

437

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

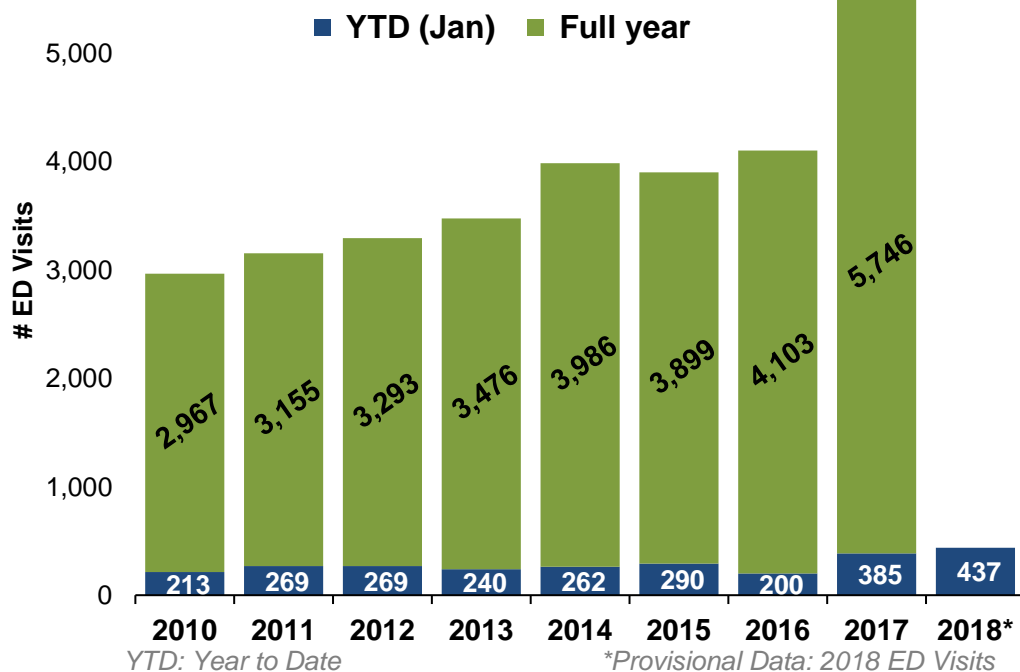
437 Opioid overdose ED visits
January 2018

Compared to **385** January 2017

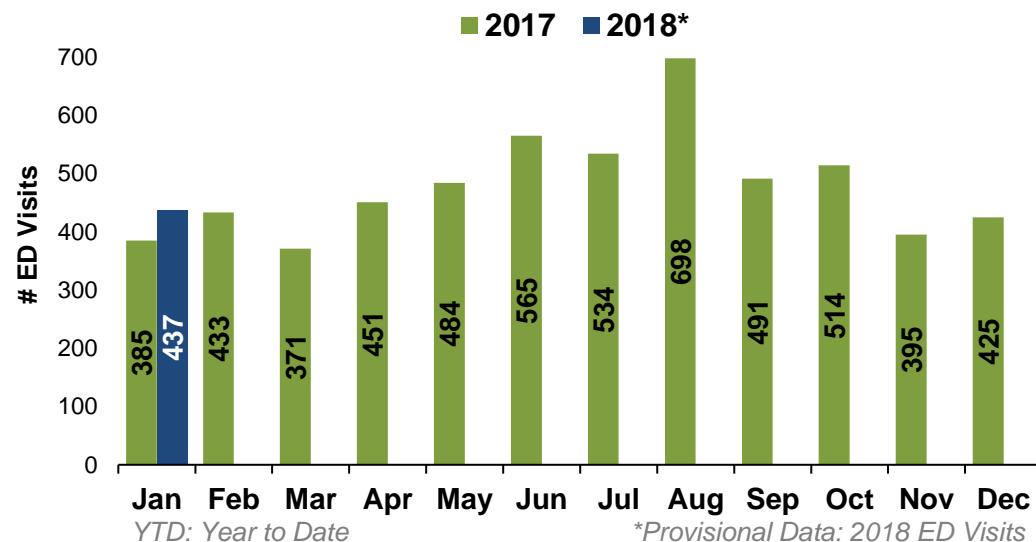
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

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.

