

424

EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: December 2017

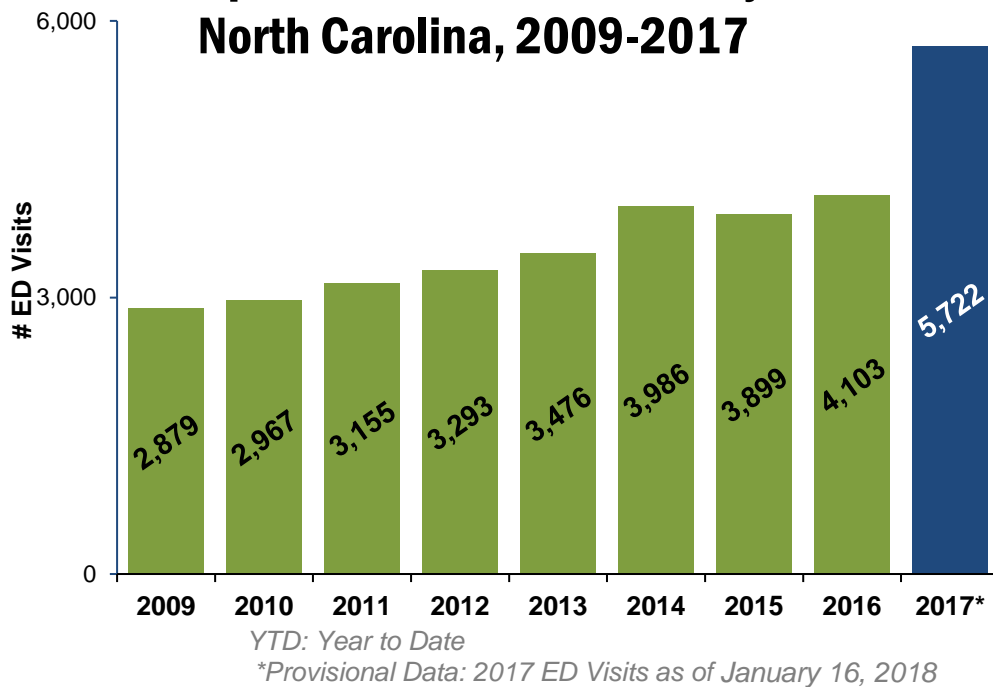
424 Opioid overdose ED visits December 2017

Compared 331 December 2016

Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

Note: Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics.

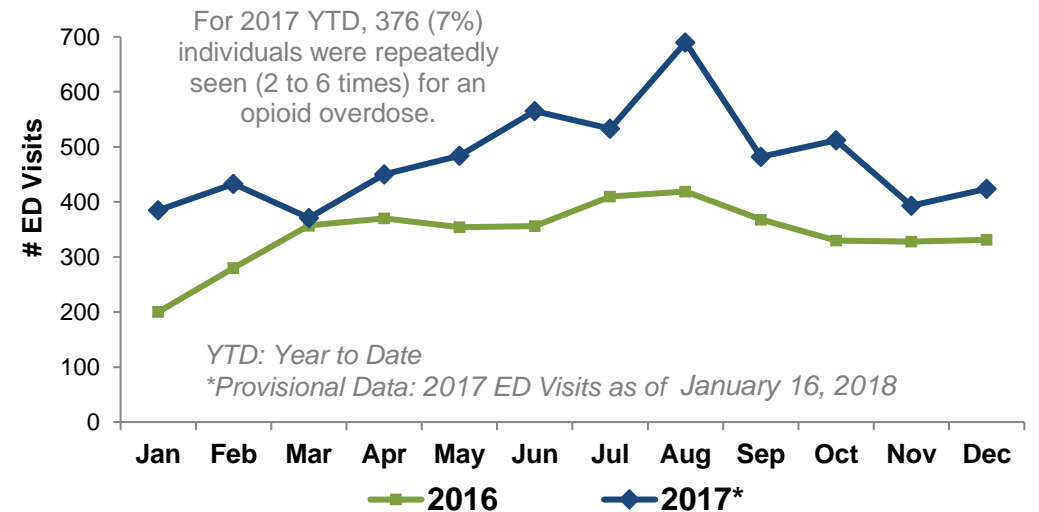
Opioid Overdose ED Visits by Year: North Carolina, 2009-2017



