

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) Data for Drug Overdose Surveillance

The Tennessee Department of Health (TDH) uses syndromic surveillance to rapidly monitor emergency department visits and identify emerging public health trends. Through the National Syndromic Surveillance Program (NSSP), TDH uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data system to monitor preliminary trends in nonfatal drug overdoses. Because these data are available soon after a healthcare visit occurs, they provide a timely source of information for overdose trends and response.

This document describes how TDH develops preliminary nonfatal overdose measures using syndromic surveillance data and provides information to help users understand and interpret these measures. It includes definitions of overdose indicators, information about available demographic and geographic variables, and important considerations about the strengths, limitations, and timeliness of the data.

These methods and definitions support TDH's preliminary nonfatal overdose surveillance activities and public data products, including reports, downloadable datasets, and the Tennessee Drug Overdose Dashboard.

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About ESSENCE Data

The Tennessee Department of Health (TDH), Division of Communicable and Environmental Diseases and Emergency Preparedness (CEDEP), manages Tennessee's syndromic surveillance data. The TDH Overdose Surveillance Program uses these data through ESSENCE to identify and monitor preliminary trends in nonfatal drug overdoses. This section provides more information about syndromic surveillance data, ESSENCE, and how they are used for preliminary nonfatal overdose surveillance.

About ESSENCE Data

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) is a tool within the National Syndromic Surveillance Program's (NSSP) BioSense Platform. ESSENCE allows public health agencies to analyze emergency department data and rapidly identify and monitor trends that may be important to public health.

All Tennessee hospital emergency departments submit syndromic surveillance data to the Tennessee Department of Health as part of the federal public health reporting requirements in the Centers for Medicare and Medicaid Services' Promoting Interoperability Program. This information is sent automatically from the hospital's electronic health record (EHR) system, allowing TDH to receive information about emergency department visits soon after they occur. The information available may include the patient's reason for the visit (chief complaint), diagnoses, and other details about the visit.

For more information about how ESSENCE data is coded, visit the BioSense Platform Quick Start Guide: <https://www.cdc.gov/nssp/biosense/docs/BioSense-Platform-Quick-Start-Guide-for-ESSENCE.pdf>

Timeliness of ESSENCE Data

ESSENCE data are considered preliminary and available in near real-time, with most emergency department visit information received by NSSP within 24 hours. This allows TDH to monitor nonfatal overdose trends much sooner than with more finalized data sources. Because records are updated as additional information becomes available, recent counts may be incomplete and can change over time. Some information, such as discharge diagnoses, may be added several days after the initial visit information is received.

Identifying Nonfatal Drug Overdoses in ESSENCE Data

ESSENCE is a syndromic surveillance system, meaning it uses key words and phrases reported during an emergency department visit to identify visits that may be related to a particular health condition or event. For overdose surveillance, ESSENCE searches information such as the patient's chief complaint (the reason for the visit, often in the patient's own words) and diagnosis codes for words, phrases, and codes that may indicate a drug overdose. For example, information such as

“overdose,” “took too many pills,” or the name of a specific drug may help identify a visit as a suspected overdose.

These standardized searches are called syndrome definitions. Using both text and diagnosis information allows suspected overdoses to be identified quickly, including visits where a final diagnosis may not yet be available. The definitions also exclude certain words, phrases, or diagnosis codes that may indicate the visit was not related to an overdose.

Considerations When Interpreting ESSENCE Data

ESSENCE provides timely information that can help TDH identify and monitor changes in nonfatal overdose trends. However, because syndromic surveillance prioritizes timely information, there are several considerations when interpreting these data.

Suspected versus confirmed overdoses. ESSENCE uses information such as chief complaint text and diagnosis codes to identify visits that may involve an overdose. Some symptoms or phrases that may indicate an overdose, such as unconsciousness or difficulty breathing, can also occur with other illnesses or injuries. Final diagnosis information may not always be available in ESSENCE to confirm or rule out a suspected overdose. For these reasons, ESSENCE measures should be interpreted as **suspected nonfatal overdose emergency department visits** rather than confirmed overdose events.

Preliminary versus finalized data. ESSENCE is designed to provide timely information about recent and emerging trends. Records may be updated as additional information becomes available, and recent counts may change over time. ESSENCE is therefore most useful for preliminary surveillance and identifying potential changes in overdose activity. More finalized data sources, such as the Hospital Discharge Data System (HDDS), are better suited for long-term trend reporting, research, and program planning.

