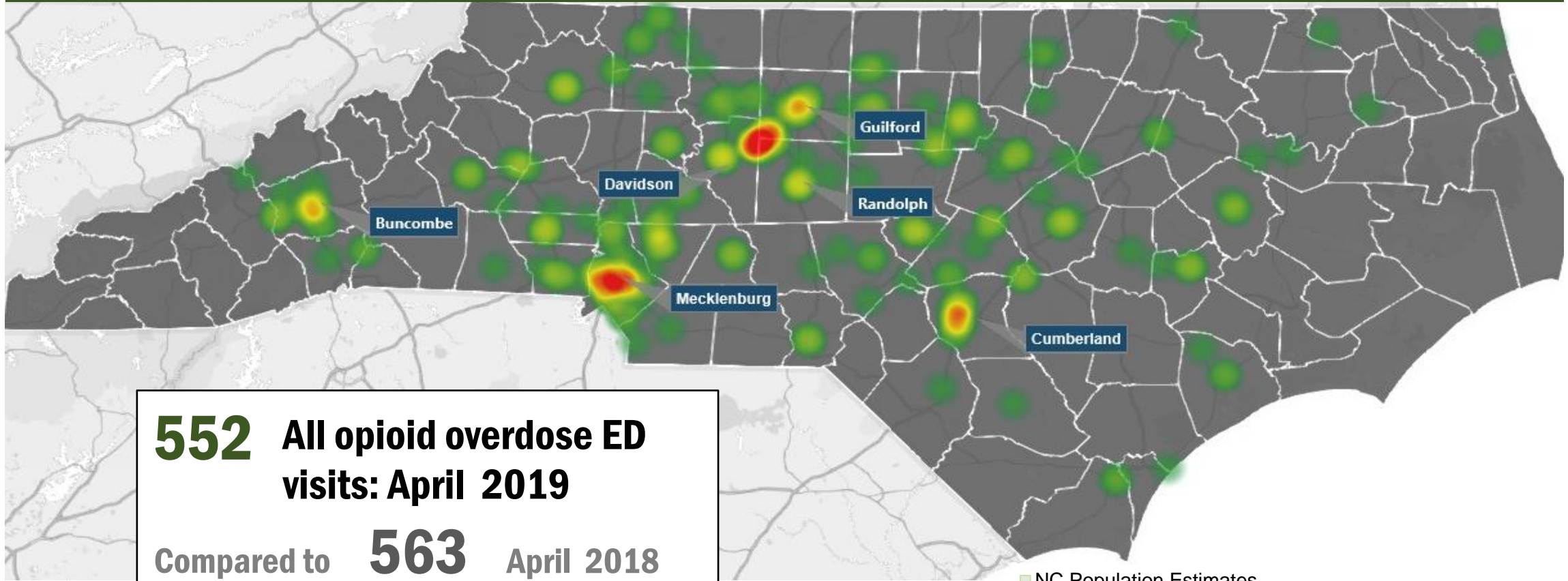


ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, APRIL 2019



552 All opioid overdose ED visits: April 2019

Compared to **563** April 2018

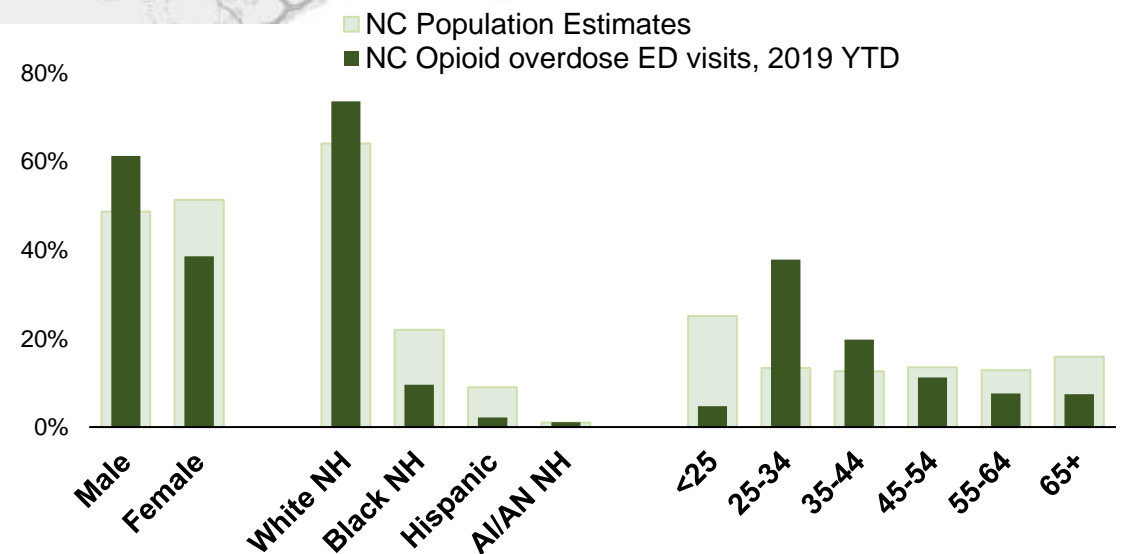
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

The highest concentration of visits (≥ 5) by zip code occurred in:

Davidson, Guilford, Mecklenburg, Cumberland, Randolph, Buncombe, Lincoln, and Wilkes counties.