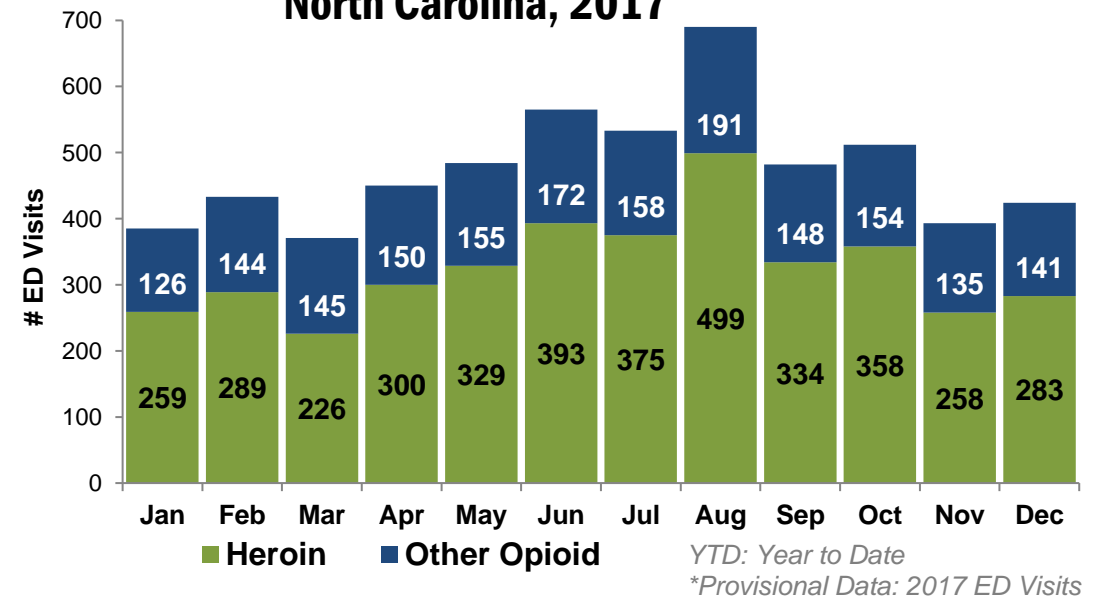
North Carolina
Injury & Violence
PREVENTION Branch



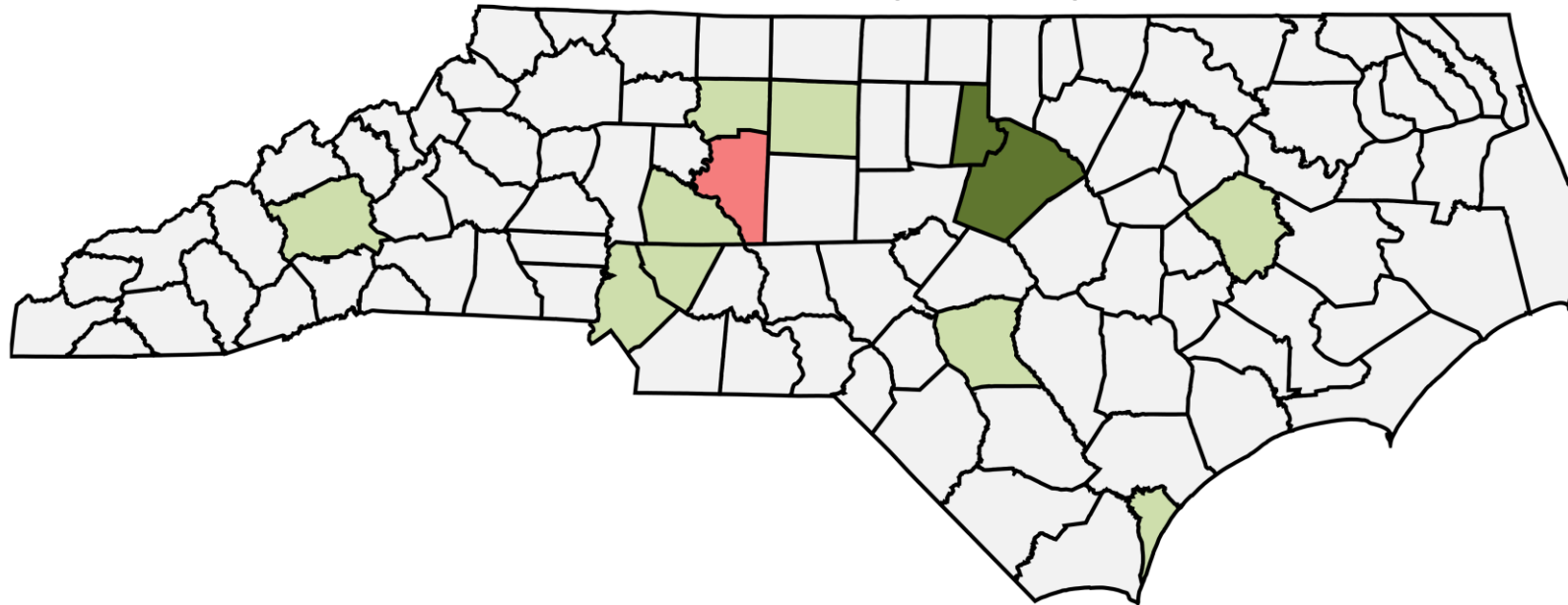
Opioid Overdose ED Visits by Month: North Carolina, 2016-2017



