Attachment F – Syndromic Surveillance Report

Comprehensive Suicide Prevention Project Syndromic Surveillance Report

Instructions: The Comprehensive Suicide Prevention (CSP) Project requires recipients to provide information about syndromic surveillance activities and use of syndromic surveillance data in the jurisdiction. Information for the entire state is preferred, but the minimum requirement is to provide information for the recipient's jurisdiction (e.g., state, counties) identified for the project. Recipients must complete the 3 tabs in this report each quarter of the funding period (NSSP Counts, Trends in DAPs, and Data to Action & Data Quality). This report should be used to confirm syndromic surveillance trends, assess the data quality of syndromic surveillance data in the jurisdiction, and use of syndromic surveillance findings with engaged partners. Submission deadlines are listed in the next tab. Please take some time to share the information on all three tabs. Thank you!

For questions about completing this report, please email your CSP science officer and the csp@cdc.gov mailbox.

Specific Syndromic Report Instructions: For ED visit counts, please confirm the count obtained by CDC by using data from the NSSP ESSENCE Biosense Platform. Suicide Syndromic Surveillance Definitions included in each submission are the SDC Suicide Related (v1), CDC Suicidal Ideation (v1), and CDC Suicide Attempt (v1 and v2). All of these definitions are incorporated into NSSP ESSENCE for use and applied to specific fields. CSP programs are able to use homegrown systems, modify these syndrome definitions, and use different parameters when conducting syndromic surveillance, however, CSP programs must use these same syndrome

definitions and query parameters in NSSP ESSENCE to confirm the counts in this report. More details on query parameters will be shared when each report is shared with CSP programs for completion each quarter. Feel free to share any feedback your program has on the use of available syndrome definitions and specified query parameters.

Instructions for the NSSP Counts Tab: Please fill in the blue-colored cells in the "Data confirmed by CSP Program" row to indicate how many facilities in your state/jurisdiction is submitting data to NSSP (percent and count), what the total number of ED visits were for the indicated quarter, and how many ED visits there were in this quarter that met critiera for the NSSP syndrome definitions for SDC Suicide Related, CDC Suicide Attempt v1, CDC Suicide Attempt v2, and CDC Suicidal Ideation. In column I, provide details on any changes in rates of suicide related outcomes observed in the specified quarter, what change/pattern was observed, was this observation for any particular population group, and any other information helpful to understand the observed syndromic surveillance trends. In column J, please describe any challenges experienced for onboarding facilities, accessing data, monitoring suicide-related outcomes via the syndrome definitions, responding to an increases/upticks/emerging trends, or other information you would like to share about data validation, data quality, suicide syndrome definitions, using the NSSP ESSENCE system, monitoring/responding to observed trends.

If your program uses other syndromic surveillance systems or other syndrome definitions developed by/for your CSP program, you may optionally share that information in the gray-colored cells (columns K through T).

Instructions for the Trends in DAPs Tab: Please fill in the blue-colored cells to indicate in rows 4 through 7, as possible. Depending on each CSP program's selected DAPs, you may or may not have the ability to use the NSSP ESSENCE system to monitor trends for these populations. If your program is able to conduct syndromic surveillance focusing on your selected DAPs, please complete this tab. Each row is for one of your selected DAPs. In column F, please describe any challenges experienced when accessing data for this DAP, monitoring suicide-related otcomes, responding to emergent trends, or other.

If your program uses other syndromic surveillance systems or other syndrome definitions developed by/for your CSP program, you may optionally share that information in the gray-colored

cells (columns F through J).
Instructions for the Data to Action & Data Quality Tab: Please fill in the blue-colored cells to share what actions have been taken from the state team as well as what partners were engaged in response to syndromic surveillance findings. Please also list any available dissemination products, links, or trainings developed by your CSP program by sharing the url web links or emailing the documents to your CSP science officer and the csp@cdc.gov mailbox when you submit this report.

Submission Guidelines

*CDC will pull data the week before the targeted date listed below. When this report is shared with CSP programs via e-mail, they should submit the completed report back to CDC by the due date specified in the e-mail (tentatively planned due dates are listed below). Note that the dates to include in each report is also listed for each submission.

