

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 csa@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 criteria 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 increase/decrease/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 outcomes, 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 csa@cdc.gov mailbox when you submit this report.

**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)

Upticks 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]				

Upticks 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.

