



Unintentional Methadone Poisoning Hospitalizations 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	1	5	4	0	1	1	3	ICD-9-CM to ICD-10-CM transition year, see notes.	2	1
Alexander	1	0	0	1	0	0	0		0	0
Alleghany	0	0	0	0	0	0	0		1	0
Anson	0	0	0	0	0	0	0		0	0
Ashe	0	0	0	0	0	0	0		0	0
Avery	1	0	0	0	0	0	0		0	1
Beaufort	1	2	2	0	1	0	0		0	0
Bertie	0	0	0	0	0	0	0		0	0
Bladen	1	0	0	0	0	0	0		0	0
Brunswick	0	5	3	1	3	2	1		2	3
Buncombe	8	2	1	2	2	0	1		1	5
Burke	6	0	5	3	1	2	6		1	2
Cabarrus	5	4	3	6	4	0	2		7	4
Caldwell	2	0	2	2	5	0	1		5	1
Camden	0	0	0	0	0	0	0		0	0
Carteret	5	3	3	2	7	2	4		2	1
Caswell	0	0	1	0	0	0	0		1	1
Catawba	3	1	1	1	4	3	1		2	0
Chatham	0	0	0	2	1	0	0		1	0
Cherokee	2	2	1	1	1	2	1		2	2
Chowan	0	0	0	0	0	0	0	0	0	
Clay	0	0	0	0	1	0	0	0	0	
Cleveland	3	3	1	0	0	0	0	0	2	
Columbus	1	1	1	2	2	1	5	3	2	
Craven	5	4	0	2	2	3	0	2	1	
Cumberland	2	2	3	6	4	2	0	3	2	
Currituck	0	0	0	0	0	0	0	0	0	
Dare	0	0	0	0	0	0	0	0	0	



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	N	N	N	N	N	N	N	N	N	N	
Davidson	2	2	1	0	3	4	1	ICD-9-CM to ICD-10-CM transition year, see notes.	8	2	
Davie	1	0	0	0	2	0	1		1	0	
Duplin	1	0	0	0	0	0	0		0	0	1
Durham	3	9	4	2	8	3	5		4	2	
Edgecombe	1	1	2	0	2	0	2		1	0	
Forsyth	6	7	1	2	5	5	8		4	7	
Franklin	1	2	0	1	0	1	1		3	0	
Gaston	2	11	1	2	5	1	0		2	1	
Gates	0	0	0	0	0	0	0		0	0	0
Graham	1	0	0	0	0	1	1		0	0	0
Granville	0	0	1	1	1	0	0		0	0	1
Greene	0	1	0	0	0	0	1		0	0	0
Guilford	6	2	2	4	3	4	3		5	2	
Halifax	0	2	1	2	0	1	0		0	0	0
Harnett	1	3	2	2	2	1	1		2	5	
Haywood	1	1	2	0	1	2	2		4	2	
Henderson	2	4	3	0	1	2	2		2	0	
Hertford	0	0	0	1	0	0	1		0	0	0
Hoke	0	0	0	0	0	1	0		0	0	0
Hyde	0	0	0	0	0	0	0		1	0	0
Iredell	6	1	2	1	3	0	3	4	1		
Jackson	0	0	0	0	0	1	0	1	0	0	
Johnston	3	3	5	3	1	4	3	1	2		
Jones	1	1	0	1	0	0	0	0	0	0	
Lee	0	1	4	0	2	1	2	0	0	0	
Lenoir	0	0	0	0	0	1	0	1	1		
Lincoln	2	0	1	0	0	0	2	0	2		
McDowell	1	0	1	2	3	0	1	2	1		



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	N	N	N	N	N	N	N	N	N	N
Macon	2	0	1	0	0	0	2	ICD-9-CM to ICD-10-CM transition year, see notes.	0	1
Madison	0	0	0	1	0	1	0		1	2
Martin	0	0	0	0	0	0	0		0	0
Mecklenburg	6	2	4	2	5	3	5		9	5
Mitchell	1	0	0	0	1	2	0		0	1
Montgomery	0	0	1	0	1	0	0		0	0
Moore	4	1	0	3	0	1	0		1	0
Nash	1	0	0	1	1	2	1		2	4
New Hanover	4	5	8	10	6	7	6		4	2
Northampton	0	1	1	0	1	0	0		0	0
Onslow	2	5	1	1	0	5	1		5	1
Orange	1	2	4	2	1	0	2		1	2
Pamlico	0	0	0	0	0	1	0		1	0
Pasquotank	0	0	0	0	0	0	0		0	0
Pender	0	0	1	2	1	0	0		0	0
Perquimans	0	0	0	0	0	0	0		0	0
Person	2	0	0	0	2	0	3		1	0
Pitt	2	1	1	2	1	1	3		3	0
Polk	1	0	0	0	1	1	0		1	1
Randolph	2	1	3	1	1	2	1		3	1
Richmond	0	3	0	3	2	2	2	1	0	
Robeson	0	2	2	3	8	3	4	7	2	
Rockingham	1	2	3	3	1	0	2	0	2	
Rowan	2	3	4	3	2	3	11	5	3	
Rutherford	2	4	2	1	1	3	1	2	2	
Sampson	0	1	1	0	0	0	0	1	0	
Scotland	0	2	1	0	2	3	2	1	0	
Stanly	0	1	0	0	0	1	2	0	2	



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	N	N	N	N	N	N	N	N	N	N
Stokes	1	0	0	0	0	1	0	ICD-9-CM to ICD-10-CM transition year, see notes.	2	0
Surry	6	2	1	0	2	0	0		0	3
Swain	0	2	1	0	0	0	1		0	0
Transylvania	0	1	2	1	1	0	0		0	0
Tyrrell	0	0	0	0	0	0	0		0	0
Union	3	2	3	2	1	2	2		0	3
Vance	2	0	0	0	0	0	1		0	0
Wake	4	10	7	14	5	4	5		1	12
Warren	0	0	0	0	0	0	0		0	0
Washington	0	0	0	0	0	0	0		0	0
Watauga	0	0	1	1	1	0	0		0	0
Wayne	2	2	4	0	2	0	1		1	3
Wilkes	2	2	1	0	2	5	4		3	2
Wilson	1	2	1	4	2	2	1		0	2
Yadkin	2	1	2	0	1	0	1		0	1
Yancey	1	0	1	1	0	1	0		0	1
STATE	145	145	126	116	136	107	129		137	116

[†]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 2014, a new data file structure was provided by the SCHS and NCHA, which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution.