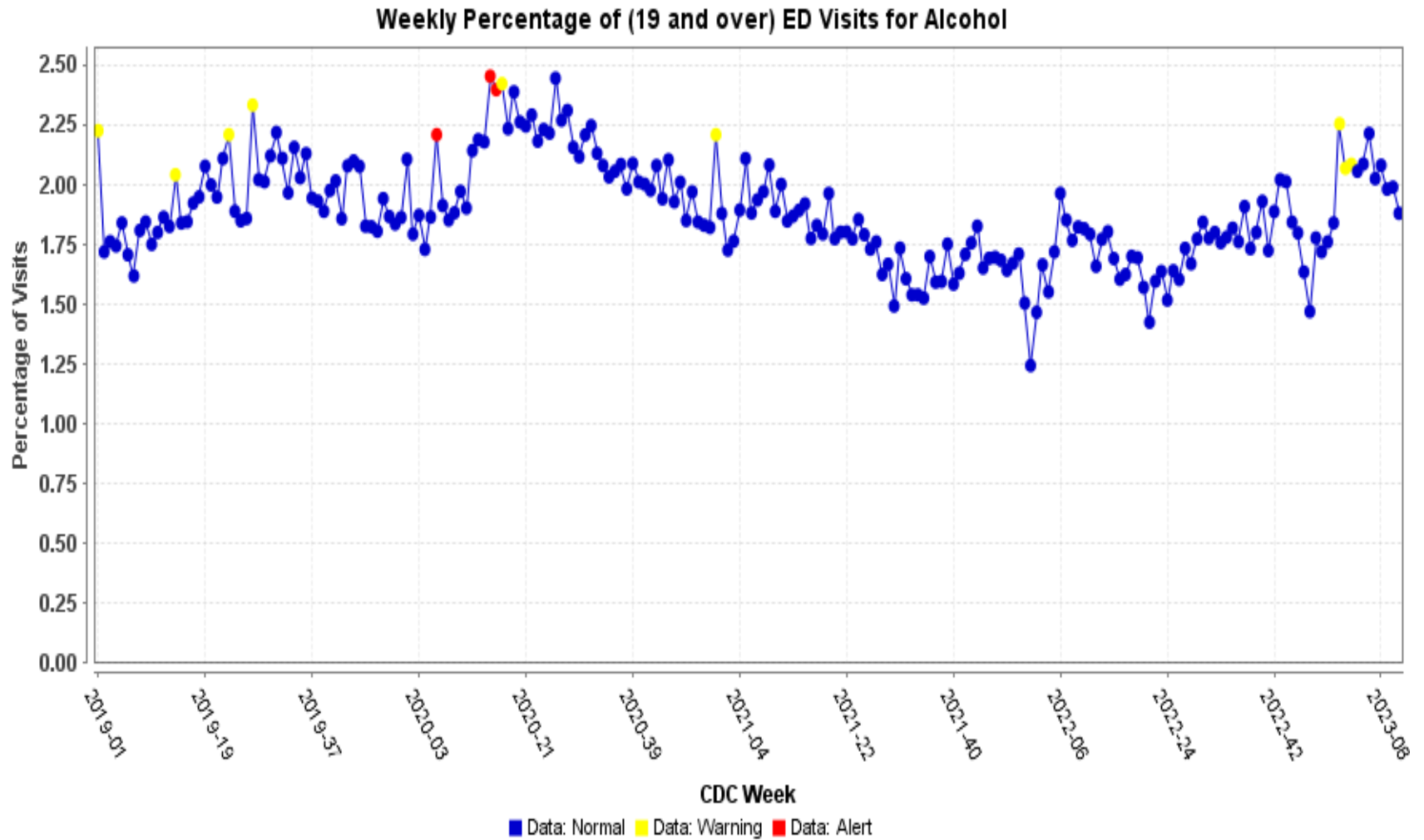
Graph 4: Percentage change of all drug-related ED visits in Washington, by week (Source: CDC ESSENCE)



⁵ All drug: This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>

During CDC Week 11 (week of March 18, 2023), the reported relative percentage of alcohol-related ED visits **decreased** from the previous reporting period (CDC week 9), and the current week is **decreasing** (Graph 5). No statistical alert or warning was issued.