Information may vary by hospital. Hospitals may differ in how information is entered into their electronic health record systems and which information is available through ESSENCE. These differences may affect how consistently suspected overdose visits are identified across hospitals.

Chief complaint information may be limited. A patient's chief complaint is generally recorded early in an emergency department visit and describes the initial reason for seeking care. This information may be brief, abbreviated, misspelled, or based on information available before the patient has been fully evaluated. As a result, the chief complaint may not always reflect the final reason for the visit.

Specific substances may be difficult to identify. Information available through ESSENCE may indicate that an overdose occurred without identifying the specific drug involved. Substance information may also be based on what was known or suspected at the time of the visit rather than laboratory confirmation. As a result, drug-specific measures may not identify every substance involved in an overdose.

Drug categories may overlap. A single emergency department visit may meet the definition of more than one drug category when multiple substances are identified. For example, a visit involving both an opioid and a stimulant may be included in both categories. Drug-specific categories should therefore not be added together to calculate the total number of overdose visits.

Visits do not represent unique individuals. ESSENCE measures emergency department visits, not individual people. A person who visits an emergency department more than once will be counted for each separate visit, including multiple visits that occur on the same day.

Not all nonfatal overdoses are captured. ESSENCE captures suspected overdoses among people who visit an emergency department. Overdoses that do not result in an emergency department visit, including those treated in the community or by emergency medical services without transport to a hospital, are not included.

Tennessee Preliminary Nonfatal Drug Overdose Definitions

Preliminary nonfatal drug overdose indicators are based on emergency department visit information available through ESSENCE. The queries and indicators use two main fields: the **chief complaint** and the **discharge diagnosis**.

The **chief complaint** describes the patient's reason for seeking care, such as "unresponsive after taking pills" or "possible overdose." It is recorded as free text and may include terms associated with drug overdose or poisoning. It may also include exclusion terms, such as withdrawal without acute intoxication, that prevents a visit from being included in the overdose definition.

The **discharge diagnosis** includes diagnosis codes assigned during the visit. These codes may come from ICD-9-CM, ICD-10-CM, or SNOMED-CT and are provided without the corresponding descriptive text. They may indicate an acute drug overdose or poisoning that was unintentional or of undetermined intent.

Because this information is preliminary and may change as additional information becomes available, these indicators represent **suspected nonfatal drug overdose** emergency department visits rather than confirmed or finalized overdose events.

ESSENCE Suspected Drug Overdose Indicators

Primary Criteria:

- Only Tennessee residents
- Drug overdoses of unintentional or undetermined intent

Indicators exclude the following:

- Intentional overdoses / suicide-related poisonings
- Withdrawal without acute intoxication/overdose
- Visits where a medication or drug was given as part of routine medical treatment, not because of an overdose

All Suspected Drug Overdose Emergency Department Visits

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'All Drug Overdose v3 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [All Drug Overdose v3 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets at least one of the following criteria:
 - The discharge diagnosis includes a code for an acute, unintentional or undetermined-intent drug poisoning OR
 - ICD-9-CM Codes: 960-979, E850-E858, OR E9800-E9805
 - ICD-10-CM Codes: T36-T50

- SNOMED-CT Codes: full list available in CDC definition pages 4-6
- The chief complaint mentions an overdose OR
- The visit meets criteria for one or more specific overdose definitions (all of which are defined below)
 - Opioid Overdose
 - Stimulant Overdose
 - Benzodiazepine Overdose
- If a visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - Terms that indicate an overdose:
 - Poisoning, nodding off, snort, ingest, intoxication, unresponsive, loss of consciousness, syncope, shortness of breath/short of breath, altered mental status (and misspellings)
 - The chief complaint also indicates that drugs were involved AND
 - Drug-related terms
 - Polysubstance, polydrug, poison, pill, drug, synthetic marijuana/cannabis/spice/K2, kratom/herbal speedball/ketum, acid/LSD, gabapentin/Neurontin, gamma hydroxybutyrate, Prozac/fluoxetine, Paxil/paroxetine, Zoloft/sertraline, bupropion/Wellbutrin, Lexapro/escitalopram, Effexor/venlafaxine, Oleptro/Desyrel/trazodone, cyclobenzaprine, Scelexa, sedative, barbituate/phenobarbital/amytal/nembutal, Ambien/Lunesta/sonata/zolpidem/zaleplon/eszopiclone, inhalant, ketamine/special K, psilocybin/shroom, Soma/carisoprodol, happy pill, pcp/angel dust/phencyclidine, hallucinogen, mescaline, peyote, salvia (and misspellings)
 - The chief complaint does not include any terms that exclude the visit from the definition
 - Exclusion terms:
 - Commonly identified negations for drug use or overdose terms, food poisoning, poison ivy/poison oak, poison control, drug screen, drug therapy, pill, primary care physician, off prozac, amyloidosis, hypoglycemia, withdraw, detox, chemo, spasmolytic, hemolytic, rhabdomyolysis, anamoly (and misspellings)

