



MORROW COUNTY HEALTH DISTRICT
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PUBLIC HEALTH NOTIFICATION

SUBJECT: Update: Several States Identify Cases of Coagulopathies Linked to Synthetic Cannabinoid Use

DATE SENT: April 19, 2018

URGENCY LEVEL:

- Health Alert - Conveys the highest level of importance; warrants immediate action or attention.
- Health Advisory - Provides important information for a specific incident or situation; may not require immediate action.
- Health Update - Provides updated information regarding an incident or situation; unlikely to require immediate action.

Please distribute to all appropriate physicians and staff in a timely manner.

DETAILS:

Following the previous Health Alert sent on April 9, 2018, The Ohio Department of Health has issued updated Case Definitions and Reporting Guidance regarding the multi-state outbreak of vitamin K-dependent coagulopathies linked to synthetic cannabinoid use.

There are currently NO known cases in Ohio; however, ODH is providing guidance in order to assist the Centers for Disease Control and Prevention with the nation investigation.

Please report any suspected cases to the local health department for which the patient resides, by completing the attached "Suspected Synthetic Cannabinoid Case Form". Suspected cases should be reported by the end of the next business day after a patient presents to your office. If the residence of the patient is unknown, suspected cases should be reported to the local health department in which the reporting provider is located.

For any questions regarding diagnostic testing and the management of patients, please contact the
Poison Control Center at 1-800-222-1222.

Please see the attached alerts in their entirety:

- Case Definition_ Synthetic Cannabinoid Coagulopathy
- Suspected Synthetic Cannabinoid Coagulopathy Case Form

To report probable or suspected cases, or if we can be of further assistance, please contact:
Morrow County Health District at (419) 947-1545.

The Morrow County Health District is open:

Monday through Thursday from 7:15 a.m. to 5:00 p.m., and Friday 8:00 a.m. to 12:00 p.m.

Management staff can be reached for public health emergencies and reportable diseases after hours at: (567) 231-9740.

-End-

Case Definition: Multistate Outbreak of Vitamin K-Dependent Antagonist Coagulopathy Associated with Synthetic Cannabinoids Use (version 4/12/2018)

Introduction

Patients may experience life-threatening coagulopathy associated with use of synthetic cannabinoids, also known as “K2,” “spice,” “synthetic marijuana,” and “legal weed,” among other names. These clinical signs and symptoms have included bruising, bleeding, blood in urine or stool, and back or flank pain, particularly near the kidneys. Other signs and symptoms have included altered mental status, fainting, loss of consciousness, and collapse.

Clinical Criteria

Bruising, nosebleeds, bleeding of the gums, bleeding out of proportion to the level of injury, vomiting blood, coughing up blood, blood in urine or stool, or excessively heavy menstrual bleeding

Laboratory Criteria

- 1.) Elevated INR (greater than or equal to 2) or abnormal coagulation profile (e.g., PT in the absence of INR values) for which there is no clinical explanation
- 2.) Detection of a long-acting anticoagulant (e.g., brodifacoum) in blood, serum, plasma, or urine, as determined by reference laboratory testing

Case Classification

Suspected Case: Patient presents with one or more of the clinical criteria listed above without an alternate explanation for their symptoms AND with either (a) reported use of synthetic cannabinoids or unknown drugs or (b) some suspicion of previous or current drug use or exposure

Probable Case: Patient presents with either of the following:

1. One or more of the clinical criteria listed above AND reported use of synthetic cannabinoids during the three months prior to symptom onset (e.g., by patient, proxy, medical record, or healthcare professional) AND meets lab criteria #1
2. One or more of the clinical criteria listed above AND meets lab criteria #1 AND meets lab criteria #2 with no other possible explanation for these results

Confirmed Case: Patient presents with one or more of the clinical criteria AND with reported use of synthetic cannabinoids during the three months prior to symptom onset (e.g., by patient, proxy, medical record, or healthcare professional) AND meets lab criteria #2.



Department of Health

Suspected Synthetic Cannabinoid Coagulopathy Case Form

1. Name of patient (*First, Last*): _____
2. Date of birth and sex of patient: DOB (*dd/mm/yyyy*): ____/____/____
3. Sex (*Circle*): M F
4. Race (*Circle all that apply*):
 White Black Amer. Indian/Alaska Native Asian Hawaiian Native/Pacific Islander
 Unknown Other: _____
5. Ethnicity (*Circle*): Hispanic or Latino Non Hispanic or Non Latino Unknown
6. Home address of patient (*including county*):
 Street _____ City _____
 County _____ State _____ Zipcode _____
7. Contact number of patient, if known (*xxx-xxx-xxxx*): (____)-____-____
8. Treating physician (*First, Last*): _____
9. Contact number of physician: (*xxx-xxx-xxxx*): (____)-____-____
10. Health care facility (*Name and Location*): _____
11. Date of presentation to the facility (*dd/mm/yyyy*): ____/____/____
12. Date of symptoms onset (*dd/mm/yyyy*): ____/____/____
13. Reported symptoms: _____

14. Initial INR value and date:
 Value: _____ Date (*dd/mm/yyyy*): ____/____/____
15. Current INR value and date:
 Value: _____ Date (*dd/mm/yyyy*): ____/____/____
16. Current treatment for elevated INR: _____

17. Does patient normally take anti-coagulants? (*Circle one*)
 Yes No Not sure
18. Was patient was exposed to a rodenticide or intentionally ingest an anti-coagulant? (*Circle one*)
 Yes No Not sure
19. Has patient used illicit drugs, including synthetic marijuana in the past 3 months? (*Circle one*)
 Yes (*see below*) No Not sure
 If yes, which drug(s)? _____
20. Was a urine toxicology screen run? (*Circle one*) Yes No Not sure
 If yes, please list any relevant findings: _____

21. What is current clinical status of patient? (*Check*) __ICU __Hospital __Discharged __Deceased
 Other: _____
22. Has Ohio Poison Center been contacted?
 Yes No Not sure
 If yes, which date? (*dd/mm/yyyy*): ____/____/____
23. Other information on patient:

If you are a provider filling out this form, please contact the local public health department in jurisdiction in which patient resides to report suspected case. If patient residence is unknown, report to the local public health department in which the provider is located. Please contact your local health department or Amanda Okello, ODH Epidemiologist, at amanda.okello@odh.ohio.gov or 614-644-8311 with any questions.