

484

NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: SEPTEMBER 2018

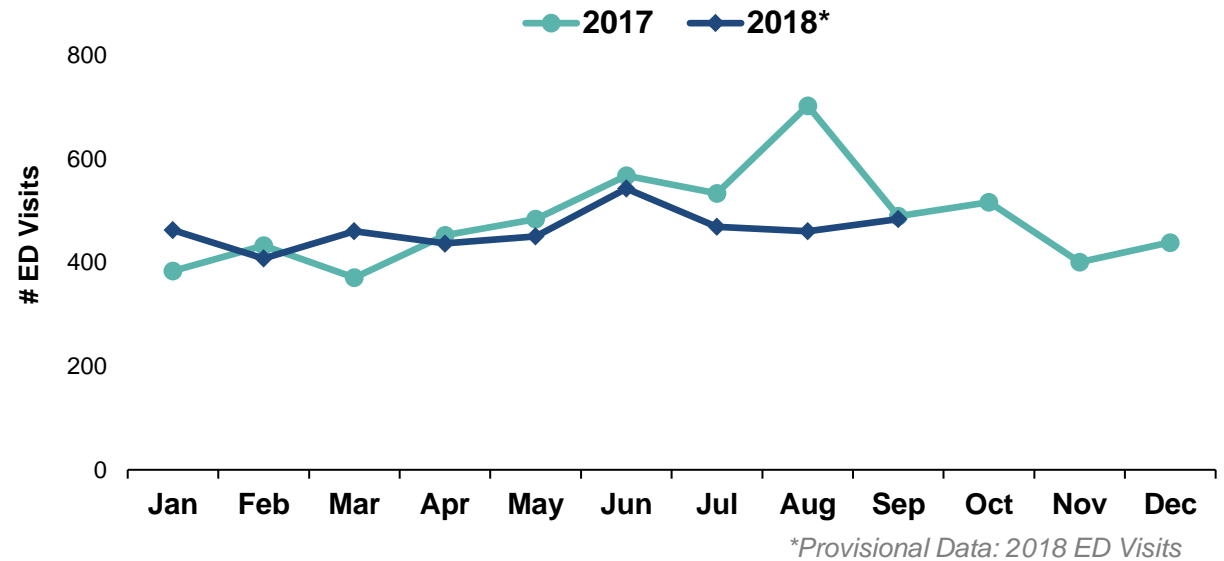
484 Opioid overdose ED visits September 2018

Compared to **490** September

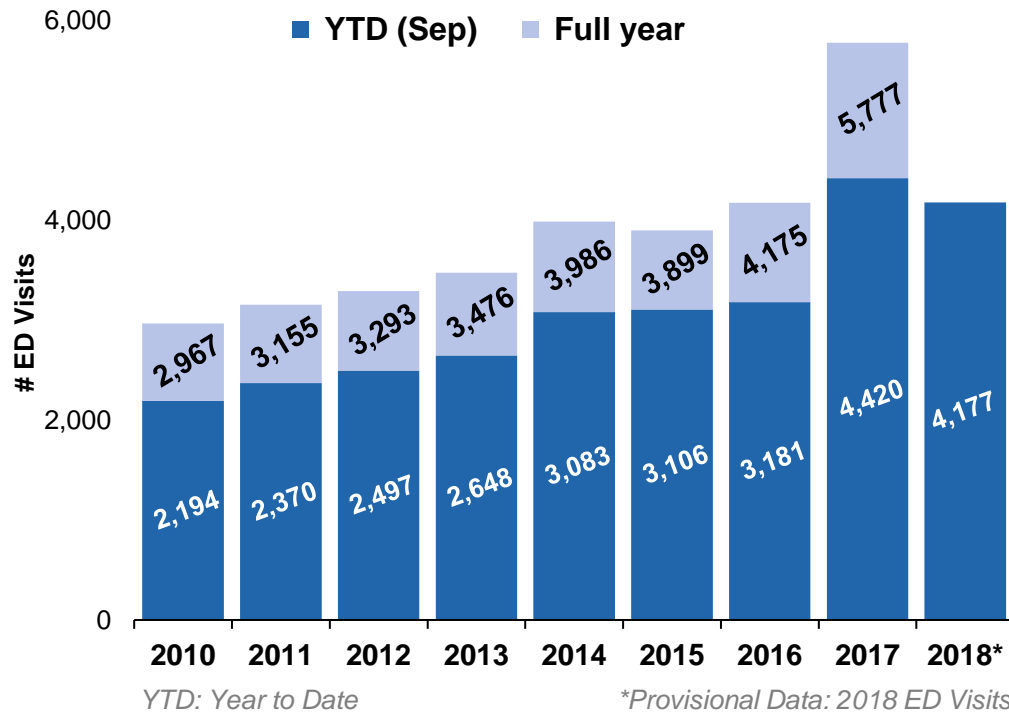
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

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.

