



Neonatal Abstinence Syndrome (NAS) Standardized Case Definition and Changes to Reporting

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Objectives

- Provide background on NAS surveillance in TN
- Discuss grant funding from the Council of State and Territorial Epidemiologists (CSTE)
- Review standardized case definition
- Discuss changes to reporting
- Encourage feedback from partners

NAS Surveillance in Tennessee

- In 2013, Tennessee became the first state in the nation to require reporting of NAS for public health surveillance
- Providers are required to report cases of NAS within 30 days of diagnosis to the Tennessee Department of Health (TDH) through a REDCap survey tool
- NAS surveillance team releases weekly and monthly summaries and annual reports

Thank you for supporting our team!

CSTE Grant Funding

- TDH was recently awarded short-term funding through the Council of State and Territorial Epidemiologists (CSTE) to implement a new standardized surveillance case definition for NAS
- Currently, the use of diagnostic criteria and diagnostic codes for NAS varies between states, hospitals and even providers.

CSTE Grant Funding – Expected Outcomes

- More precise depiction of NAS in Tennessee that can be more accurately compared to other states.
- New information that will be collected will add important detail to the NAS cases
- Opportunity to conduct follow-up on affected infants and refer infants and their families to wrap-around services.

NAS Case Definition – Confirmed Case

- Infants will be classified as **confirmed**, **probable**, or **suspect** cases.
- **Confirmed** case:

Report or identification *in the absence of* another known cause/diagnosis of:

- A diagnosis of NAS with confirmatory NEONATAL laboratory evidence, OR
- A chief complaint mentions NAS with confirmatory NEONATAL laboratory evidence, OR
- A clinically compatible presentation with THREE or more signs of NEONATAL withdrawal AND with confirmatory NEONATAL laboratory evidence

NAS Case Definition – Probable Case

There are 2 types of **Probable** cases:

Type 1:

- A diagnosis of NAS with MATERNAL history of chronic opioid use, or benzodiazepine, or barbiturate use in the 4 weeks prior to delivery, OR
- A chief complaint mentions NAS with MATERNAL history of chronic opioid use, or benzodiazepine, or barbiturate use in the 4 weeks prior to delivery OR
- A clinically compatible presentation with THREE or more signs of NEONATAL withdrawal AND with MATERNAL history of chronic opioid use or benzodiazepine, or barbiturate use in the 4 weeks prior to delivery

AND no or unknown laboratory evidence in the NEONATE

Type 2:

- A diagnosis of NAS with confirmatory MATERNAL laboratory evidence in the 4 weeks prior to delivery, OR
- A chief complaint mentions NAS with confirmatory MATERNAL laboratory evidence in the 4 weeks prior to delivery, OR
- A clinically compatible presentation with THREE or more signs of NEONATAL withdrawal AND with confirmatory MATERNAL laboratory evidence in the 4 weeks prior to delivery

AND no or unknown laboratory results in the NEONATE

NAS Case Definition – Suspect Case

- There are also 5 types of **Suspect** cases.
- If a case doesn't meet the criteria for confirmed or probable, we will see if they meet criteria for a suspect case.

New NAS REDCap Survey Questions (effective 5/29/2020)

- Infant toxicology results (part of **confirmed** case definition)
- Additional question about clinical signs of withdrawal (**confirmed** and **probable** case definition)
- Additional question about maternal substance use (**probable** case definition, **Type 1**)
- Maternal toxicology results (**probable, Type 2**)
- New demographic fields, including the mother's name, the infant's name, and mother's date of birth

Updated REDCap Reporting Portal

- <https://tdhrc.health.tn.gov/redcap/surveys/?s=4DRE33X3>

H8

Please complete the survey below.

Thank you!

To continue directly to the reporting form, please scroll down.

The Tennessee Department of Health (TDH) was recently awarded funding through the Council of State and Territorial Epidemiologists (CSTE) to implement a new standardized case definition for Neonatal Abstinence Syndrome (NAS). Currently, the use of diagnostic criteria and diagnostic codes for NAS varies between states, hospitals and providers. The implementation of a new standardized case definition will result in a better understanding of NAS and allow for more reliable comparisons between states.

Any one of the following criteria is sufficient for reporting a case:

1. A hospitalized neonate (< 28 days old) with any clinical signs consistent with NAS not explained by another etiology.
2. A hospitalized neonate whose healthcare record contains information (diagnosis, chief complaint, or discharge code) about suspected NAS not explained by another etiology.
3. A neonate whose healthcare record contains information (i.e. diagnosis, chief complaint or discharge code) about in utero exposure to opioids, benzodiazepines, or barbiturates.

Resources

- TDH NAS website: <https://www.tn.gov/health/nas.html>
- CSTE NAS standardized case definition:
https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-MCH-01_NAS_final_7.31.19.pdf

Thank you!

Please give us feedback on these reporting changes and ask questions!

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