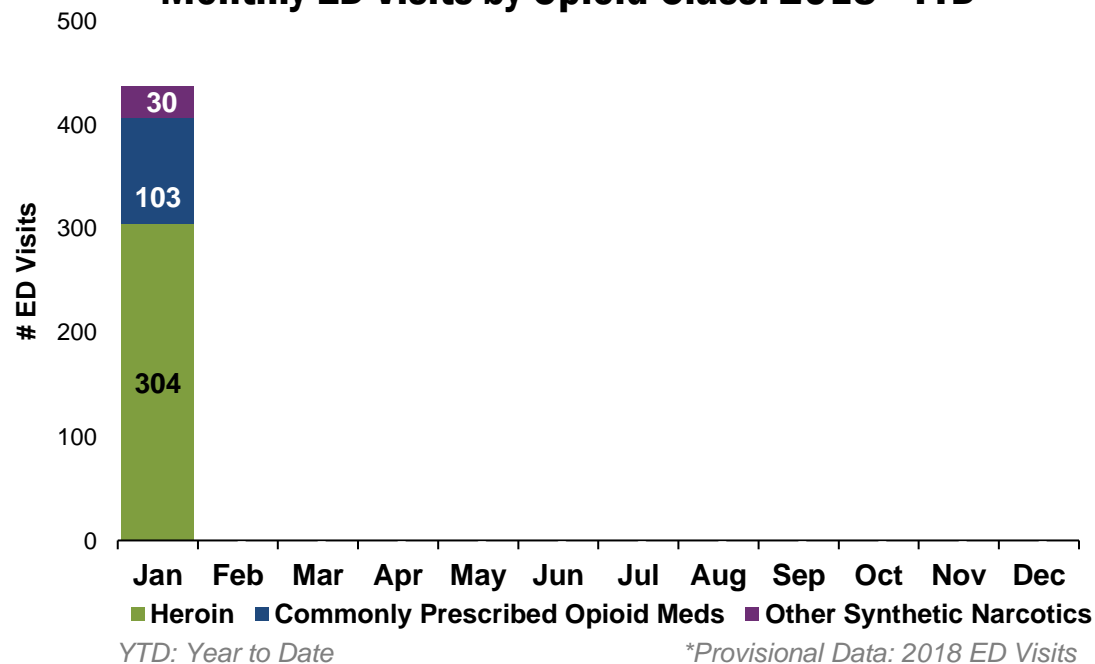
Opioid Overdose ED Visits by Year: 2010-2018*



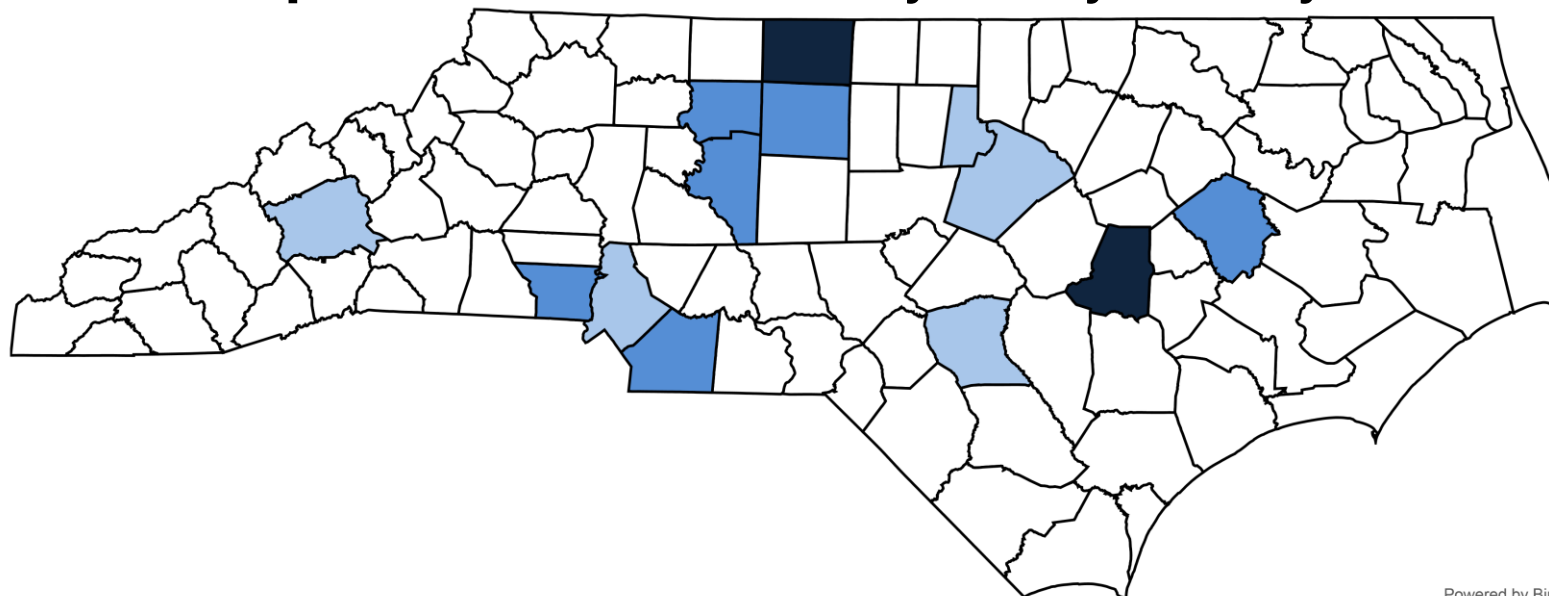
Opioid Overdose ED Visits by Month: 2017-2018*



