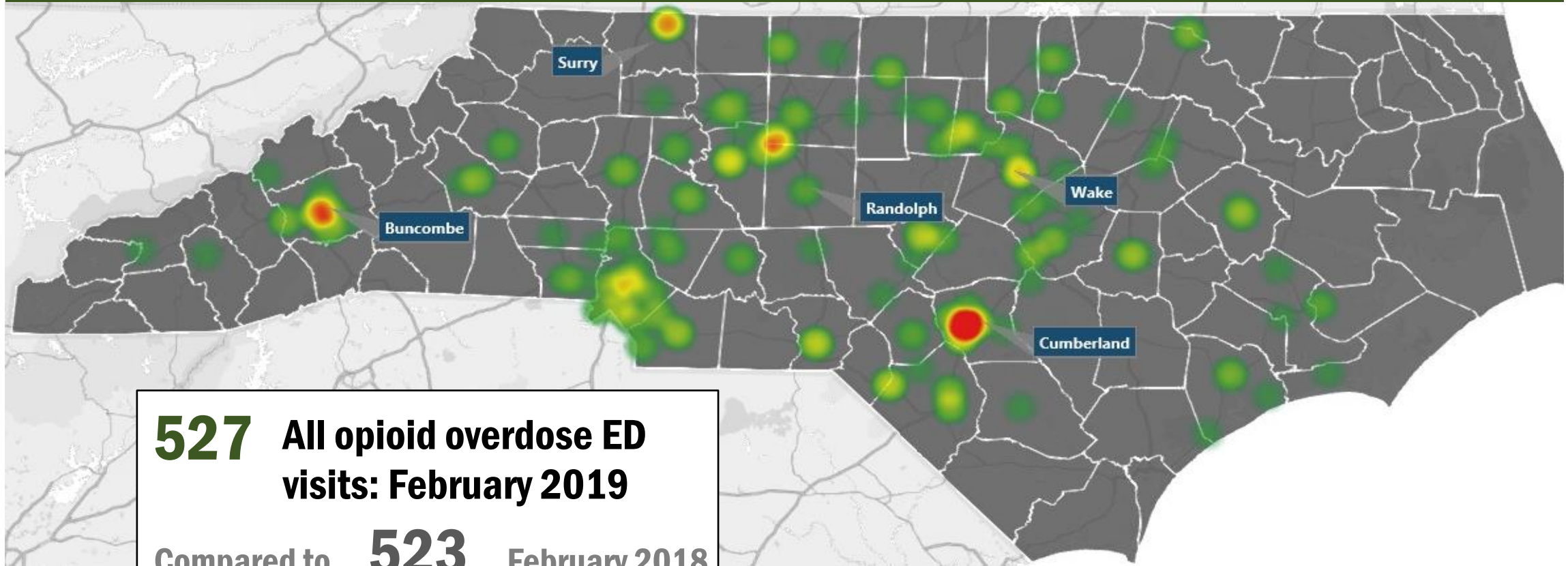


# ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, FEBRUARY 2019



**527** All opioid overdose ED visits: February 2019

Compared to **523** February 2018

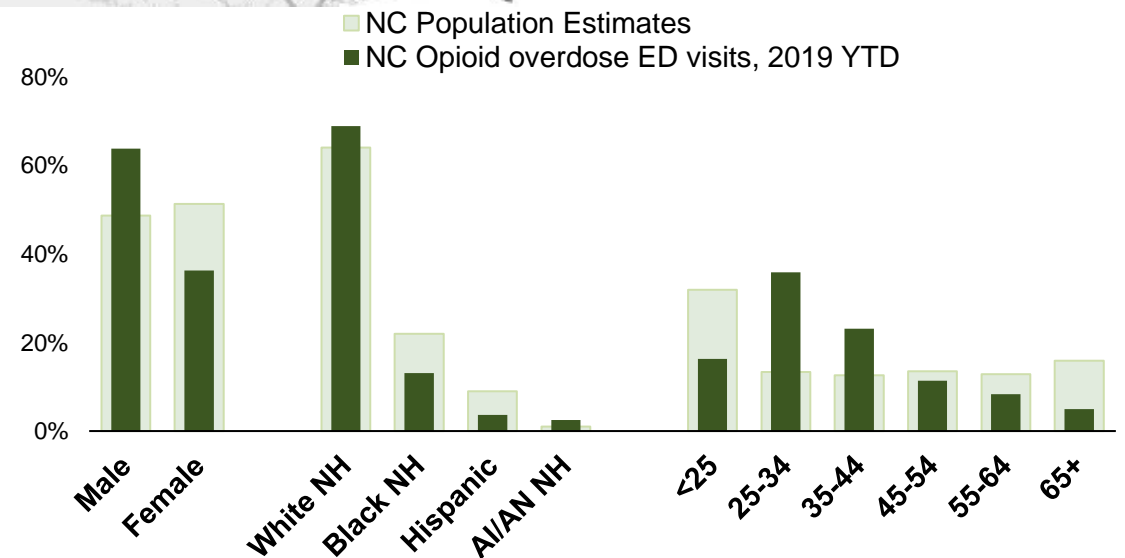
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

The highest concentration of visits ( $\geq 5$ ) by zip code occurred in:

**Surry and Cumberland counties.**

The highest rates (per 100,000 residents) occurred in:

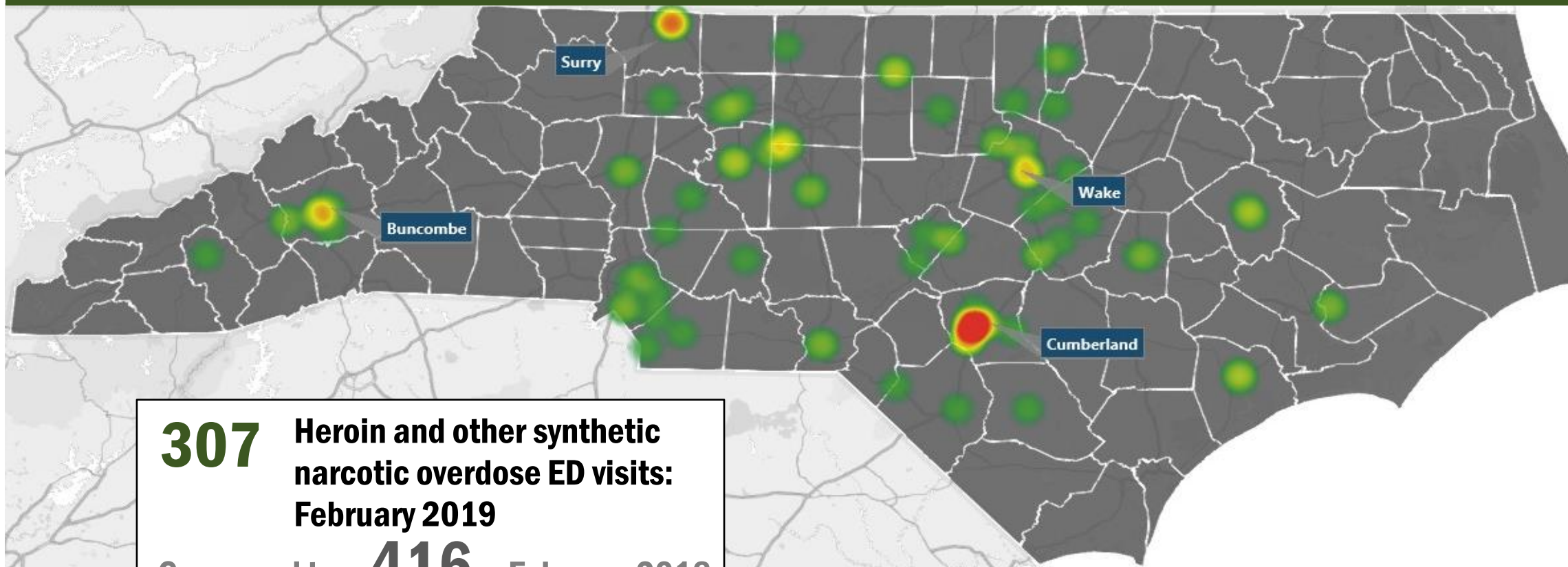
**Lee (16.8), Surry (15.3), Cumberland (14.4), Robeson (14.3), and Buncombe (12.1) counties.**



**Note:** NH(Non Hispanic). 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. \*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.



# HEROIN AND OTHER SYNTHETIC NARCOTIC OVERDOSE ED VISITS, FEBRUARY 2019



**307** Heroin and other synthetic narcotic overdose ED visits: February 2019  
 Compared to **416** February 2018

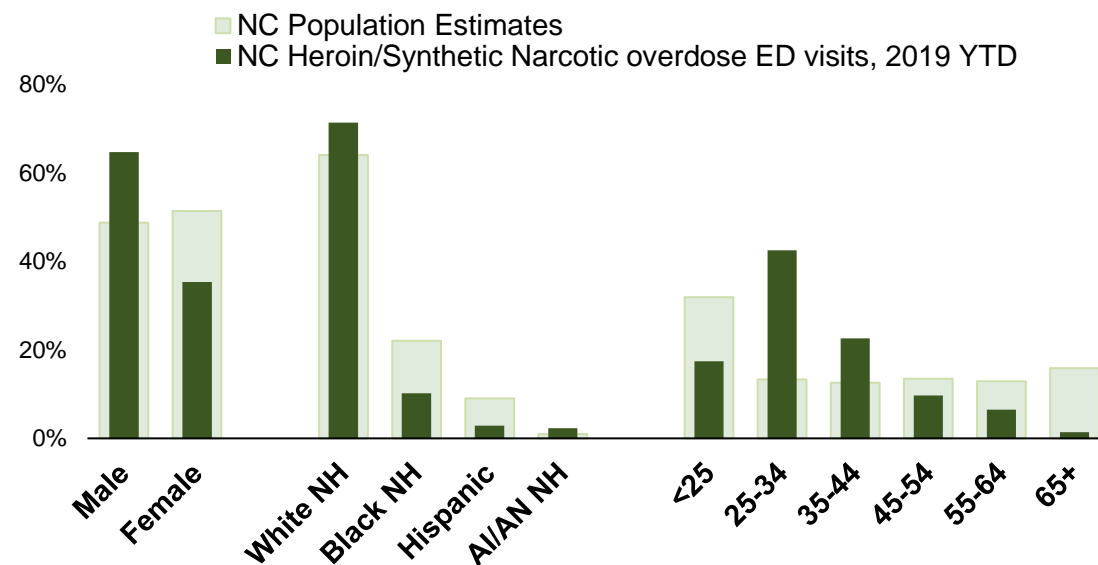
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1 & T40.4

The highest concentration of visits ( $\geq 5$ ) by zip code occurred in:

**Surry and Cumberland counties.**

The highest rates (per 100,000 residents) occurred in:

**Cumberland (10.7), and Buncombe (7.0) counties.**



**Note:** NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of a heroin or other synthetic narcotic overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. \*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.