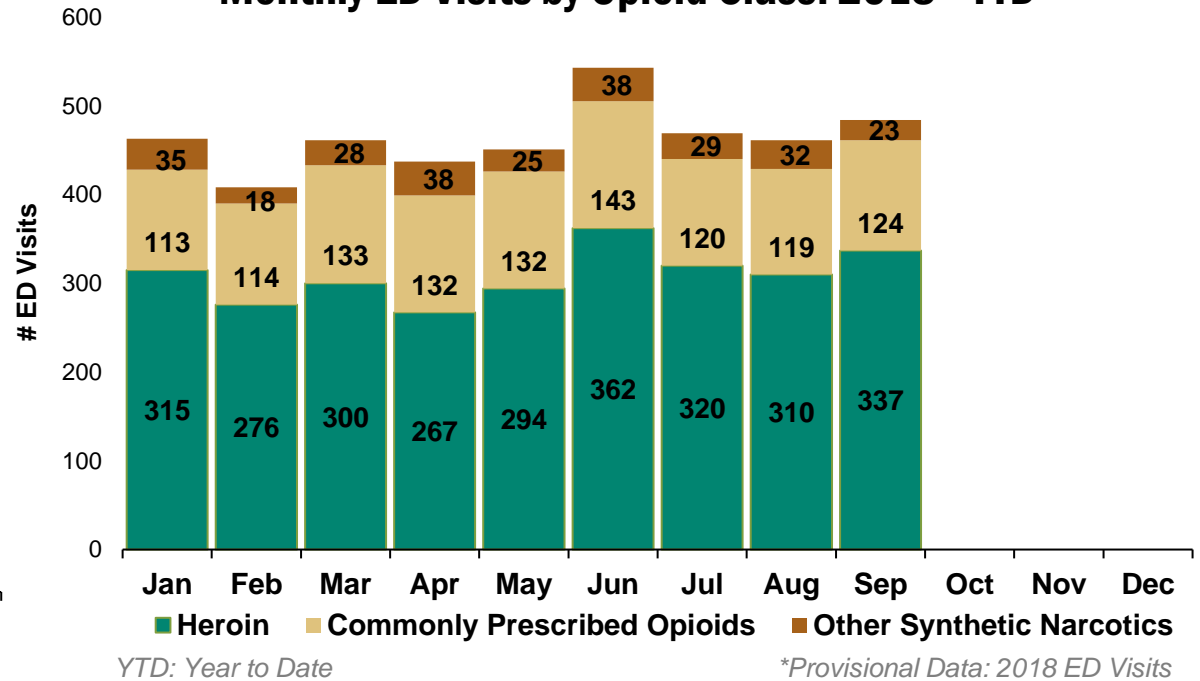
Opioid Overdose ED Visits by Month: 2017-2018*



