ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, MARCH 2020*

643  All opioid overdose ED visits: March 2020*
Compared to  589  March 2019

The highest counts by city of residence occurred in:
Mecklenburg, Wake, Buncombe, Robeson, and Durham counties.

The highest rates of visits (≥10) per 100,000 residents occurred in:
Robeson (24.3), Stanly (17.7), Rockingham (16.5), Lee (16.3), and Carteret (15.8) counties.

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

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.
518 Heroin, other synthetic and unspecified narcotic overdose ED visits: March 2020*

Compared to 473 March 2019

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1, T40.4, & T40.6.

The highest counts by city of residence occurred in:

Mecklenburg, Wake, Cumberland, Buncombe, and Davidson counties.

The highest rates of visits (≥10) per 100,000 residents occurred in:

Robeson (19.7), Carteret (14.4), and Rockingham (13.2) 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.