Monthly ED Visits by Opioid Class: 2018* YTD



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



Highest Rates of Opioid Overdose ED Visits by County: January 2018*

County	Count	Rate
Rockingham†	14	15.3
Wayne†	14	11.3
Davidson	12	7.3
Forsyth†	27	7.3
Gaston†	15	6.9
Guilford†	32	6.1
Union	13	5.7
Pitt†	10	5.6
Buncombe	12	4.7
Cumberland	15	4.6

Rate per 100,000 N.C. residents:

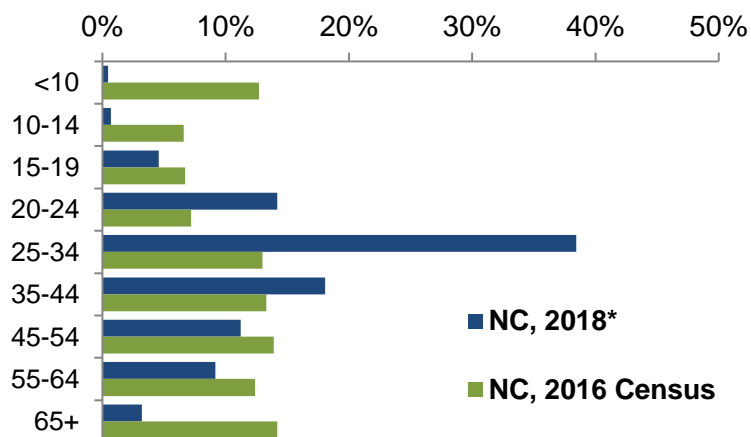
□ Suppressed (<10 cases) □ 1.0 to 4.9 □ 5.0 to 7.9 □ 8.0 to 9.9 □ ≥10.0

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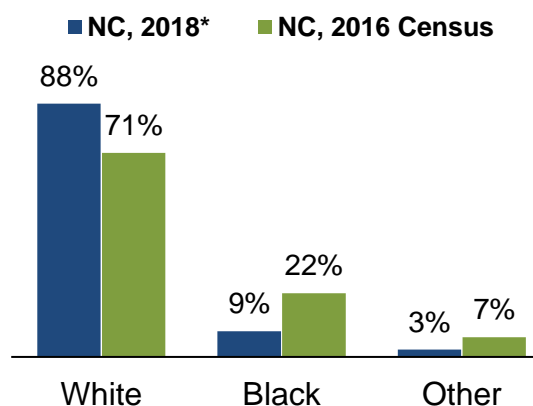
Note: Rate per 100,000 N.C. residents
Rates not shown for counties <10 cases
† ≥5 overdoses this month compared to last month

Demographics of 2018 Opioid Overdose ED Visits Compared to the 2016 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 25-34 years.

Source: U.S. Census Bureau. *Quick Facts Data: North Carolina 2016*. Retrieved August 22, 2017, from <http://quickfacts.census.gov>.

North Carolina
Injury & Violence
PREVENTION Branch



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.