Targeted Date Sydnromic Report Template Will Be Sent to CSP Programs	Tentatively Planned Date of Quarterly Report Submission by CSP Programs to CDC	Dates Included in the Report
April 1, 2023	April 15, 2023	(Oct 1, 2022 - Dec 31, 2022)
July 1, 2023	July 15, 2023	(Jan 1, 2023 - Mar 31, 2023)
October 1, 2023	October 15, 2023	(Apr 1, 2023 - Jun 30, 2023)
January 1, 2024	January 15, 2024	(Jul 1, 2023 - Sept 30, 2023)
April 1, 2024	April 15, 2024	(Oct 1, 2023 - Dec 31, 2023)
July 1, 2024	July 15, 2024	(Jan 1, 2024 - Mar 31, 2024)
October 1, 2024	October 15, 2024	(Apr 1, 2024 - Jun 30, 2024)
January 1, 2025	January 15, 2025	(Jul 1, 2024 - Sept 30, 2024)
April 1, 2025	April 15, 2025	(Oct 1, 2024 - Dec 31, 2024)
July 1, 2025	July 15, 2025	(Jan 1, 2025 - Mar 31, 2025)

October 1, 2025	October 15, 2025	(Apr 1, 2025 - Jun 30, 2025)
January 1, 2026	January 15, 2026	(Jul 1, 2025 - Sept 30, 2025)
April 1, 2026	April 15, 2026	(Oct 1, 2025 - Dec 31, 2025)
July 1, 2026	July 15, 2026	(Jan 1, 2026 - Mar 31, 2026)
October 1, 2026	October 15, 2026	(Apr 1, 2026 - Jun 30, 2026)
January 1, 2027	January 15, 2027	(Jul 1, 2026 - Sept 30, 2026)
April 1, 2027	April 15, 2027	(Oct 1, 2026 - Dec 31, 2026)
July 1, 2027	July 15, 2027	(Jan 1, 2027 - Mar 31, 2027)
October 1, 2027	October 15, 2027	(Apr 1, 2027 - Jun 30, 2027) & (Jul 1, 2027 - Sept 30, 2027)

General ED Visit Counts

			Counts from the NSSP ESSENCE Biosense Platform						
			Total number of ED visits for NSSP suicide-related outcomes:						
	How many facilities are currently submitting data to NSSP (percent)?	How many facilities are currently submitting data to NSSP (count)?	SDC Suicide Related v1	CDC Suicide Attempt v1	CDC Suicide Attempt v2	CDC Suicide Ideation v1	Total ED Visits	Describe any changes in rates of suicide related outcomes observed in this quarter (what was the change/pattern observed, was this observed for any particular population group), what is the current status of the observed trend, and what is currently being done in response to the observation? *Note. Changes for selected DAPs are submitted in the "Trends in DAPs" tab.*	Any challenges experienced for onboarding facilities, accessing data, monitoring suicide-related outcomes, responding to emergent trends, using the NSSP ESSENCE data system, or other challenge you would like to share?
Example:	67%	53	7000	2000	1500	6500	38000	*There was an increase in suicide attempt (v2) for youths aged 12-14 years durign this quarter. In further assessment, the increase was largely due to increases observed for female youths. The increase continued for 3 weeks and were observed in geographic areas of two school districts. School board officials in those areas were contacted to determine next steps. Further investigation is in progress. A response plan is being developed with school board officials, after-school program adminstrators, and local mental health professionals.*	*Data quality for 3 reporting facilities (X, Y, and Z) remain poor, specifically less than 30% data completeness for chief complaint. Facility X and Z improved to 70% data completeness for discharge diagnosis. Facility Y only had 20% completeness for discharge diagnosis. Syndrome definition for suicide attempt v1 query remains too broad for the XXX CSP Program. We continue to use our own modified query.*
Data pulled from NSSP by CDC	.	.						.	.
Data confirmed by CSP Program									

