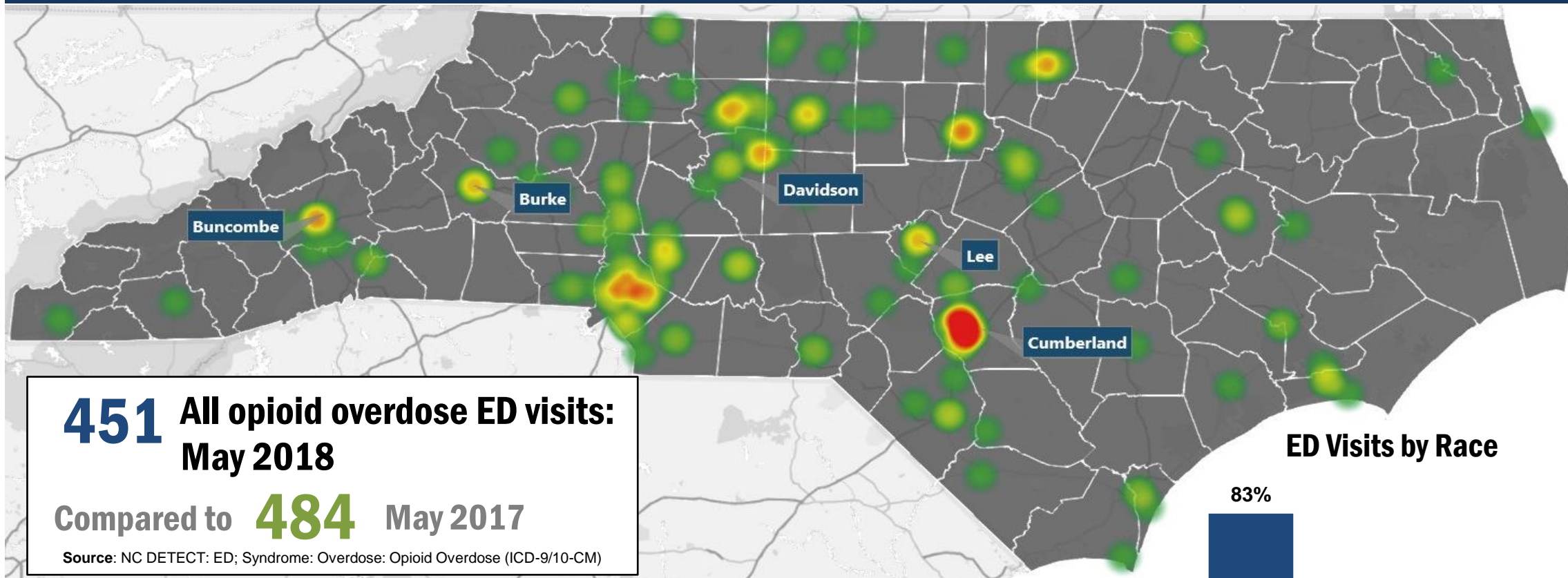


# ALL OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS: NORTH CAROLINA, MAY 2018



The highest concentration of visits by zip code occurred in:

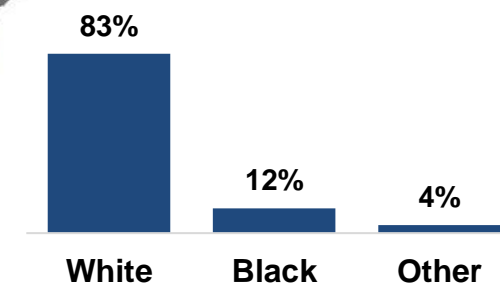
**Cumberland, Lee, Buncombe, Davidson, and Burke counties.**

The highest rates occurred in:

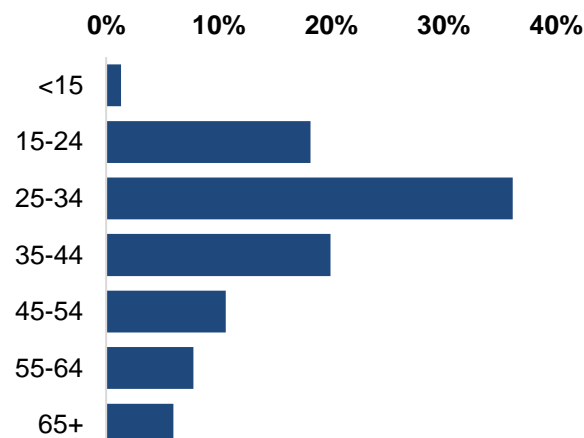
**Cumberland (12.2 per 100,000 residents), and Robeson (9 per 100,000 residents) counties.**

