

**Metropolitan Board of Health of Nashville and Davidson County  
December 10, 2020, Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 4:00 p.m. The meeting was held electronically. A recording of the meeting was to be posted at <https://www.nashville.gov/Government/Boards-and-Committees/Committee-information/ID/76/Health-Board-of.aspx>.

**Present**

A. Alex Jahangir, MD, Chair  
Tené H. Franklin, MS, Vice-Chair  
Carol Etherington, MSN, RN, Member  
Thomas W. Campbell, MD, Member  
David A. Frederick, MS, Member  
Calvin M. Smith III, MD, Member  
Michael C Caldwell MD MPH, Director of Health  
Jim Diamond, MBA, Director of Finance and Administration Bureau  
Tina Lester, MSN, RN, Director of Population Health Bureau  
Keith Durbin, CMA, MS.PSM, Metro Chief Information Officer and Director of IT Services  
Derrick Smith, JD, Metropolitan Department of Law

**Motion to Approve Conducting Meeting by Electronic Means**

**Vice-Chair Franklin made a motion to approve conducting of the meeting by electronic means (Attachment I). Mr. Frederick seconded the motion, which passed unanimously.**

Chair Jahangir conducted votes taken during the meeting by roll call.

**Consideration of Extension of Public Health Emergency**

**Dr. Smith made a motion to extend the current declaration of public health emergency to March 31, 2020. Dr. Campbell seconded the motion, which passed unanimously.**

**Approval of November 12, 2020, Regular Meeting Minutes**

**Mr. Frederick made a motion to approve the November 12, 2020, regular meeting minutes as distributed. Dr. Smith seconded the motion, which passed unanimously.**

**Approval of Grant Applications**

There were no grant applications.

**Approval of Grants and Contracts**

Jim Diamond presented five items:

- 1. Marjorie A. Neuhoff Private Foundation Grant**  
Term: NA  
Amount: \$7,500
- 2. Air Pollution 105 Grant from the Environmental Protection Agency**  
Term: October 1, 2019-September 30, 2021  
Amount: \$117,000
- 3. Emocha BAA Contract**  
Term: NA  
Amount: NA
- 4. Vanderbilt POD (Worksite Point of Distribution) Contract**  
Term: execution +5 years

Amount: NA

**5. HIV Prevention Services Grant from the Tennessee Department of Health**

Term: January 1, 2021-December 31, 2021

Amount: \$1,077,700

**Ms. Etherington made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.**

**Report of Director**

Dr. Caldwell referred to his update provided in the Board packet (Attachment II).

Additionally, Dr. Caldwell:

- Provided an update on data sharing and advised that an auditing process was being drafted and he intended for an initial report to be provided in January and monthly thereafter.
- Advised that a Memorandum of Understanding was being drafted with Metro ITS regarding an Information Technology Manager position. Keith Durbin explained the arrangement, its value, and how similar MOUs had been formulated with other Metro departments such as Public Works, Nashville Fire Department, and the Office of Emergency Management. Mr. Durbin explained anticipated benefits and potential drawbacks, and Dr. Caldwell assured the Board that the agreement did not require funds to be transferred, he had discussed it with Jim Diamond, and that a different approach could be taken if desired.
- Advised that COVID vaccines would be received the following week and provided brief details about plans for distribution. He also offered Board members a tour of the vaccine storage equipment.

**Discussion of Metro Human Resources' Fact-Finding Report**

Chair Jahangir led a discussion regarding a Fact-Finding Report issued by Metro Human Resources at Chair Jahangir's request after he had received a complaint about Dr. Caldwell at the end of September. He stated that the Board was committed to providing a safe and healthy work environment for staff. Various options were proposed and reviewed.