Emergency Department Visits Involving Suspected Opioid Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Opioid Overdose v4 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Opioid Overdose v4 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets at least one of the following criteria:
 - The discharge diagnosis includes a code for acute opioid poisoning that was unintentional or of undetermined intent OR
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on pages 4-6

- The diagnosis includes an opioid use code indicating intoxication, such as an F11 code with “with intoxication” OR
- The chief complaint mentions naloxone OR
 - Naloxone terms: Naloxone, narcan, evzio
- The visit meets the criteria for one or more of the specific overdose definitions:
 - Heroin Overdose
 - Fentanyl Overdose
- If a visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - See overdose terms above in the ‘All Overdose’ indicator definition
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - See exclusion terms above in the ‘All Overdose’ indicator definition
 - The visit also includes evidence of opioid involvement, shown by either:
 - The chief complaint mentioning opioids OR
 - Opioid-related terms:
 - Opioid/opiate/opium, heroin, speedball, dope, methadone, suboxone, oxycodone, Percocet, Vicodin, fentanyl, hydrocodone, morphine, codeine, oxymorphone, Dilaudid, hydromorphone, tramadol, buprenorphine, and other common opioid brand and generic names (and misspellings)
 - A diagnosis code indicating opioid use, abuse, or dependence without intoxication
 - ICD-10-CM codes: F1110, F11190, F1120

Emergency Department Visits Involving Suspected Heroin Overdose

- This indicator is based on the Center for Disease Control and Prevention’s (CDC) ‘Heroin Overdose v5 Parsed’ syndrome definition. The CDC’s guidance and technical notes for this indicator can be found here: [Heroin Overdose v5 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:
 - The discharge diagnosis includes a code for acute heroin poisoning that was unintentional or of undetermined intent
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on page 4

- If the visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - See overdose terms above in the 'All Overdose' indicator definition
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - See exclusion terms above in the 'All Overdose' indicator definition
 - The chief complaint also indicates heroin involvement
 - Heroin-related terms
 - Heroin, speedball, dope (and misspellings)

Emergency Department Visits Involving Suspected Fentanyl Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Fentanyl Overdose v2 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Fentanyl Overdose v2 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:
 - the discharge diagnosis includes a code for an acute fentanyl poisoning that was unintentional or of undetermined intent
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on page 4
 - The chief complaint includes a fentanyl term and a naloxone term
 - Fentanyl-related terms: Fentanyl (and misspellings)
 - Naloxone term: naloxone, narcan, or evzio
- If the visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - See overdose terms above in the 'All Overdose' indicator definition
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - See exclusion terms above in the 'All Overdose' indicator definition
 - The chief complaint also indicates fentanyl involvement
 - Fentanyl-related terms: Fentanyl (and misspellings)

CDC Benzodiazepine Overdose v2 Parsed // Benzodiazepine Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Benzodiazepine Overdose v2 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Benzodiazepine Overdose v2 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:

- The discharge diagnosis includes a code for acute benzodiazepine poisoning that was unintentional or of undetermined intent
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on page 4
- If the visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - See overdose terms above in the 'All Overdose' indicator definition
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - See exclusion terms above in the 'All Overdose' indicator definition
 - The visit also includes evidence of benzodiazepine involvement, shown by either:
 - The chief complaint mentioning benzodiazepines OR
 - Benzodiazepine-related terms:
 - prosom, niravam, tranxene, oxazepam, byfavo, flurazepam, Dalmane, downers, Xanax (with slang terms: xanny, xannies, xans, xan bars), Z bars, K Pin, Phennies, BZD, roofies, benzodiazepine, benzo, benzos, benezos, clorazepate, diazepam, clonazepam, midazolam, alprazolam, temazepam, alprazolam, helex, frankimazin, onax, alprox, misar, restyl, tafil, frontin, librium, solanax, klonopin, valium, iktorivil, paxam, rivatril, antenex, apaurin, apzepam, apozepam, hexalid, normabel, pax, ronax, vival, stesolid, stedon, valaxona, hipnosedon, vulbegal, fluscand, flunipam, rohydorm, hypnodorm, loraz (for lorazepam misspellings), ativan, zolam, bromazepam, diazepam, zolam, serax, temazepam, restoril, halcion
 - A diagnosis code indicating benzodiazepine use, abuse, or dependence without intoxication