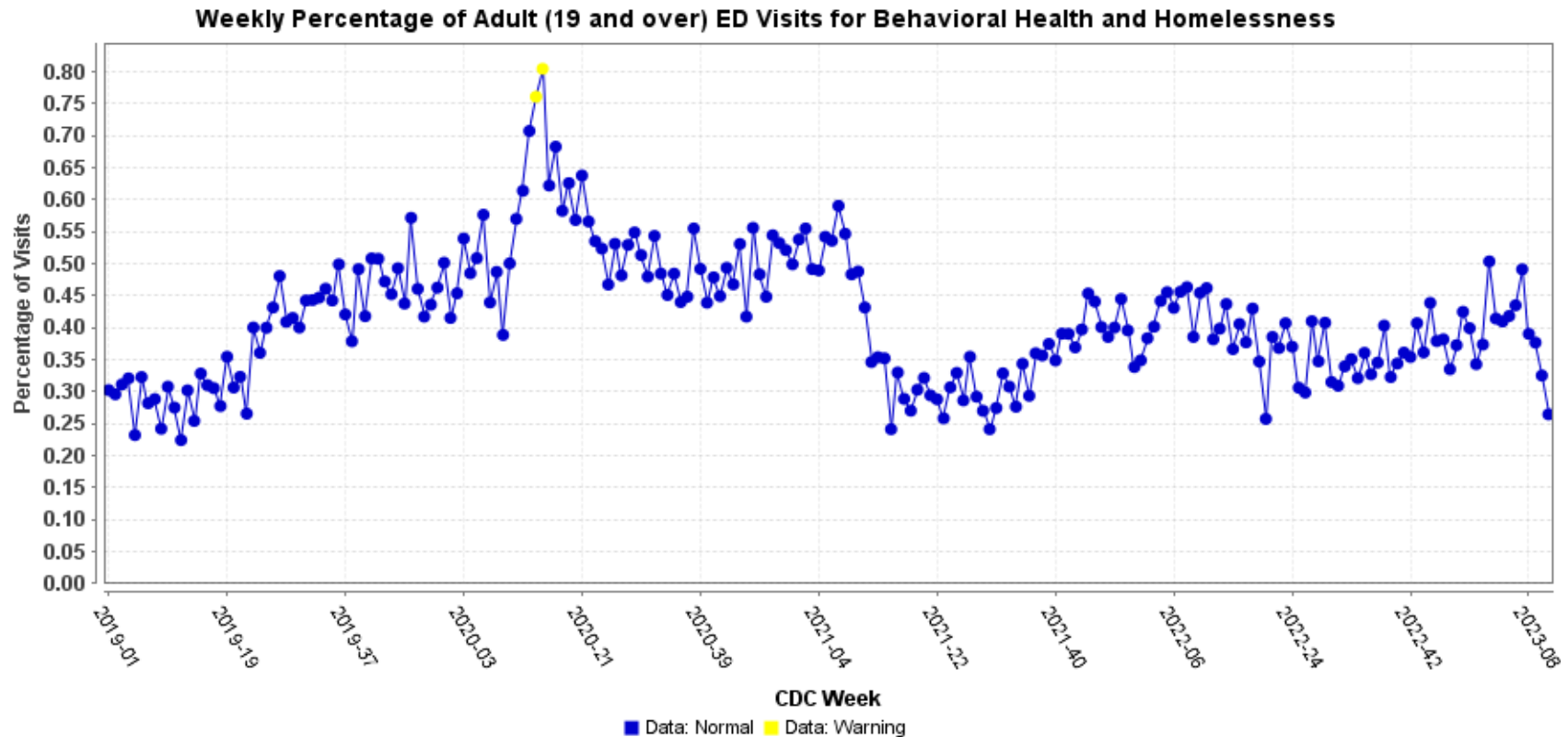
Graph 5: Percentage change of alcohol-related ED visits in Washington, by week (Source: CDC ESSENCE)



Emergency Department visits for Behavioral Health-Related and Reported Homelessness

During CDC Week 11 (week of March 18, 2023), the reported relative percentage of ED visits for behavioral health-related and reported homelessness⁶ **decreased** from the previous reporting period (CDC week 9), and the current week is **decreasing** (Graph 6). For the week ending March 18th, an alert was issued for individuals over 65 who report their race as “Native Hawaiian or Other Pacific Islander.”