**Mr. Frederick made a motion to issue the notice, failure to perform, today, and expect a plan of remediation to be presented within ten days, at which time the Board would decide whether the plan was acceptable or not. Dr. Smith seconded the motion, which was lost.**

**Dr. Smith made a motion to terminate Dr. Caldwell with cause. Vice-Chair Franklin moved to amend the motion to make it specific to 5.1.e, "Engaging in conduct that is, in the reasonable determination of the Board, adverse to the interest, reputation, or business of the Board" of Dr. Caldwell's contract. Dr. Smith accepted the amendment.**

Dr. Caldwell offered to tender his resignation, and to serve in an advisory capacity through December 31.

**Vice-Chair Franklin withdrew the motion.**

**Chair Jahangir made a motion to accept Dr. Caldwell's resignation effective that evening, with the provision that he remain on the payroll in an advisory capacity for transition through December 31, 2020. Dr. Smith seconded the motion, which passed unanimously.**

**Report of Chair and Discussion**

Chair Jahangir said the Board Retreat, during which transition of the Department would be discussed, would be held Friday, December 11, as scheduled.

## **CIVIL SERVICE BOARD**

### **Personnel Changes**

Jim Diamond presented the November Personnel Changes, which were unremarkable.

### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, January 14, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

The meeting adjourned at approximately 6:15 p.m.

A. Alex Jahangir, MD, MMHC, FACS  
Chair

MOTION TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that the items on the meeting agenda constitute essential business of this Board, meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak, and any conflicting with the Governor's Executive Order permitting electronic meetings be suspended.

**EXTENSION OF METROPOLITAN BOARD OF HEALTH  
OF NASHVILLE AND DAVIDSON COUNTY  
DECLARATION OF PUBLIC HEALTH EMERGENCY**

**WHEREAS**, on March 15, 2020 the Metropolitan Board of Health, by virtue of Tennessee Statutes and the Metropolitan Charter, and after consultation with Governor Bill Lee, Mayor John Cooper and public health officials within the Tennessee Department of Health and the Metropolitan Department of Health, declared that a public health emergency exists in Metropolitan Nashville & Davidson County, Tennessee; and

**WHEREAS**, on March 15, 2020 Alex Jahangir, M.D., M.M.H.C., Chairman Metropolitan Board of Health executed the Metropolitan Board of Health of Nashville and Davidson County Declaration of Public Health Emergency (“Declaration”); and

**WHEREAS**, on April 9, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through May 31, 2020, unless extended; and

**WHEREAS**, on May 14, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through June 30, 2020, unless extended; and

**WHEREAS**, on June 11, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through July 31, 2020, unless extended; and

**WHEREAS**, on July 09, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through August 31, 2020, unless extended; and

**WHEREAS**, on August 06, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through September 30, 2020, unless extended; and

**WHEREAS**, on September 10, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through December 31, 2020, unless extended; and

**WHEREAS**, on December 10, 2020 the Metropolitan Board of Health voted to extend the Declaration to provide it remain in effect through March 31, 2021, unless extended.

**NOW, THEREFORE**, effective immediately the Declaration is extended to 11:59 p.m., CST on March 31, 2021, at which time it shall cease and be of no further force or effect, unless extended.

Issued this 22d day of December 2020, by the Metropolitan Board of Health.

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Alex Jahangir, M.D., M.M.H.C.  
Chairman Metropolitan Board of Health

## Director's Update to the Board of Health December, 2020

### Protecting Health – Preventing the Spread of Infectious Disease

#### COVID

##### Vaccine

Dr. Wright is leading a team of Health Department and other key Metro departments to plan for the arrival of COVID-19 vaccine. According to the Tennessee Department of Health, a shipment of Pfizer vaccine could arrive as early as December 16, and Moderna vaccine as early as December 22. Each vaccine has specific storage requirements and we are prepared to properly store both. The Tennessee Department of Health will ship vaccine directly to hospitals for health care workers. Depending on the amount the Health Department receives, we are planning for first responders to be among the first group to be offered the two-dose shot.

##### Enforcement

Environmental Health continues to spend a great deal of time with enforcement activities related to COVID-19. EH provides two team members each weekend to work with Metro Nashville Police, the Metro Beer Board, the Fire Marshall's Office, Codes, Metro Legal, the Transportation Licensing Commission, and HUB Nashville to canvas Broadway and also respond to complaints all across the county.

