

APRIL-JUNE 2022 SELF-INFLICTED INJURY UPDATE

North Carolina Emergency Department (ED) Visits for Self-Inflicted Injury, Apr-Jun 2022 Update

2,603 Self-inflicted injury ED visits from Apr-Jun 2022 compared to **2,598** from Apr-Jun 2021

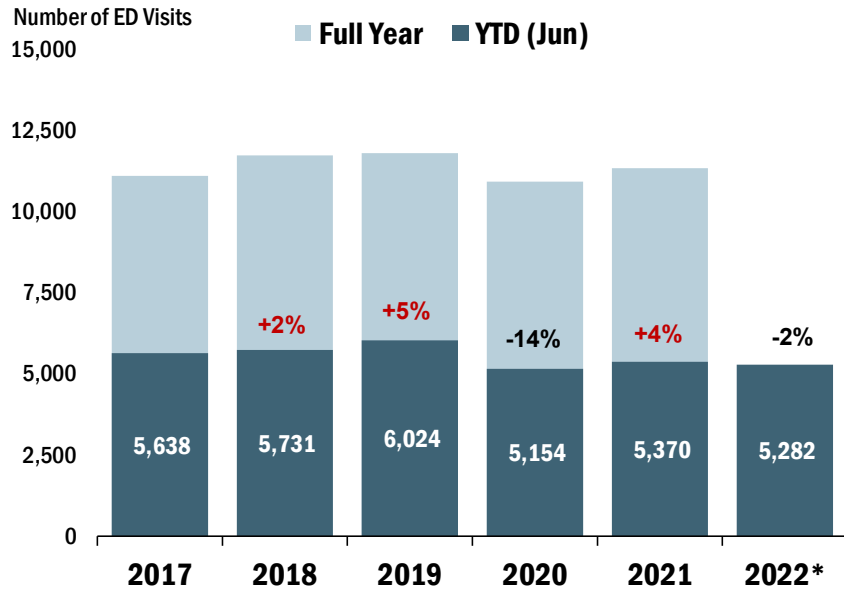
^Report is based on initial encounter ICD-10-CM self-inflicted injury codes. See the [CSTE Self-Harm Indicator](#) for comprehensive list of codes.

Note: Report is restricted to N.C. residents ages 10 and older and does not include visits resulting in death.

Data Source: NC DETECT, ED visits; data as of 10/24/2022

Total self-inflicted injury ED visits through June decreased by 2% in 2022 compared to 2021.