**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.

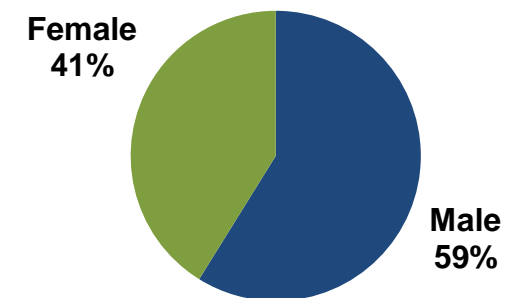
**ED Visits by Race**



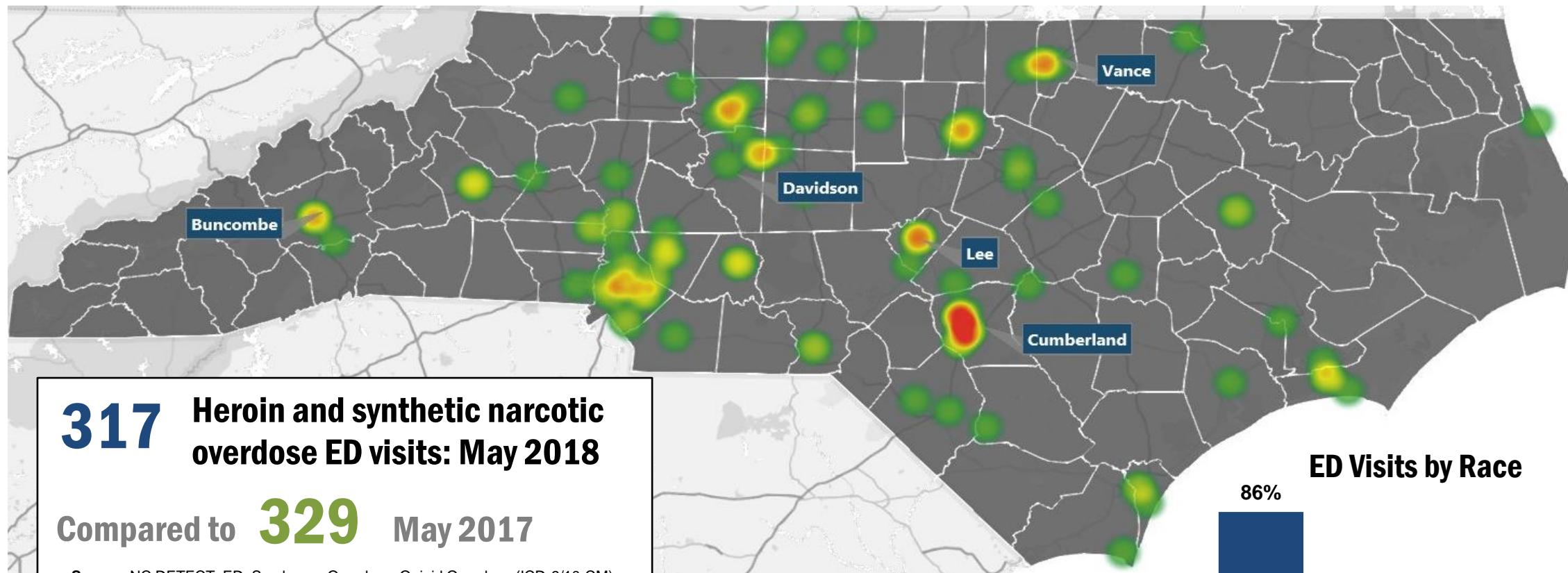
**ED Visits by Age**



**ED Visits by Gender**



# HEROIN & SYNTHETIC NARCOTIC OVERDOSE EMERGENCY DEPARTMENT VISITS: MAY 2018



**317** Heroin and synthetic narcotic overdose ED visits: May 2018

Compared to **329** May 2017

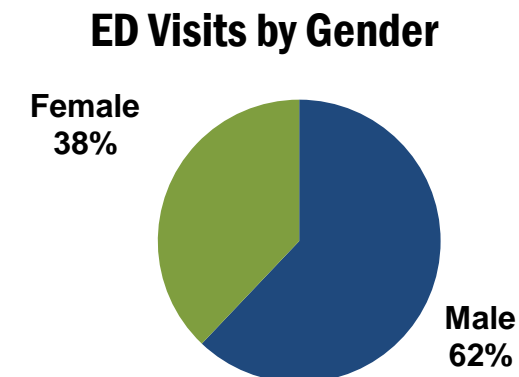
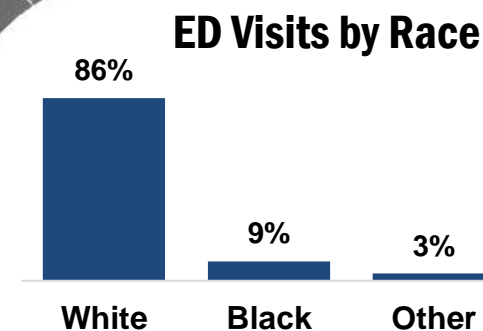
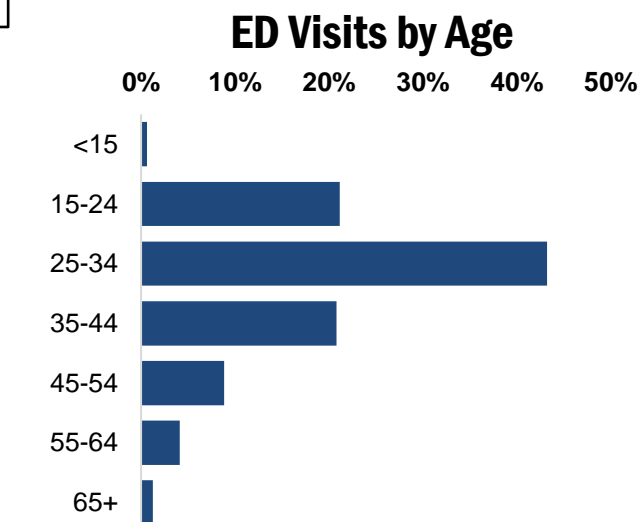
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

The highest concentration of visits by zip code occurred in:

**Cumberland, Lee, Buncombe, Davidson, and Vance counties.**

The highest rates occurred in:

**Cumberland (7 per 100,000 residents), and Forsyth (4 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.