EH is still investigating complaints throughout the week and also checking for compliance during their routine regulatory inspections.

As of December 3, 2020, EH had made 2,845 site visits in response to concerns or complaints. Those are in addition to the activities outlined above. EH has issued 26 citations and requested 68 civil warrants. EH switched from citations to civil warrants in June. Citations were issued on-site; however, they went to the employees rather than the business owner. Another benefit of civil warrants is that a civil warrant requires the owner to appear in court, whereas the citations worked in the same manner as a traffic ticket, allowing the offender to pay a small fine plus court costs and not appear.

The citations and the civil warrants both require the Environmental Health Specialists to appear in court for each incidence. This has proven to be quite time-consuming, especially when many times the defendants request continuances.

The number of complaints has been steadily declining over the past few weeks. This could be an indication that most of the establishments are doing a good job with capacity limits, social distancing, and face coverings. It also likely is an indication that with the increasing case numbers, people realize the importance of following the CDC protocols.

Our enforcement and compliance efforts are continuing with a combination of teams from Health, Beer Board, and Police. Teams are posted on Broadway, at events at Nissan Stadium, among other locations in Nashville. We offer free masks and remind individuals about the public health requirements.

##### Testing

The three community assessment centers continued to test a record number of persons seeking a test prior to and following the Thanksgiving holiday. PathGroup addressed an issue in mid-November with their supply of reagent that caused an increase in the number of days between the test and test results. Pathgroup added equipment that uses a different type of reagent and tests results are now completed in 24 to 48 hours.

##### School Nurses

We have been adding nurses rapidly in an effort to get to a point where there is a school nurse for every school. To date we have added 43 nurses and three supervisors since the summer, financed by COVID-

related funding available to MNPS through the end of next June. Because of these efforts, we have gotten much closer to the goal of having a nurse in every school.

Metro Schools returned to virtual learning on Monday November 30<sup>th</sup> and will continue until at least the beginning of the Winter Break. Most nurses are present in their schools and are still serving as the first point of contact for COVID issues. They provide initial guidance to MNPS regarding staff and faculty, before the case is transferred into the regular system of contact tracing and response. This guidance is very helpful in speeding up the process of responding to COVID cases.

#### **Flu shot numbers:**

The total number of flu shots administered as of Friday, December 4 was 4,833. Of those 1,839 were Metro employees, and 3,961 who were patients in our clinics.

#### **World AIDS Day**

The observation of World AIDS Day is an excellent opportunity to raise the community's awareness concerning HIV and AIDS. Nashville's Ending the HIV Epidemic Advisory Council and the Metro Public Health Department held a free drive-thru HIV testing event on December 1<sup>st</sup> from 9:00a.m. to 2:00 p.m. in the parking lot of the Lentz Public Health Center.

We used the OraQuick test that provides results in about 20 minutes with some additional time needed for documentation. All participants were required to wear a mask before and after they were swabbed.

Also on the AIDS front, in October we opened our own PrEP (Pre-Exposure Prophylaxis) clinic, located in the Sexual Health Center. We had our year end follow-up with TDH last month to review program goals. In its first year the MPH program exceeded goals and the benchmark number of patients enrolled. This is especially impressive given the pandemic.

## **Mental Health**

### **Opioid/Overdose Response & Reduction Program**

**Under our DOJ COAP grant** we continue to produce a variety of overdose reports for both internal and external stakeholders (MPHD leadership, Hospitals, Naloxone Distributors, First Responders and others). Of note is that we now hold a regular data meeting with the community-based Regional Overdose Prevention Specialists to help them better target their Narcan Kit distribution using our overdose mapping capabilities. Under this grant we continue to develop an Overdose Fatality Review panel. We are engaging with TDH, TDMHSAS and federal technical assistance on this effort.

**Under our High Intensity Area (HIA) grant (CDC/TDH)** we continue to roll out multiple strategies to address the overdose crisis. We have deployed a Social Worker to rotate through MPHD clinics to address screening and referrals related to Substance Use Disorder. The HIA grant covers multiple counties. The HIA epidemiologist is producing regular overdose reports for Montgomery, Cheatham, Davidson and Rutherford Counties. This epidemiologist is additionally assisting multiple other TN counties in development of surveillance capacity and development of Acute Overdose Response Plans. Our HIA Coordinator is working with Regional Coordinators in County Health Departments, researching Hospital Discharge Protocols, ODMAP expansion to other counties and assisting in rolling out post overdose follow up efforts with NFD-EMS. NFD-EMS and Mental Health Co-op hope to begin implementing post-overdose follow up calls and referrals in December – dependent on getting all systems and staff in place.

Lastly, we continue to explore other opportunities that might save lives. Many of these are at early stages of conversation, they include better understanding and responding to the drug treatment needs of our incarcerated population, continued community engagement with our data reports to drive community action and further assisting surrounding counties develop their overdose response capacity.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
**(vrs 9-2012)**

**IMPORTANT NOTES FOR THE BASIC DATA MATRIX**

**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

**Tracking by Species and Age:**

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

**Determining Age:**

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, [http://www.animalsheltering.org/resources/magazine/may\\_jun\\_1996/how-to-determine-a-dog-or.pdf](http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf) or contact the National Federation of Humane Societies for a copy of the document.

**Beginning and Ending Shelter Counts:**

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

**Defining Owner Requested Euthanasia:**

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

**Live Admissions Only**

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

**What is Possession?**

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

**Where are the "Others"?**

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

**Why a Basic Matrix?**

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.



**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
(vrs 9-2012)

Species By Age	Canine		Felilne		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (Date: 11/01/2020)	92	11	74	54	231
<b>Intake</b>					
Stray at large	148	8	11	23	190
Relinquished by owner	8	0	6	0	14
Owner requested euthanasia	0	0	0	0	0
Transferred in from agency	0	0	0	0	0
Other Intakes	8	0	3	0	11
<b>TOTAL INTAKE</b>	<b>164</b>	<b>8</b>	<b>20</b>	<b>23</b>	<b>215</b>
<b>Outcomes</b>					
Adoption	43	0	17	14	74
Returned to owner	61	2	1	0	64
Transferred to another agency	37	5	25	6	73
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>141</b>	<b>7</b>	<b>43</b>	<b>20</b>	<b>211</b>
Died in care	1	0	0	0	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	9	0	6	2	17
Owner requested euthanasia	0	0	0	0	0
<b>TOTAL OUTCOMES</b>	<b>151</b>	<b>7</b>	<b>49</b>	<b>22</b>	<b>229</b>
<b>Ending Shelter Count (date: 11/30/2020)</b>	<b>121</b>	<b>8</b>	<b>52</b>	<b>36</b>	<b>217</b>
<b>SAVE RATE:</b>	<b>93.90%</b>	<b>100.00%</b>	<b>70.00%</b>	<b>91.30%</b>	<b>91.63%</b>

# Update: Drug Overdose Epidemic in Davidson County, TN December 2020

## I. Data

In 2019, Davidson County observed the highest number of fatal drug overdoses (468) on record. In 2020, there have been 560 fatal drug overdoses at the time of this report.

### Fatal Drug Overdoses

- There are currently 9.4 fatal drug overdoses occurring in Davidson County per week.
- Compared to the same time last year, fatal drug overdoses have increased by 35% and are on pace to eclipse 600 drug overdose deaths in 2020.
- Fentanyl is the primary driver for increase and is present in 78% of toxicology reports this year.
- In 2020, the average potential years of life lost (PYLL) per drug overdose death is 33.1 years.

### Nonfatal Drug Overdose Emergency Department (ED) Visits

- Compared to the same time last year, nonfatal drug overdose ED visits have increased by 29%.

### Suspected Drug Overdoses

- Compared to the same time last year, suspected drug overdoses requiring response by the Nashville Fire Department EMS have increased by 37%.
- The average administrations of naloxone treated by EMS is 2.3 per patient.

## II. Interventions/Activities/Collaborations

### Grants

- U.S. Department of Justice Comprehensive Opioid Abuse Site-based Program (COAP) Grant
- TDH-CDC High Impact Area (HIA) Grant

### Acute Overdose Response Plan

- Activated in early October to respond to an increase in fatal drug overdoses occurring locally.
- Davidson County plan is serving as the model among other TN jurisdictions seeking to develop/implement their respective acute response plans.

### Overdose Surveillance & Reporting

- Presented "Leveraging Multiple Data Systems to Design and Implement a Drug Overdose Surveillance System in Davidson County, Tennessee" at the 2020 Syndromic Surveillance Symposium on November 17.
- Conducting routine surveillance and reporting activities for Cheatham, Davidson, Montgomery, and Rutherford.

### Nashville Fire Department Post-Overdose Follow-Up

- Implementation set to begin in mid-December

### Substance Use Linkage

- Implementation began in early November. Activities will include linking MPH clinic patients with substance use disorder to available resources.

### Overdose Detection Mapping Application Program (ODMAP)

- Currently operational in Davidson County and used to monitor and detect increases in acute overdose activity.
- Planning to implement ODMAP system in surrounding counties (Cheatham, Montgomery, and Rutherford) to bolster regional overdose surveillance.

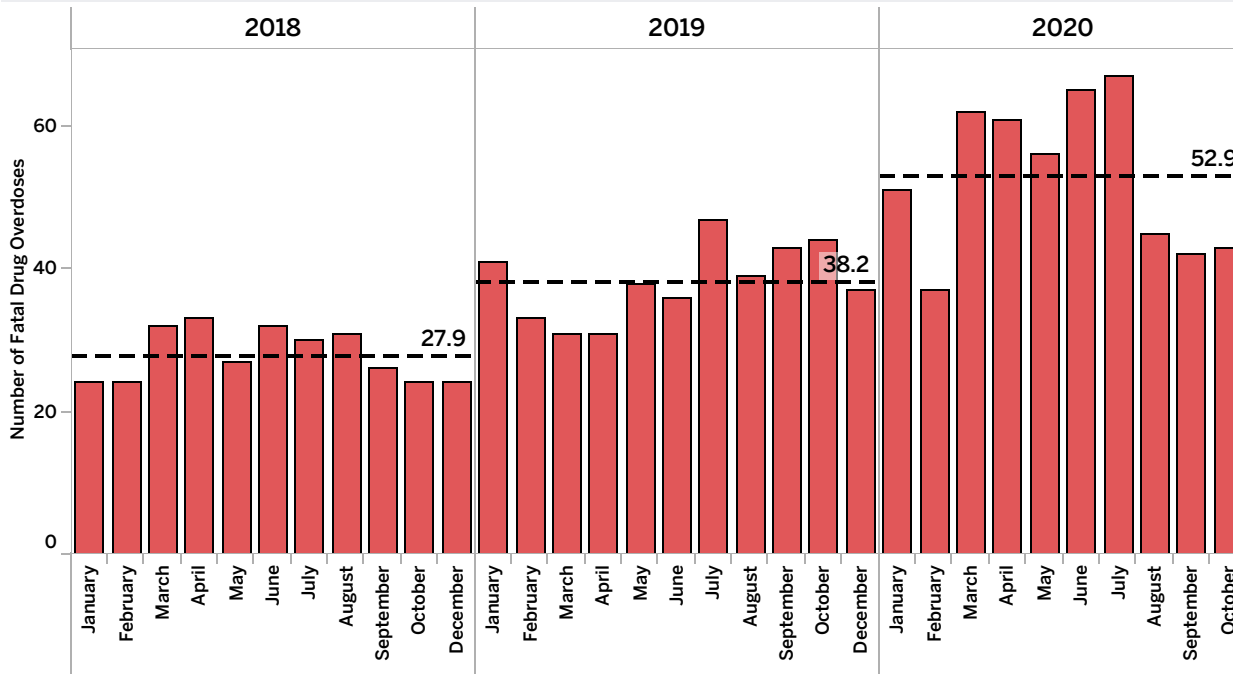
### Fatal and Nonfatal Drug Overdoses, 2019-2020 (Last 6 Months)

Annual counts represent incidents that occurred between January 1 and November 21 in each respective year.

	2019		2020		
	Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year	
<b>Fatal Drug OD</b>	June	36	12.5%	65	80.6%
	July	47	56.7%	67	42.6%
	August	39	25.8%	45	15.4%
	September	43	65.4%	42	-2.3%
	October	44	83.3%	43	-2.3%
	November	31	55.0%	31	0.0%
	<b>YTD Total</b>	<b>414</b>	<b>36.6%</b>	<b>560</b>	<b>35.3%</b>
<b>Nonfatal Drug OD ED Visit</b>	June	219	62.2%	237	8.2%
	July	206	71.7%	258	25.2%
	August	158	37.4%	199	25.9%
	September	176	198.3%	199	13.1%
	October	156	95.0%	208	33.3%
	November	136	81.3%	142	4.4%
	<b>YTD Total</b>	<b>1,795</b>	<b>61.3%</b>	<b>2,320</b>	<b>29.2%</b>
<b>Suspected Drug OD</b>	June	405	8.9%	584	44.2%
	July	378	1.9%	569	50.5%
	August	317	-8.4%	471	48.6%
	September	410	31.8%	534	30.2%
	October	402	30.5%	490	21.9%
	November	311	26.4%	332	6.8%
	<b>YTD Total</b>	<b>3,962</b>	<b>11.7%</b>	<b>5,440</b>	<b>37.3%</b>

# Update: Drug Overdose Epidemic in Davidson County, TN December 2020

Fatal Drug Overdoses with Monthly Average, 2018-Present

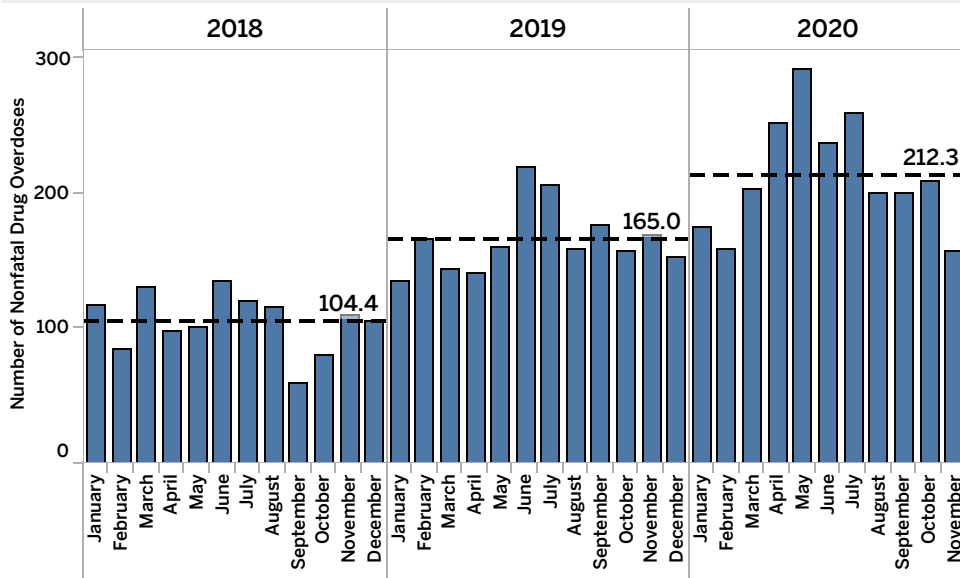


Fatal Drug Overdoses by Presence of Fentanyl in Toxicology Report  
January 2019-June 2020

