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

The highest concentration of visits (≥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.

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.