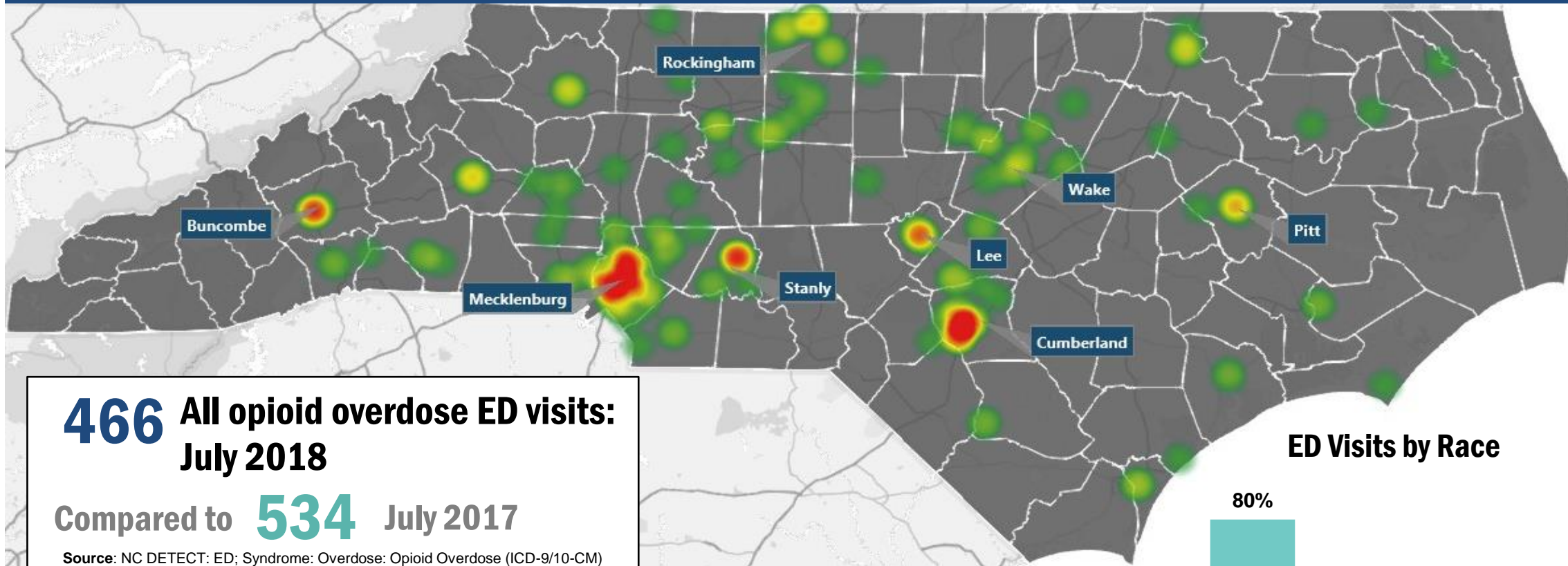


ALL OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS: NORTH CAROLINA, JULY 2018

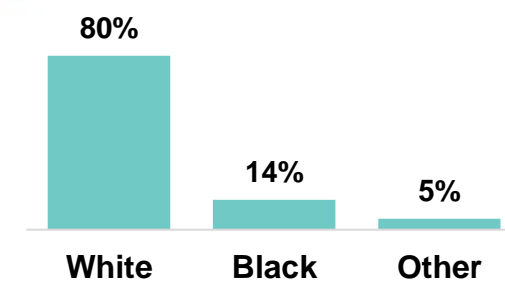


466 All opioid overdose ED visits:
July 2018

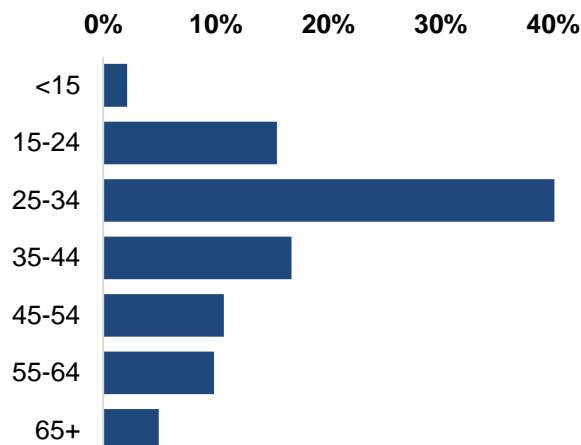
Compared to **534** July 2017

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

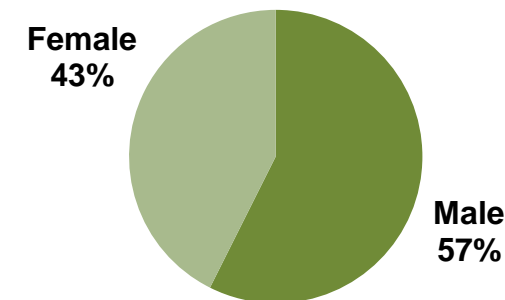
ED Visits by Race



ED Visits by Age



ED Visits by Gender



The highest concentration of visits by zip code occurred in:

Stanly, Cumberland, Mecklenburg, Buncombe, and Rockingham counties.