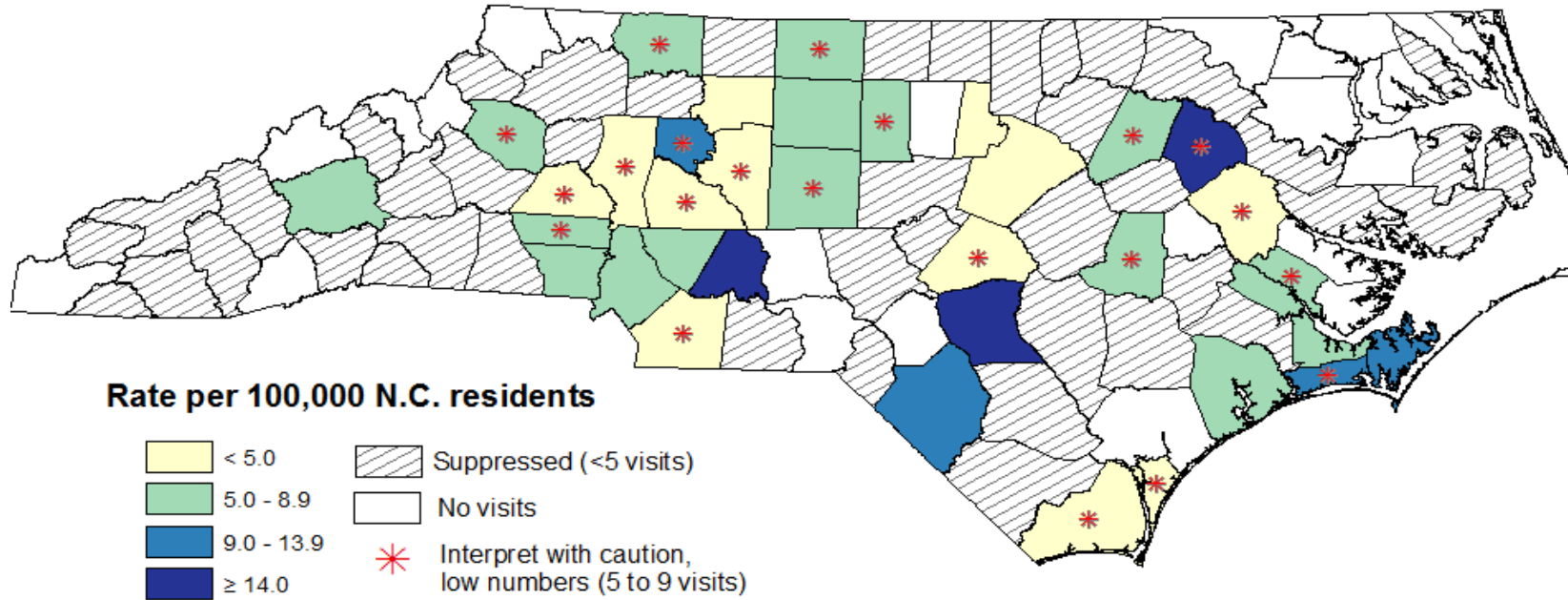
Opioid Overdose ED Visits by Year: 2010-2018*



Monthly ED Visits by Opioid Class: 2018* YTD



Rate of Opioid Overdose ED Visits by County: September 2018*



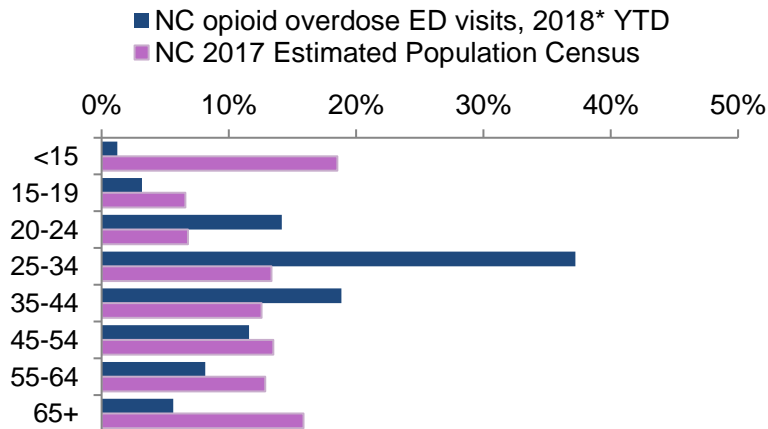
Highest Rates of Opioid Overdose ED visits among Counties ≥10 visits

County	Count	Rate
Stanly	12	19.5
Cumberland •	54	16.2
Robeson	12	9.0
Cabarrus	16	7.7
Onslow	13	6.7
Gaston •	14	6.4
Buncombe	16	6.2
Mecklenburg •	57	5.3
Guilford	27	5.1
Forsyth •	16	4.3

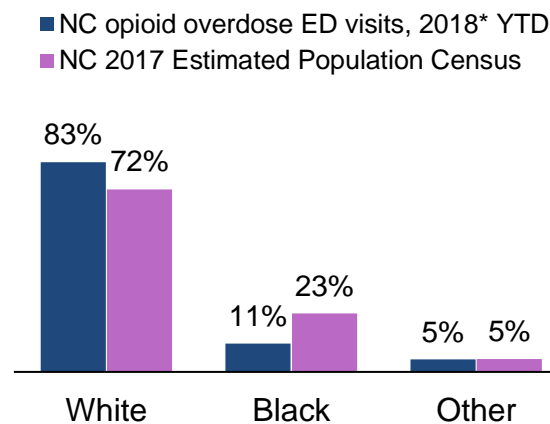
Note: Rate per 100,000 N.C. residents;
 • This county saw an increase of 6 or more overdoses this month compared to last month.

Demographics of 2018 Opioid Overdose ED Visits Compared to the 2017 NC Standard Population Census

ED Visits by Age Group



ED Visits by Race



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

In North Carolina, ED visits for opioid overdose occur predominately among whites, and those ages 20-44 years.

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.