Emergency Department Visits Involving Stimulant Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Stimulant Overdose v4 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Stimulant Overdose v4 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:
 - The discharge diagnosis includes a code for an acute stimulant poisoning that was unintentional or of undetermined intent OR
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on pages 4-5
 - The visit meets the criteria for one or more of the specific overdose definitions:
 - Cocaine Overdose
 - Methamphetamine Overdose
- If a visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND

- Terms that may indicate a stimulant overdose:
 - Palpitations, poisoning, overdose, snort, ingest, intoxication, altered mental status (and misspellings)
- The chief complaint does not include any terms that exclude the visit from the definition AND
 - Stimulant specific exclusion terms:
 - Cardiac stimulant, delirium tremens, phrases indicating denial of drug, terms indicating withdrawal or detoxification, common negations of overdose-related terms or stimulant-related terms (and misspellings)
- The visit also includes evidence of stimulant involvement, shown by either:
 - The chief complaint mentioning stimulants OR
 - Stimulant-related terms:
 - Amphetamine, lisadexamfetamine, dextroamphetamine, levoamphetamine, biphphetamine, Dexedrine, Adderal, Vyvanse, Concerta, methylin, Ritalin, cathinone, bath salt, stimulant, MDMA, ecstasy, molly (and misspellings)
 - A diagnosis code indicating stimulant use, abuse, or dependence without intoxication

Emergency Department Visits Involving Cocaine Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Cocaine Overdose v2 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Cocaine Overdose v2 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:
 - The discharge diagnosis includes a code for an acute cocaine poisoning that was unintentional or of undetermined intent OR
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on page 4
- If a visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - Cocaine overdose-related terms:
 - Poisoning, overdose, snort, ingest, altered mental status, seizure, abdominal pain, heart racing, agitation, heart palpitation, cardiac, chest pain/squeezing/tightness/pressure, heart attack, myocardial, stroke, tachycardia (and misspellings)
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - Cocaine specific exclusion terms:
 - Other uses of "crack", other uses of "coke", terms indicated denial of drug use, common negations of cocaine-related terms or overdose-related terms, and terms indicating withdrawal or detoxification
 - The visit also includes evidence of cocaine involvement, shown by either:
 - The chief complaint mentioning cocaine OR

- Cocaine-related terms: Speedball, cocaine, coke, crack (and misspellings)
- A diagnosis code indicating cocaine use, abuse, or dependence without intoxication
 - ICD-10-CM codes: F1412, F1422, F1492

Emergency Department Visits Involving Suspected Methamphetamine Overdose

- This indicator is based on the Center for Disease Control and Prevention's (CDC) 'Methamphetamine Overdose v1 Parsed' syndrome definition. The CDC's guidance and technical notes for this indicator can be found here: [Methamphetamine Overdose v1 Parsed Syndrome Definition](#)
- A visit is **always** included when it meets the following criteria:
 - The discharge diagnosis includes a code for acute methamphetamine poisoning that was unintentional or of undetermined intent OR
 - Relevant ICD-9-CM, ICD-10-CM, or SNOMED-CT can be found in the CDC syndrome guide on page 4
- If a visit does not meet any of the immediate inclusion criteria, it may still be included when:
 - The chief complaint indicates an overdose or poisoning AND
 - Terms that may indicate a methamphetamine involved overdose:
 - Abdominal pain, agitation, aggressive, altered mental status, arrhythmia, bad reaction/trip, bizarre, bugs, chest pain/pressure/tightness, combative behavior, delusion, delirium, diaphoretic, disoriented, dizziness, erratic behavior, feels bad/weird, fidgety, flight of ideas, formication, hallucination, hearing voices, heart attack, heart palpitations, heart racing, high blood pressure, hyperverbal, incoherent, ingest, intoxication, lightheaded, manic, nausea, not feeling well, not right, not sleeping, numb, overdose, paranoid, poison, racing heart, restless, seeing snakes/things, shaking, shoot/shooting/shoots up, shortness/short of breath, snort, seizure, sores all over, picking at skin, scratching, psychotic, tachycardia, tingling, tremulous, tripping, trouble sleeping, twitching, vomiting, violent, weakness
 - The chief complaint does not include any terms that exclude the visit from the definition AND
 - Methamphetamine specific exclusion terms:
 - Rehab, wants referral, commonly identified negations for methamphetamine-related terms or overdose-related terms, terms indicating withdrawal or detoxification, and terms for other uses of "speed", "crank", "tweak" and "ice" (e.g., fell on ice)
 - The visit also includes evidence of methamphetamine involvement, shown by either:
 - The chief complaint mentioning methamphetamine OR
 - Methamphetamine-related terms: Desoxyn, meth/methamphetamine, crank, overamping, tweak, ice, speed
 - A diagnosis code indicating methamphetamine use, abuse, or dependence without intoxication