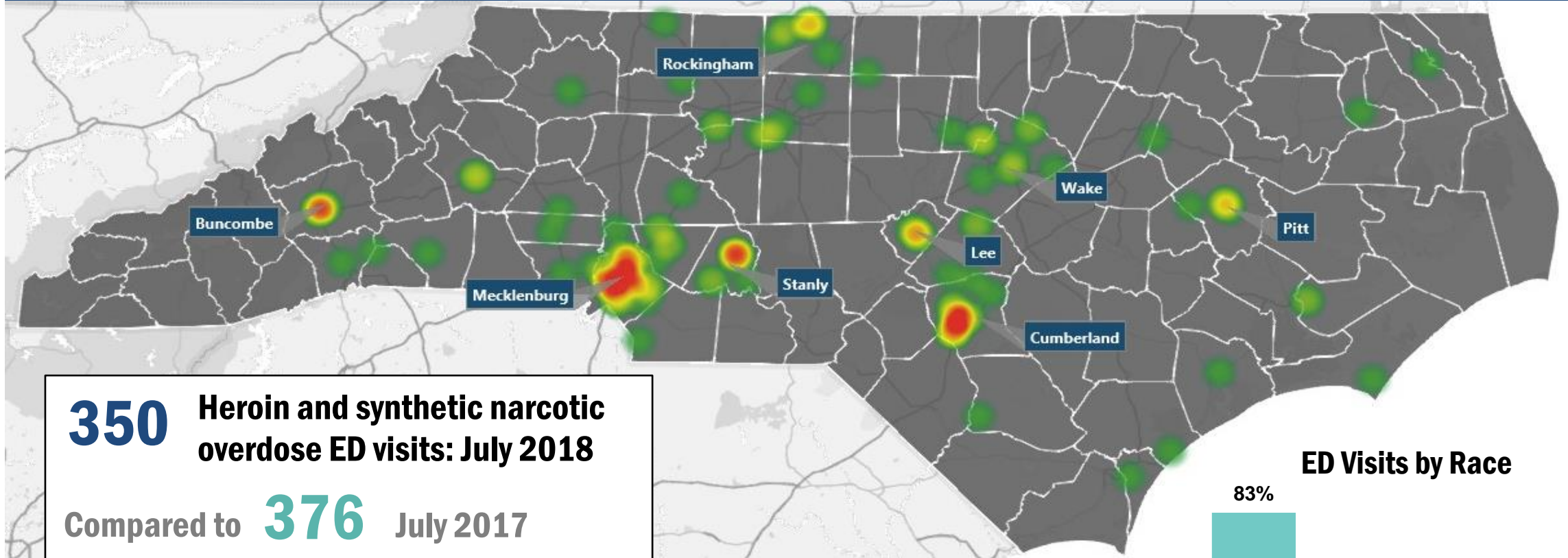
The highest rates occurred in:

Stanly (23 per 100,000 residents), and Rockingham (18.6 per 100,000 residents)

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. *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 & SYNTHETIC NARCOTIC OVERDOSE EMERGENCY DEPARTMENT VISITS: JULY 2018



350 Heroin and synthetic narcotic overdose ED visits: July 2018

Compared to **376** July 2017

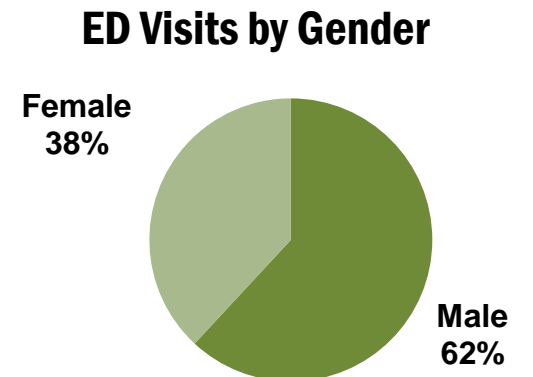
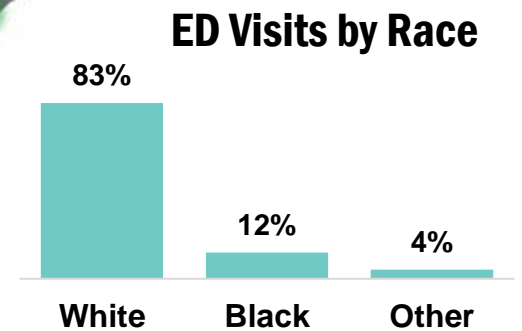
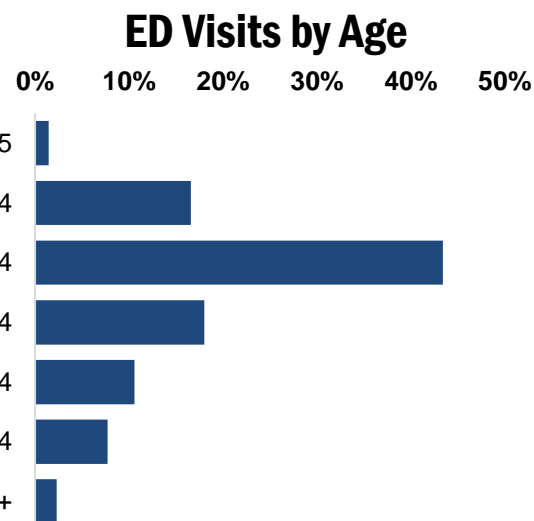
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

The highest concentration of visits by zip code occurred in:

Stanly, Cumberland, Mecklenburg, Buncombe, and Rockingham counties.

The highest rates occurred in:

Stanly (21.4 per 100,000 residents), and Lee (15.3 per 100,000 residents) counties.



Note: Counts based on diagnosis (ICD-9/10-CM code) of a heroin 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.

