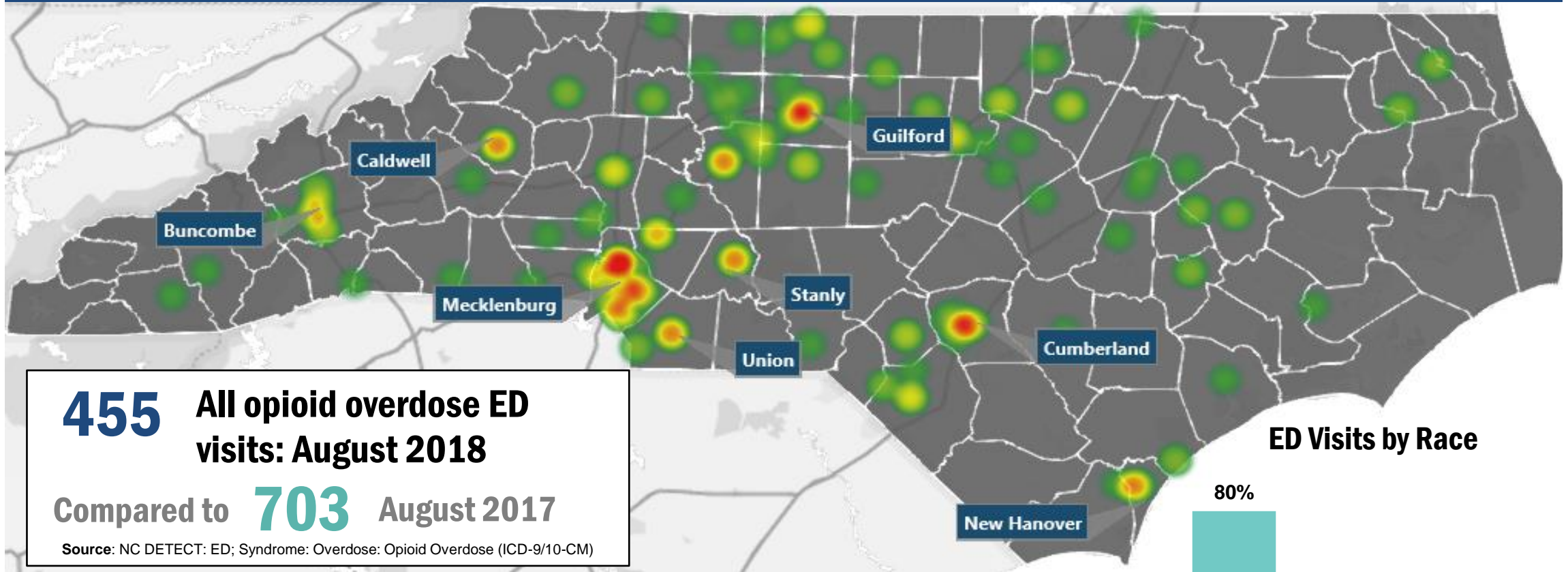


ALL OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS: NORTH CAROLINA, AUGUST 2018



The highest concentration of visits by zip code occurred in:

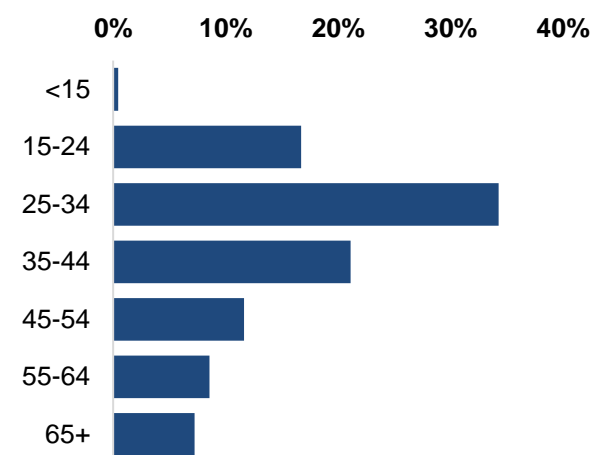
Mecklenburg, Caldwell, Stanly, New Hanover, Union, and Cabarrus counties.

The highest rates occurred in:

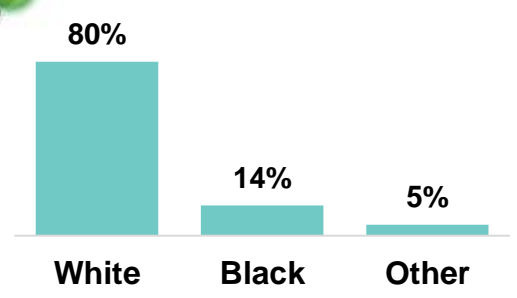
Stanly (16.3 per 100,000 residents), and Rockingham (14.3 per 100,000 residents)

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.