Demographic Information Available in ESSENCE

ESSENCE includes demographic information, such as age, race, and sex, that can be used to describe the characteristics of patients with emergency department visits identified as suspected nonfatal drug overdoses.

Age

Age represents the patient's age at the time of the emergency department visit. For reporting purposes, age is grouped into the following categories: <18 years, 18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65+ years.

Race

Race represents the patient's race as reported in the emergency department record. For preliminary nonfatal overdose surveillance, race is reported as White, Black, or Another Race. Due to small numbers, the Another Race category combines patients reported as American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, multiple races, or another race.

Sex

Sex represents the patient's reported sex in the emergency department record. For surveillance purposes, sex is reported as male or female.

Public Data Products with ESSENCE Data

Preliminary nonfatal drug overdose data from ESSENCE are publicly available through the Tennessee Drug Overdose Data Dashboard. The dashboard provides information on suspected nonfatal overdose emergency department visits and allows users to explore recent trends by drug-specific indicators, demographic characteristics, and geographic area. The two places you can find the data dashboard are:

Overdose Surveillance Webpage: <https://www.tn.gov/health/odsurveillance.html>

TN Data Portal: <https://healthdata.tn.gov/>

Drug Overdose Data Dashboard

- Tennessee's Overdose Data Dashboard provides interactive visualizations of preliminary nonfatal drug overdose data using ESSENCE data. The dashboard displays the most recent months of available data and allows users to explore preliminary nonfatal overdose trends by selected indicators, demographics, and geographic characteristics.
 - *The Data Dashboard can be found at the OIA Webpage listed above. This dashboard is best viewed on a computer screen; however, a mobile version is also available.*
 - *These data are **updated monthly** at the end of each month.*
 - *These data are only included for time periods where finalized data is not available. This is done with intention as ESSENCE should not be compared to finalized hospital discharge data.*
 - *Demographic data included in the dashboard are available only at the statewide level.*

Downloadable Data Sheets

- Downloadable files are not currently available for the preliminary nonfatal data shown in the Tennessee Overdose Data Dashboard because TDH updates these data monthly. To request specific data, please contact TDH at TDH.Analytics@tn.gov.

Annual Reports and Briefs

- ESSENCE-specific overdose reports are not currently produced because these data are primarily used to provide timely, preliminary information when finalized nonfatal overdose data from HDDS are not yet available. Once HDDS data are finalized, TDH uses HDDS for longer-term nonfatal overdose reporting and trend analysis.

Requesting Additional Data

The Overdose Surveillance Program makes overdose data publicly available whenever possible through reports, dashboards, and downloadable data files. However, some data cannot be released because they are not yet complete or because the level of details could identify individuals or compromise privacy.

If the information you need is not available through existing public data products, you may submit a request for additional aggregate overdose data.

Data request form: <https://tdhrc.health.tn.gov/redcap/surveys/?s=DHMKP9HDD4FAT43K>

To protect privacy, small counts may be suppressed or combined, particularly for counties with small populations or less common demographic groups.

Because data requests may take time to review and fulfill, we recommend contacting the Overdose Surveillance Program (TDH.Analytics@tn.gov) before submitting a formal request. We can help determine whether the data are already publicly available, discuss whether your request can be fulfilled, and identify the most appropriate data source for your needs.

Additional Questions

Feel free to reach out to OIA directly for any questions at tdh.analytics@tn.gov