



Unintentional Methadone Poisoning ED Visits by County: N.C. Residents, 2008-2017

County	2008	2009	2010	2011	2012	2013	2014	2015 [†]	2016 [†]	2017 [†]
	N	N	N	N	N	N	N	N	N	N
Alamance	6	7	6	4	3	8	2	ICD-9-CM to ICD-10-CM transition year, see notes.	1	1
Alexander	1	0	0	1	0	0	1		0	0
Alleghany	0	0	0	0	0	0	0		1	0
Anson	0	0	1	0	1	1	0		0	0
Ashe	0	0	1	0	0	3	0		0	1
Avery	0	0	0	0	2	3	0		0	0
Beaufort	2	2	3	0	1	1	0		1	0
Bertie	0	0	0	0	0	0	0		1	0
Bladen	1	3	2	4	0	0	0		0	0
Brunswick	3	6	5	3	4	5	1		0	1
Buncombe	7	6	4	7	3	0	2		1	4
Burke	3	3	12	4	1	3	4		1	0
Cabarrus	9	7	4	6	4	4	2		5	5
Caldwell	4	2	5	3	0	0	0		3	0
Camden	0	0	0	0	0	0	0		0	0
Carteret	11	10	10	7	11	2	4		2	2
Caswell	0	0	2	1	0	0	1		1	1
Catawba	5	2	4	2	6	3	2		2	0
Chatham	1	1	1	3	1	0	0		0	0
Cherokee	4	4	2	2	1	2	1		0	0
Chowan	0	1	0	0	0	0	0	0	0	
Clay	0	1	1	0	1	0	0	2	0	
Cleveland	2	3	0	1	1	2	0	0	0	
Columbus	4	1	3	2	3	0	0	3	1	
Craven	2	3	1	1	2	1	0	1	0	
Cumberland	3	0	3	5	6	4	2	2	6	
Currituck	0	0	1	0	0	0	0	0	0	
Dare	1	1	1	1	0	0	0	0	0	



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	N	N	N	N	N	N	N	N	N	N
Davidson	4	7	9	5	2	5	3		0	0
Davie	0	0	0	0	0	0	0		0	0
Duplin	0	0	1	0	0	1	0		0	1
Durham	8	8	3	2	7	0	3		0	7
Edgecombe	2	1	1	1	2	0	0		1	0
Forsyth	6	6	4	2	5	7	8		0	3
Franklin	2	0	0	0	0	0	0		1	0
Gaston	0	9	1	5	1	4	2		0	0
Gates	0	0	0	0	0	0	0		0	0
Graham	0	0	0	1	1	0	1		0	0
Granville	1	0	1	1	0	0	1		0	1
Greene	1	0	1	0	0	0	1		0	0
Guilford	4	1	2	3	5	5	7		5	2
Halifax	1	1	1	1	0	1	0		0	0
Harnett	0	0	0	0	1	1	0		2	0
Haywood	1	1	3	2	2	0	2		2	3
Henderson	3	6	4	4	1	0	1		0	1
Hertford	0	1	0	1	0	0	0		0	0
Hoke	1	0	1	3	0	0	1		0	0
Hyde	0	0	0	0	0	0	0		0	0
Iredell	3	2	0	1	1	1	1		2	1
Jackson	3	0	0	2	0	0	0		2	0
Johnston	5	5	5	5	1	4	1		0	0
Jones	0	1	1	1	0	0	0		0	0
Lee	7	0	1	1	1	0	0		2	0
Lenoir	0	1	1	2	1	0	0		1	0
Lincoln	2	2	1	1	0	0	2		1	1
McDowell	4	3	2	4	1	1	0		1	0

ICD-9-CM to ICD-10-CM transition year, see notes.



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County	2008	2009	2010	2011	2012	2013	2014	2015 [†]	2016 [†]	2017 [†]
	N	N	N	N	N	N	N	N	N	N
Macon	1	0	1	0	0	0	1		0	1
Madison	0	1	0	1	0	0	0		1	0
Martin	0	0	0	0	0	0	0		0	0
Mecklenburg	10	4	12	10	4	12	5		2	8
Mitchell	2	2	0	0	1	1	0		0	0
Montgomery	0	0	0	2	0	0	0		0	0
Moore	3	3	2	1	2	1	1		2	0
Nash	1	0	0	0	1	0	0		0	1
New Hanover	11	8	8	11	2	1	3		5	1
Northampton	0	0	1	0	1	0	0		0	0
Onslow	3	5	4	3	1	6	1		3	2
Orange	4	0	2	1	1	0	0		0	0
Pamlico	0	0	0	0	0	0	0		0	0
Pasquotank	0	0	0	0	0	0	0		0	0
Pender	1	0	1	1	2	0	0		0	0
Perquimans	0	0	0	0	1	0	0		0	0
Person	2	0	2	0	2	0	3		4	2
Pitt	3	3	1	1	0	0	0		2	0
Polk	0	0	0	0	0	2	0		0	1
Randolph	3	2	7	2	3	4	3		4	0
Richmond	0	1	1	0	0	0	0		2	0
Robeson	1	9	13	12	11	4	5		6	0
Rockingham	2	2	1	3	1	1	2		0	1
Rowan	5	8	7	10	5	5	6		2	1
Rutherford	3	5	2	2	2	6	1		2	1
Sampson	0	0	2	0	0	0	1		0	0
Scotland	0	4	1	1	0	0	0		0	0
Stanly	0	1	1	1	0	0	0		0	1

ICD-9-CM to ICD-10-CM transition year, see notes.



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	N	N	N	N	N	N	N	N	N	N
Stokes	2	1	0	1	1	3	1	ICD-9-CM to ICD-10-CM transition year, see notes.	0	0
Surry	3	2	0	1	0	0	0		2	2
Swain	1	2	1	0	0	0	0		0	1
Transylvania	1	1	1	0	1	0	0		0	0
Tyrrell	0	0	0	0	0	0	0		0	0
Union	0	0	4	1	1	1	1		2	5
Vance	5	0	0	0	0	0	0		0	0
Wake	5	10	5	9	9	7	5		1	5
Warren	0	0	0	0	0	0	0		0	0
Washington	0	0	0	0	0	0	0		0	0
Watauga	0	1	1	2	1	0	0		1	0
Wayne	3	3	5	3	3	0	2		2	2
Wilkes	2	1	0	0	1	1	1		2	2
Wilson	4	3	1	2	0	1	0		0	0
Yadkin	0	1	2	0	0	0	1		0	0
Yancey	0	1	2	1	2	0	1	0	0	
STATE	208	202	206	187	142	128	100	92	79	

[†]In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and **data pre-2015 are not comparable to data collected after this change occurred**. Case definitions in the new coding system are still under review and are therefore subject to change. For more information on the coding transition visit:

<http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ICD-10-Transition-1pg-Summary.pdf>

ICD-10-CM codes (2016 to 2017): Dx T40.3; a 5th/6th character of 1-unintentional; a 7th character of A-initial encounter, D-subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Ecode E850.1 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution.