

Biosurveillance Data Submission 2: Overdose Data to Action in States (OD2A-S)

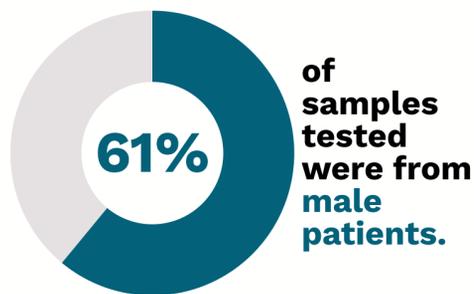
The OD2A-S Biosurveillance program supports collection and testing of leftover urine samples from patients presenting to the ED and ICU with a suspected overdose.

169 samples

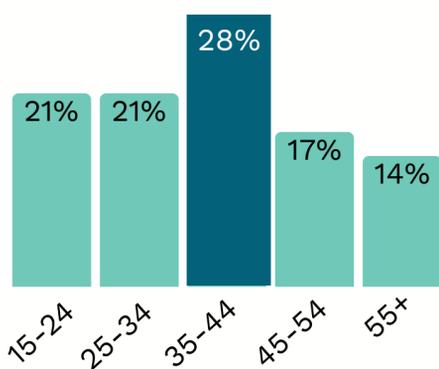
were collected between March and September, 2025 from **two participating hospitals**: Mary Greeley and the University of Iowa Hospitals and Clinics (UIHC).

Patient Demographics

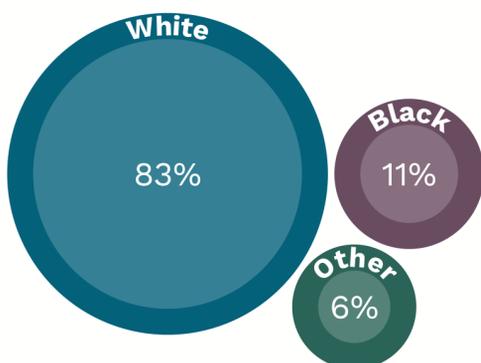
Basic demographic information from de-identified urine samples was collected to better understand population differences.



more than one-quarter of samples were from patients aged 35-44.



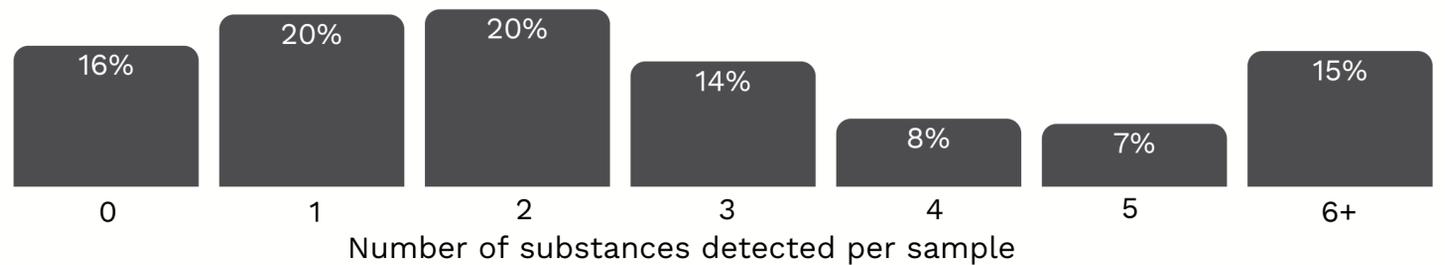
The majority of samples tested were from patients within the racial category of White.



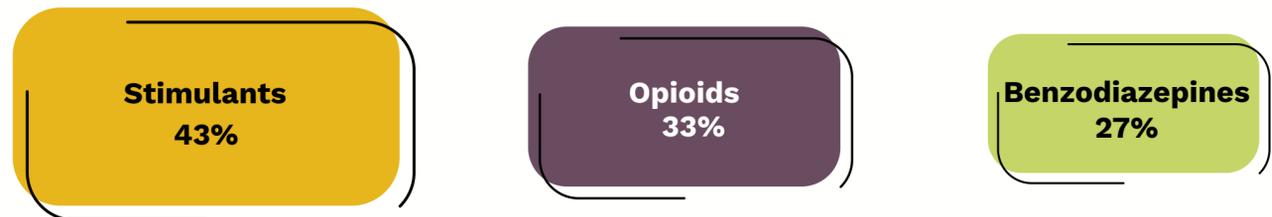
Detection Patterns

Leftover urine samples were sent to the State Hygienic Laboratory for targeted testing using a validated CDC-specified panel of analytes. Non-targeted screening was also conducted to identify analytes, based on library matches, not included in the panel. These detections may represent emerging analytes in Iowa and elsewhere.

84% of the samples tested positive for more than one analyte. *Includes metabolites



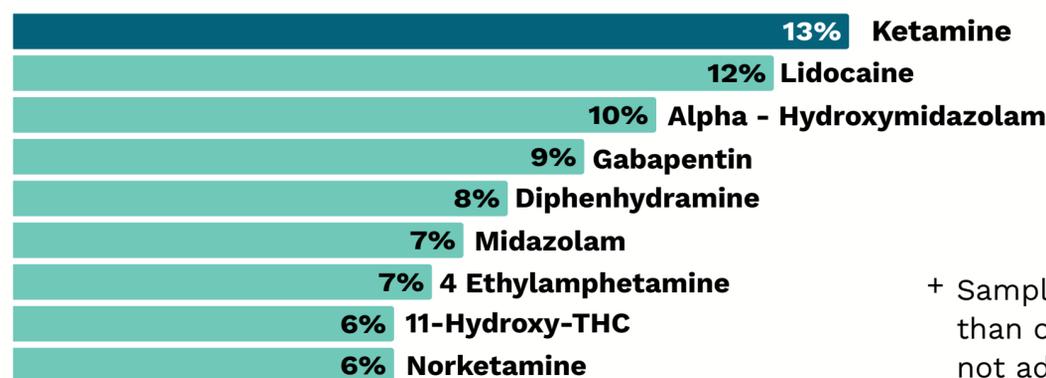
Distribution of substance classes: **Stimulants** were the most common substance class among samples.



Most frequently detected targeted (validated analytes):
Nearly a third of samples tested positive for **Methamphetamine**.



Most frequently detected non-targeted (unvalidated analytes):
KETAMINE was the 3rd most commonly detected analyte across all analytes in the dataset.



+ Samples could test positive to more than one substance so the total does not add up to 100%.

Importance of Biosurveillance

Protecting the community: Early detection of emerging drug trends can prevent deaths.

Supporting patient care: Enhanced toxicology informs clinical practice.

Transforming insight into impact: Guides data driven prevention and treatment efforts.

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