## 485

## EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: October 2017

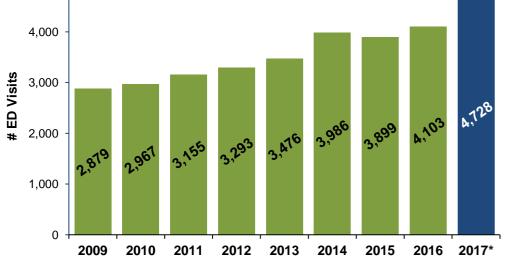
## **485** Opioid overdose ED visits October 2017

Compared 330 October 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.

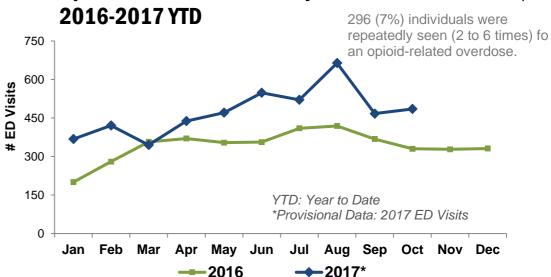
# Opioid Overdose ED Visits by Year: North Carolina, 2009-2017 YTD



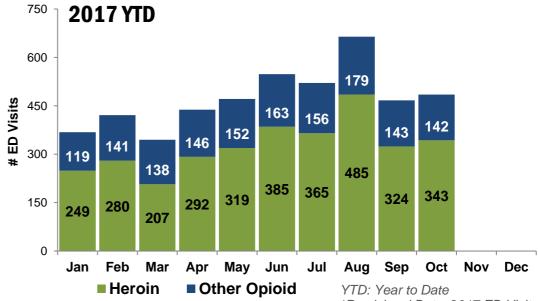




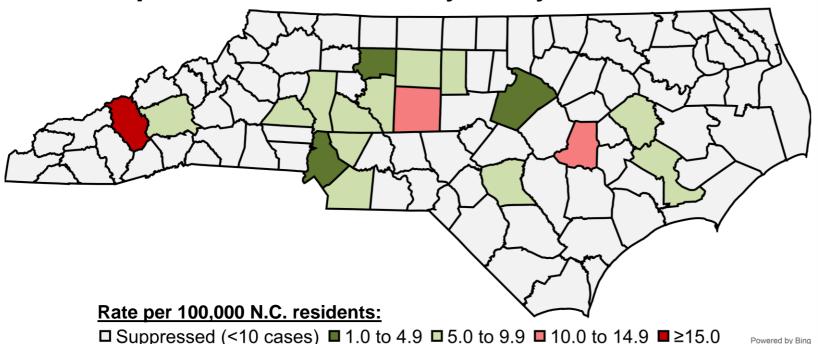
#### Opioid Overdose ED Visits by Month: North Carolina,



### Monthly ED Visits by Opioid Class: North Carolina, 2017 YTD



#### Rate of Opioid Overdose ED Visits by County: October 2017

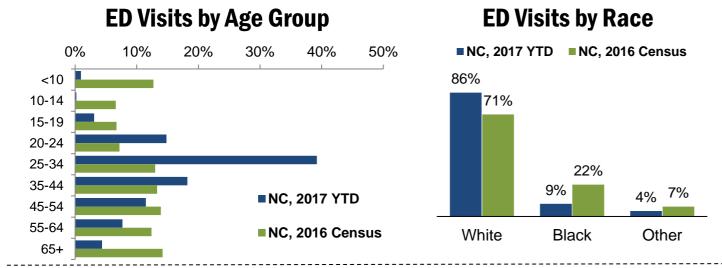


#### **Highest Rates of Opioid Overdose ED Visits by County:** October 2017

County	Count	Rate
Haywood	11	16.5
Wayne	15	11.7
Randolph	15	11.5
Guilford*	52	10.9
Craven	10	10.0
Cabarrus	19	9.4
Davidson*	15	8.9
Buncombe	22	8.6
Catawba	13	7.7
Rowan	11	6.7

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 YTD Opioid Overdose ED Visits Compared to the 2016 NC Standard Population



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

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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.