Graph 6: Percentage change of ED visits for behavioral health-related and reported homelessness, by week: 2019, 2020, 2021, 2022, and 2023 to date (Source: CDC ESSENCE)



⁶ This definition specifies Behavioral Health Related and Reported Homelessness as any mention of homelessness **AND** one of the following: CDC Alcohol v1 or CDC All Drug v1 or CDC Suicidal Ideation v1 or CDC Suicide Attempt or SDC Disaster Related Mental Health or SDC Suicide Related, or CDC Opioid Overdose

General Surveillance

Symptoms of Anxiety and Depression

[Survey data](#) collected by the U.S. Census Bureau for February 1 – 13, 2023, show an **increase** in anxiety – feeling nervous, anxious, or on edge – (6.30%), and a **decrease** in depression -- feeling down, depressed, or hopeless – (1.15%) among adults in Washington, compared to the previous reporting period. Table 1 provides a breakdown of the primary characteristics of respondents experiencing anxiety or depression for the most current reporting period.

The same respondent may report symptoms of both anxiety and depression at the same time, and these numbers are not cumulative. These survey data are independent to the data presented in previous sections.

Table 1: Characteristics of individuals experiencing anxiety or depression

Criteria	Anxiety	Depression
Number of individuals with symptoms on all or most days of the previous week	1.45 million	958 thousand
Highest percentage (age)	18 – 29 (45%)	18 – 29 (32%)
Second highest percentage (age)	30 – 39 (32%)	40 – 49 (20%)
Highest percentage (income)	\$25,000 - \$39,999 per year (37%)	less than \$25,000 per year (36%)
Second highest percentage (income)	less than \$25,000 per year (33%)	\$25,000 - \$39,999 per year (31%)
Gender at birth	Females (27%) Males (21%)	Females (17%) Males (15%)

Opioid Use

Data collected by the [Washington Tracking Network \(WTN\)](#)⁷ provide data on opioid prescriptions written based on population at the county level. For Quarter 3 of 2022, the percentage of individuals with an opioid prescription within Washington **decreased** (7.07%) from the previous reporting period.

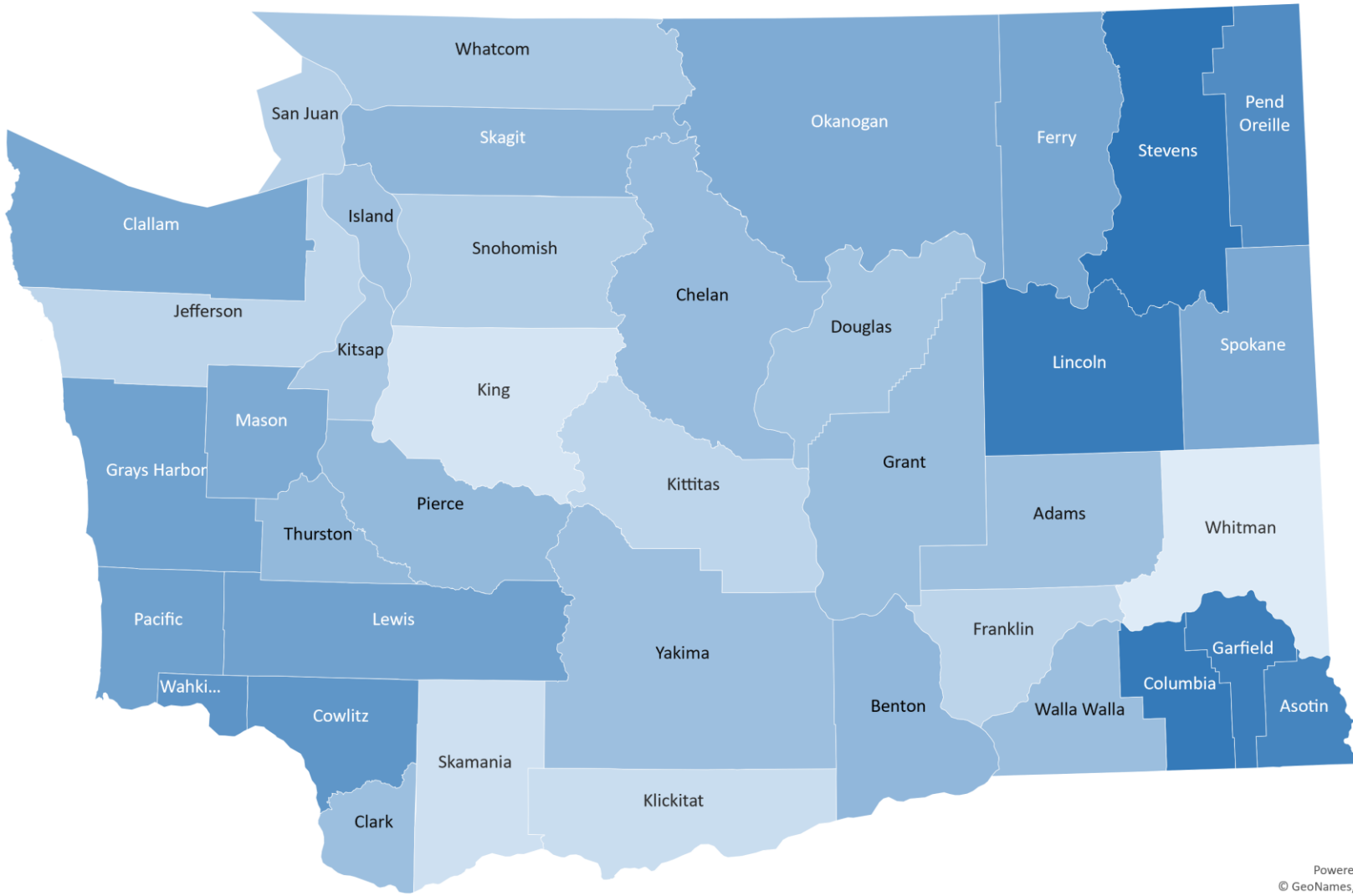
Table 2 and Image 1 provide a breakdown of prescription opioid usage by county, per each county's population, for individuals 18 years and above. More information can be found at the WTN website.