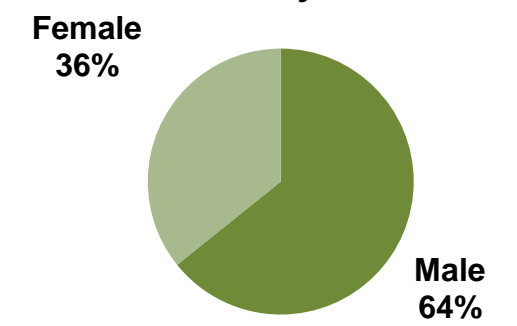
ED Visits by Age



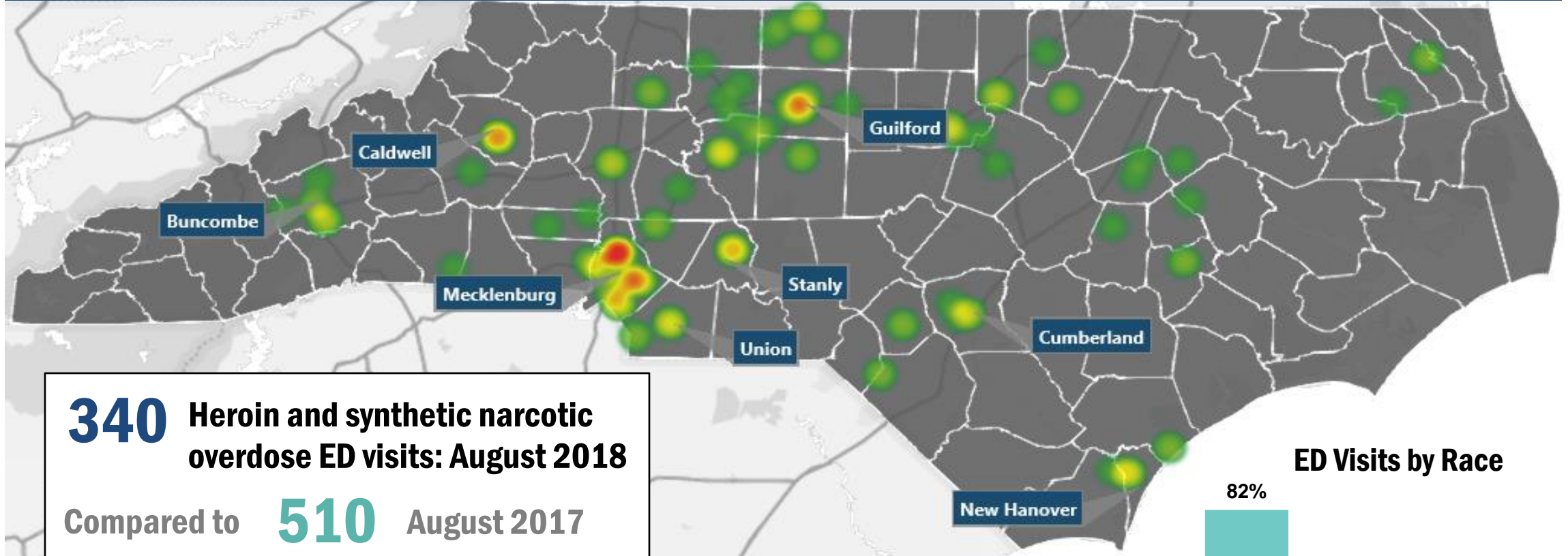
ED Visits by Race



ED Visits by Gender



HEROIN & SYNTHETIC NARCOTIC OVERDOSE EMERGENCY DEPARTMENT VISITS: AUGUST 2018



340 Heroin and synthetic narcotic overdose ED visits: August 2018

Compared to **510** August 2017

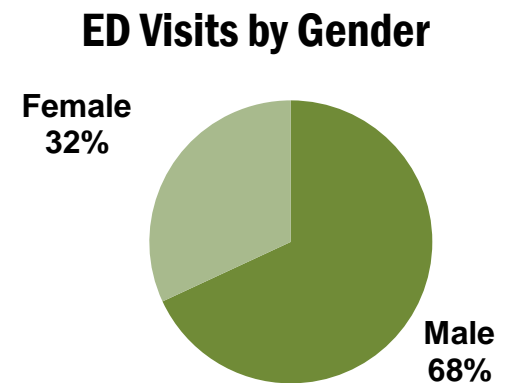
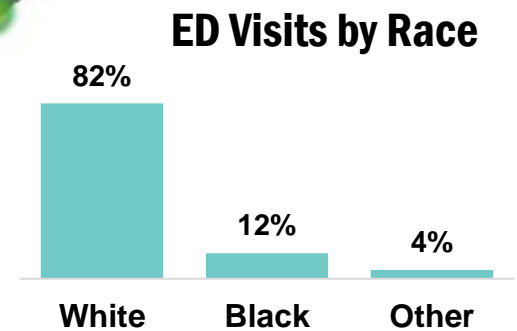
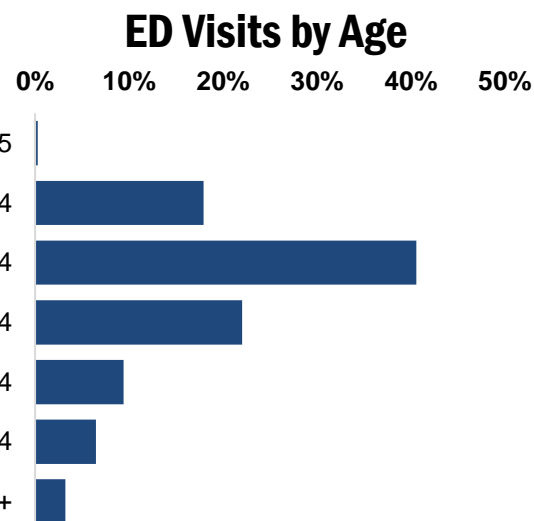
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

The highest concentration of visits by zip code occurred in:

Mecklenburg, Caldwell, Stanly, New Hanover, Union, and Rockingham counties.

The highest rates occurred in:

Rockingham (13.1 per 100,000 residents), and Guilford (4.2 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.