Counts from a homegrown, syndromic surveillance system, or syndrome definitions developed by CSP programs (optional)									
		Total number of ED visits for NSSP suicide-related outcomes:							
How many facilities are currently submitting data to this system (percent)?	How many facilities are currently submitting data to this system (count)?	[Enter Synrome Definition Label Here]	[Enter Synrome Definition Label Here]	[Enter Synrome Definition Label Here]	[Enter Synrome Definition Label Here]	Total ED Visits	Please describe the data source and the program-specific syndrome definition used.	Describe any changes in rates of suicide related outcomes observed in this quarter (what was the change/pattern observed, was this observed for any particular population group), what is the current status of the observed trend, and what is currently being done in response to the observation? Note. Changes for selected DAPs are submitted in the "Trends in DAPs" tab.	Any challenges experienced for onboarding facilities, accessing data, monitoring suicide-related outcomes, responding to emergent trends, using your own syndromic data system or syndromes, or other challenges you would like to share?
67%	53	7000	2000	1500	6500	38000	Example: The XXX CSP Program uses a program-specific suicidal ideation syndrome definition to monitor upticks and inform program activities (modified from the CDC Suicidal Ideation v1 definition). We modified the CDC Suicidal Ideation v1 definition to be more specific to the coding practices in the state of XXX. Our syndrome definition was shared with the CDC team via emai to csp@cdc.gov.]	There was an increase in suicide attempt (v2) for youths aged 12-14 years durign this quarter. In further assessment, the increase was largely due to increases observed for female youths. The increase continued for 3 weeks and were observed in geographic areas of two school districts. School board officials in those areas were contacted to determine next steps. Further investigation is in progress. A response plan is being developed with school board officials, after-school program adminstrators, and local mental health professionals.	Data quality for 3 reporting facilities (X, Y, and Z) remain poor, specifically less than 30% data completeness for chief complaint. Facility X and Z improved to 70% data completeness for discharge diagnosis. Facility Y only had 20% completeness for discharge diagnosis. Syndrome definition for suicide attempt v1 query remains too broad for the XXX CSP Program. We continue to use our own modified query.
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Trends in DAPS

	Uptticks or changes of ED visits for suicide-related outcomes from NSSP ESSENCE:			
	NSSP SDC Suicide Related v1	NSSP CDC Suicide Attempt v1	NSSP CDC Suicide Attempt v2	NSSP CDC Suicide Ideation v1
Example	Increase observed for this population across the state (not statistically significant) that are reflective of general national increase in suicide behavior.	Increase observed for county XX, currently investigating for possible suicide cluster.	Statistically significant increase in suicide attempts (v2) in counties XX and YY.	Concerning increases observed for this population, not statistically significant compared to the same quarter last year (2021).
DAP 1: [Enter DAP or Overarching Population for DAP Here]				
DAP 2: [Enter DAP or Overarching Population for DAP Here]				
DAP 3: [Enter DAP or Overarching Population for DAP Here]				
DAP 4: [Enter DAP or Overarching Population for DAP Here]				

Uptticks or changes of ED visits for suicide-related outcomes from other syndromic surveillance system or program-specific syndrome definitions:						
Other Definition Similar to SDC Suicide Related v1 (optional)	Other Definition Similar to CDC Suicide Attempt v1 (optional)	Other Definition Similar to CDC Suicide Attempt v2 (optional)	Other Definition Similar to CDC Suicide Ideation v1 (optional)	Other Definition: [Enter Syndrome Definition Label Here] (optional)	Other Definition: [Enter Syndrome Definition Label Here] (optional)	Any challenges experienced for accessing data, monitoring suicide-related outcomes in DAPs or specific populations, responding to emergent trends, or other?
Increase observed for this population across the state (not statistically significant) that are reflective of general national increase in suicide behavior.	Increase observed for county XX, currently investigating for possible suicide cluster.	Statistically significant increase in suicide attempts (v2) in counties XX and YY.	Concerning increases observed for this population, not statistically significant compared to the same quarter last year (2021).	[Describe syndrome definition here]	[Describe syndrome definition here]	Data quality for disability status is largely incomplete, trends may be underestimated for this DAP. Partners to respond to emergent trends for this DAP is limited.

Data to Action & Data Quality

Question	Example	Answer from CSP Program
Please describe any actions taken from the state team or engaged partners in response	The XXX CSP program	

to syndromic surveillance findings?	*launched a new website for men residing in rural areas. Partners and key stakeholders were informed of concerning increases in suicide attempts of rural adult male residents. Partners are currently discussing outreach campaigns to address these upticks. A committee was formed to*	

	plan an investigation for a suspected suicide cluster among in counties XX, XX, and XX.	
Please describe any syndromic surveillance dissemination products (e.g., dashboards, reports, factsheets, data briefs, publications, newsletters, etc; please provide url links to any available products)?	*New website for youths, this product was in response to a recent uptick identified by the NSSP alert system (available to the public): https://www w.xxx.com*	
	Quarterly data brief (available only to partners,	

	stakeholders, reporting facilities): http://www.xxx.com	
	Syndromic surveillance training to improve data quality (available only to reporting facilities): http://www.xxx.com	