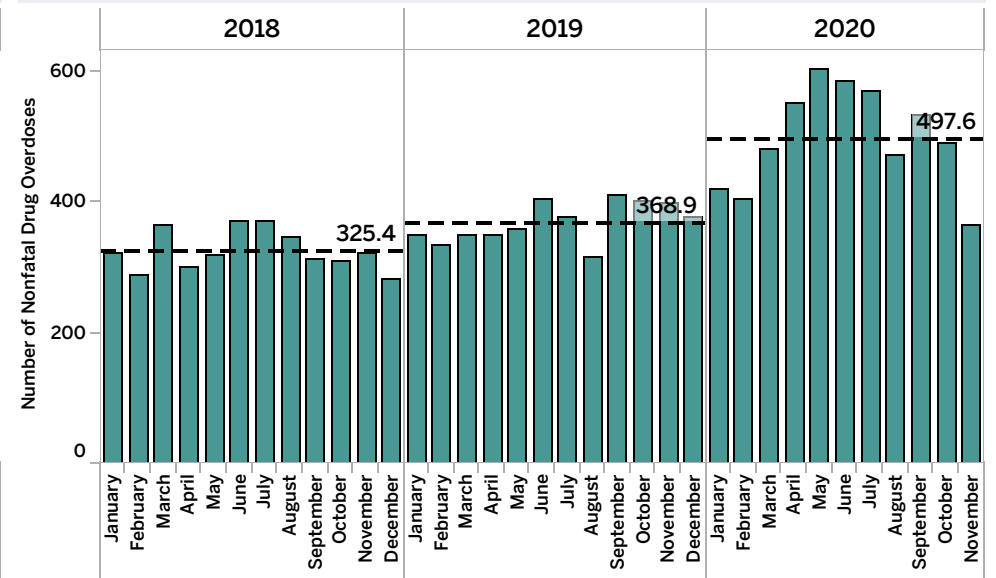
	Detected	Not Detected
2019 Q1	57.1%	42.9%
2019 Q2	70.5%	29.5%
2019 Q3	65.1%	34.9%
2019 Q4	59.7%	40.3%
<b>2019 Total</b>	<b>63.0%</b>	<b>37.0%</b>
2020 Q1	74.0%	26.0%
2020 Q2	81.3%	18.7%
<b>2020 Total</b>	<b>78.0%</b>	<b>22.0%</b>

Note: Data obtained from toxicology reports (including drug type) for deaths that occurred over the last several weeks (September-November) are still incomplete and will be updated in subsequent reports.

Nonfatal Drug Overdose ED Visits with Monthly Average, 2018-Present



Suspected Drug Overdoses with Monthly Average, 2018-Present



## Update: Drug Overdose Epidemic in Davidson County, TN December 2020

If you have any questions, please contact:

### **Trevor Henderson | Director**

Opioid/Overdose Response & Reduction Program  
Metro Public Health Department of Nashville/Davidson County  
Email: [trevor.henderson@nashville.gov](mailto:trevor.henderson@nashville.gov)  
Phone: 615-340-0392

### **Josh Love, MPH | Epidemiologist**

Opioid/Overdose Response & Reduction Program  
Metro Public Health Department of Nashville/Davidson County  
Email: [josh.love@nashville.gov](mailto:josh.love@nashville.gov)  
Phone: 615-210-2171

### **MPHD Website – Drug Overdose Information**

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>

### **Data Sources**

#### **Fatal Drug Overdoses**

Davidson County Medical Examiner

#### **Nonfatal Drug Overdose ED Visits**

ESSENCE-TN

#### **Suspected Drug Overdoses**

Nashville Fire Department EMS

### **Note**

Data presented in this report were extracted on November 25, 2020 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from September-November 2020 are not yet finalized.

**\*\*If you have information on unusual overdose activity, please contact the Opioid/Overdose Response & Reduction Program\*\***

**[Opioid.Response@nashville.gov](mailto:Opioid.Response@nashville.gov) | 615-340-0498**