Table 2: Percentage of Prescription Opioid Usage for each County, per County Population

County	Percentage of prescriptions by county population
Adams	7.56%
Asotin	11.40%
Benton	8.13%
Chelan	7.87%
Clallam	9.20%
Clark	7.67%
Columbia	12.08%
Cowlitz	10.30%
Douglas	7.34%
Ferry	9.27%
Franklin	6.30%
Garfield	11.80%
Grant	7.80%
Grays Harbor	9.53%
Island	7.49%
Jefferson	6.23%
King	5.24%
Kitsap	7.10%
Kittitas	6.26%
Klickitat	5.71%
Lewis	9.57%
Lincoln	11.95%
Mason	9.01%
Okanogan	8.92%
Pacific	9.59%
Pend Oreille	10.90%
Pierce	8.05%
San Juan	6.55%
Skagit	8.26%
Skamania	5.51%
Snohomish	6.74%
Spokane	9.03%
Stevens	12.39%
Thurston	8.05%
Wahkiakum	10.38%
Walla Walla	7.68%
Whatcom	7.15%
Whitman	4.82%
Yakima	7.63%

⁷ <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/opioids/county-prescriptions-dashboard>

Image 1: Percentage Density Distribution of Opioid Prescription Usage per County Population



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Resources

[Weekly U.S. Influenza Surveillance Report | CDC⁸](#)

[Influenza Surveillance Data | Washington State Department of Health⁹](#)

[RSV State Trends - NREVSS | CDC¹⁰](#)

[RSV in Infants and Young Children | CDC¹¹](#)

[Washington Shelter List¹²](#) (warming shelters)

[Be Prepared, Be Safe | Washington State Department of Health¹³](#) (general emergency response resources)

[Behavioral Health Resources and Recommendations | Washington State Department of Health¹⁴](#)

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Epidemiology Team. Lead author is Alaine Ziegler, MPH.

Syndromic graphs are provided by The Rapid Health Information Network (RHINO) team. They can be contacted at RHINO@doh.wa.gov.¹⁵ RHINO work requests can be submitted here: <https://app.smartsheet.com/b/form/363e054d62fe4850912687b509c6f9c7?confirm=true>.¹⁶

To request this document in another format, please call 1-800-525-0127. Deaf or hard of hearing customers, call 711 ([Washington Relay](#))¹⁷ or email civil.rights@doh.wa.gov.¹⁸

⁸ <https://www.cdc.gov/flu/weekly/index.htm>

⁹ <https://doh.wa.gov/data-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/influenza-surveillance-data>

¹⁰ <https://www.cdc.gov/surveillance/nrevss/rsv/state.html#WA>

¹¹ <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>

¹² <https://www.shelterlist.com/state/washington>

¹³ <https://doh.wa.gov/emergencies/be-prepared-be-safe>

¹⁴ <https://doh.wa.gov/emergencies/covid-19/healthcare-providers/behavioral-health-resources>

¹⁵ RHINO@doh.wa.gov

¹⁶ <https://app.smartsheet.com/b/form/363e054d62fe4850912687b509c6f9c7?confirm=true>

¹⁷ <https://www.dshs.wa.gov/altsa/odhh/telecommunication-relay-services>

¹⁸ civil.rights@doh.wa.gov