Monthly ED Visits by Opioid Class: North Carolina, 2017



Rate of Opioid Overdose ED Visits by County: December 2017



Highest Rates of Opioid Overdose ED Visits by County: December 2017

County	Count	Rate
Davidson*	14	8.5
Cabarrus*	15	7.4
Rowan*	10	7.1
Pitt	11	6.2
Buncombe	15	5.9
Cumberland	18	5.5
Guilford	28	5.4
Forsyth*	18	4.8
New Hanover	10	4.5
Mecklenburg*	45	4.3

Rate per 100,000 N.C. residents:

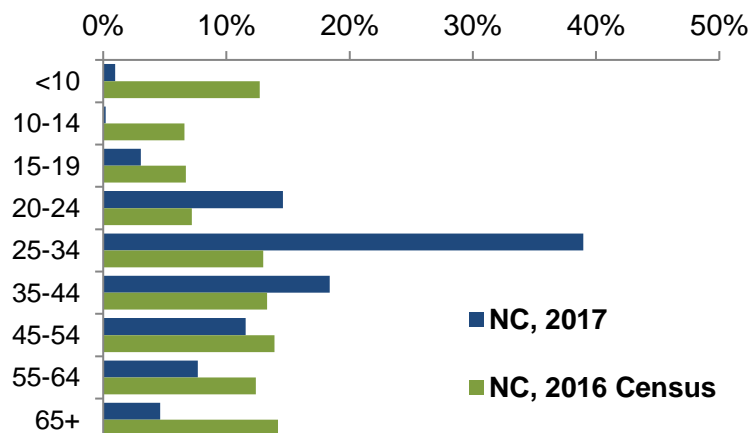
Suppressed (<10 cases)
 1.0 to 3.9
 4.0 to 7.9
 8.0 to 11.9
 ≥12.0

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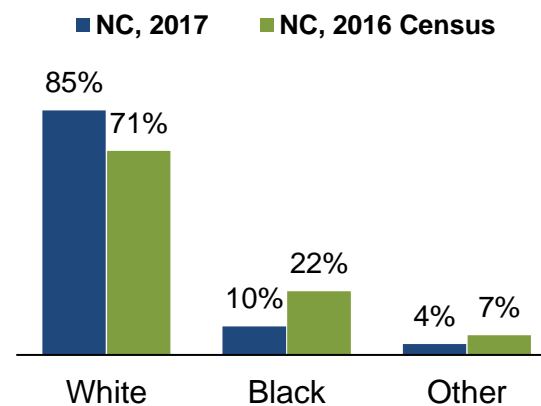
Note: Rate per 100,000 N.C. residents
Rates not shown for counties <10 cases
* ≥5 overdoses this month compared to last month

Demographics of 2017 Opioid Overdose ED Visits Compared to the 2016 NC Standard Population Census

ED Visits by Age Group



ED Visits by Race



Demographic data from the North Carolina census provide population-level context for potential disparities by age or race among opioid overdose ED visits.

In North Carolina, ED visits for opioid overdose occur predominately among whites, and those ages 25-34 years if age.

Source: U.S. Census Bureau. *Quick Facts Data: North Carolina 2016*. Retrieved August 22, 2017, from <http://quickfacts.census.gov>.

NOTE: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is North Carolina's statewide syndromic surveillance system. For training on NCDETECT, contact Amy Ising, ising@ad.unc.edu.

Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. NC DETECT reports five categories of race: White, Black, American Indian, Asian, or Other. Due to low counts, Asian, American Indian, and Other races have been collapsed into a single category.