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

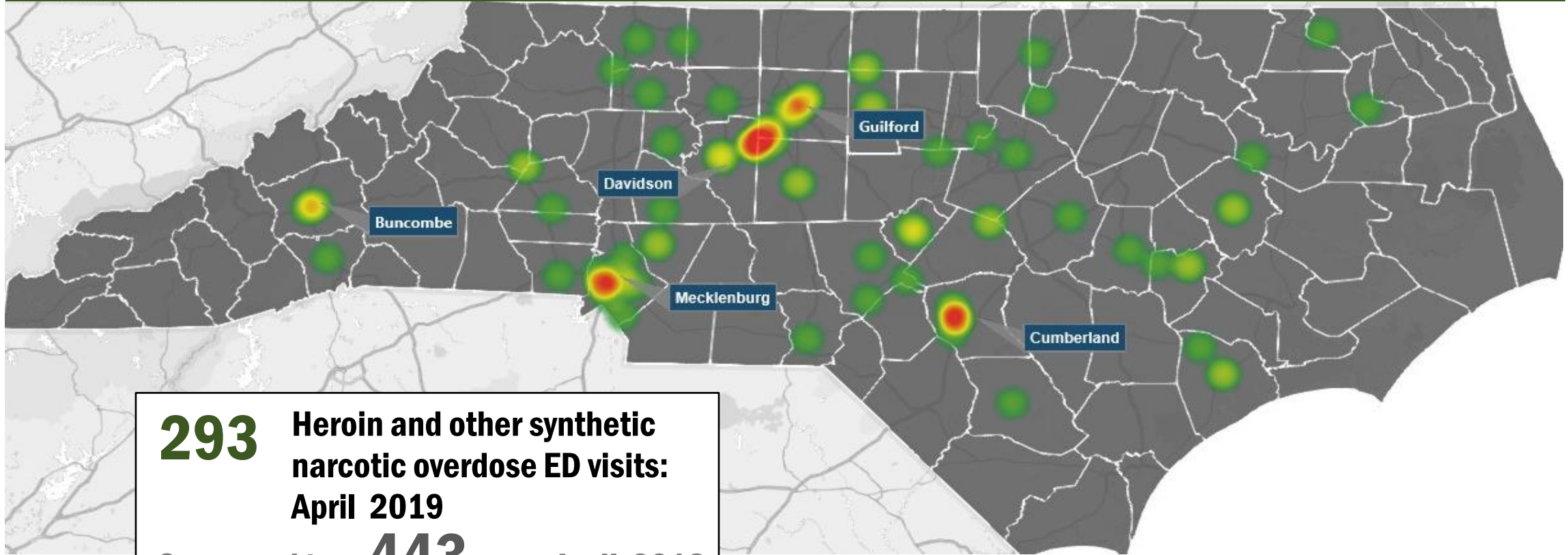
Surry (18.0), Randolph (13.9), Davidson (12.7), Harnett (10.7), and Moore (10.4) counties.



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, APRIL 2019



293 Heroin and other synthetic narcotic overdose ED visits: April 2019
 Compared to **443** April 2018

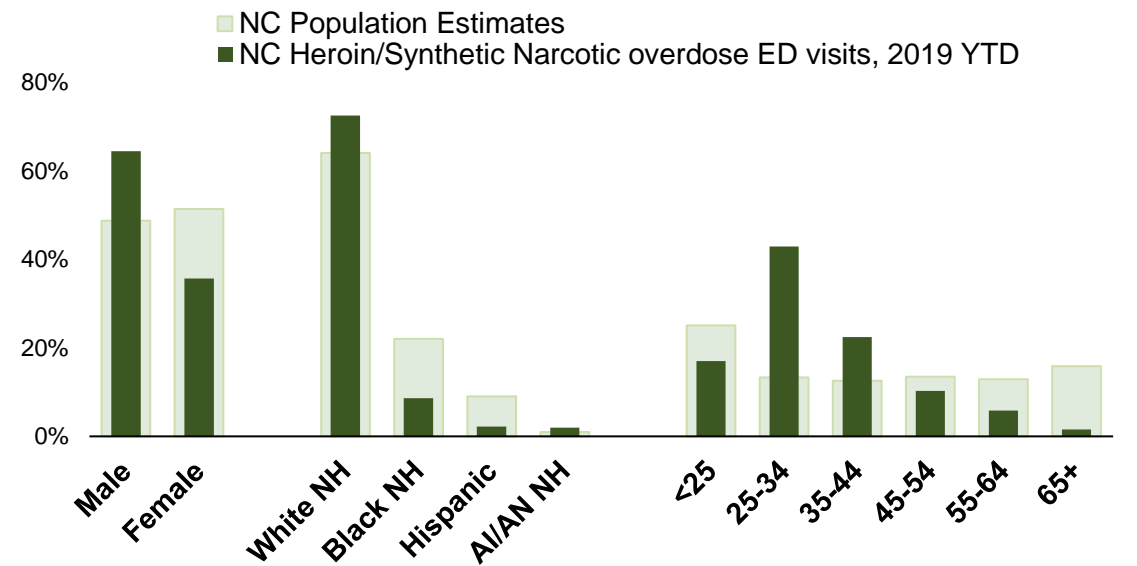
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1 & T40.4

The highest concentration of visits (≥ 5) by zip code occurred in:

Davidson, Mecklenburg, Cumberland, and Guilford counties.

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

Randolph (9.1), Davidson (6.7), and Cumberland (5.2) 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.