Self-Inflicted Injury ED Visits: 2017-2022*

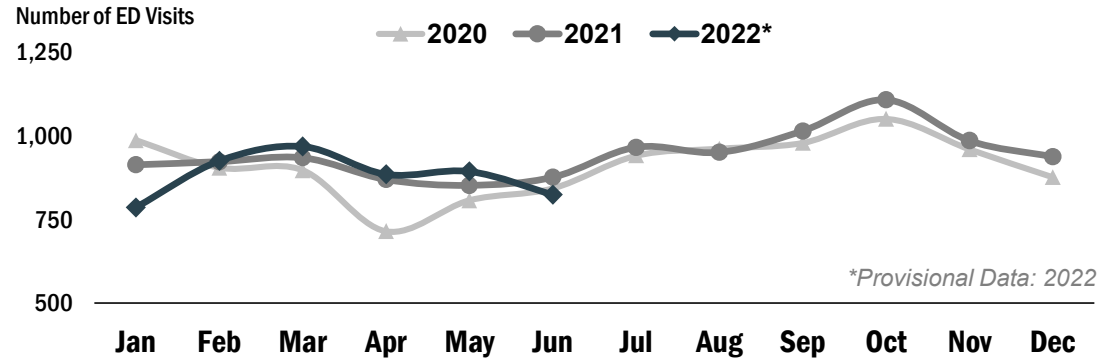


YTD: Year to Date

*Provisional Data: 2022

Percent change: YTD total compared to YTD total of previous year

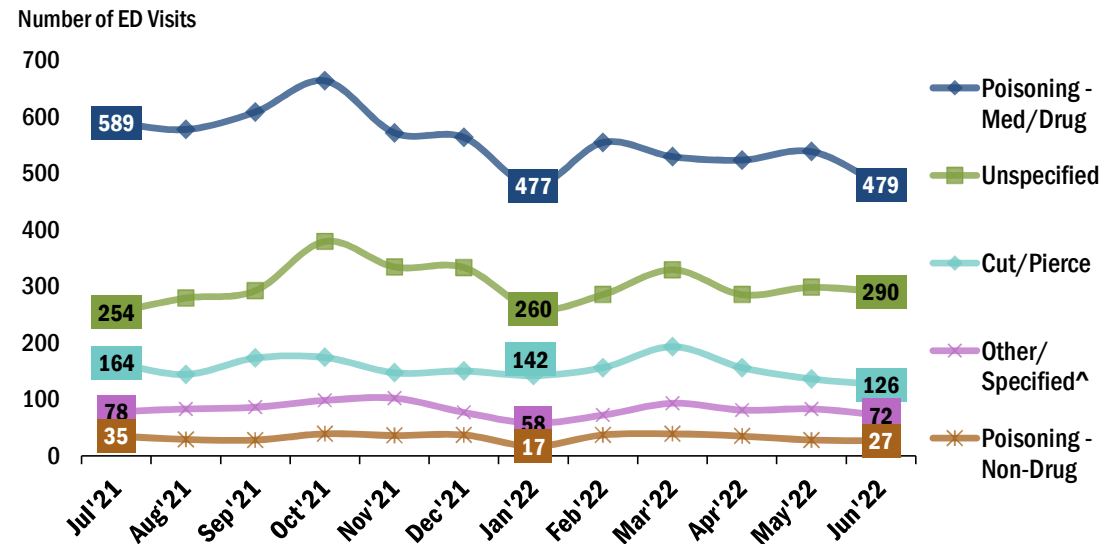
Self-Inflicted Injury ED Visits by Month: 2020-2022*



*Provisional Data: 2022

Most self-inflicted injury ED visits during Apr-Jun 2022* were due to medication/drug poisoning (59.2%).

Last 12 Months of Self-Inflicted Injury ED Visits by Injury Mechanism: Jul 2021-Jun 2022*



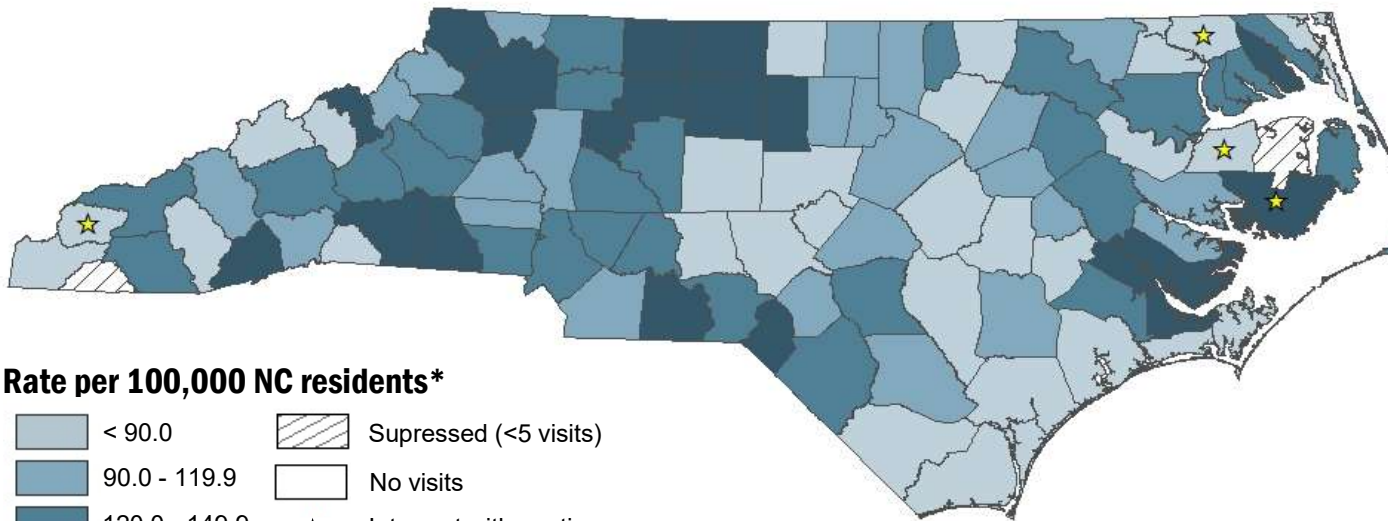
Injury mechanisms shown are not mutually exclusive and do not sum to the total number of self-inflicted injuries. For more information, see the IVPB [Injury Surveillance Technical Notes](#) Document.

^Other specified includes suffocation (12%), fire/burn (10%), and firearm (4%); no additional detail was available for 63% of suicides with a code for other specified mechanism.

*Provisional Data: 2022

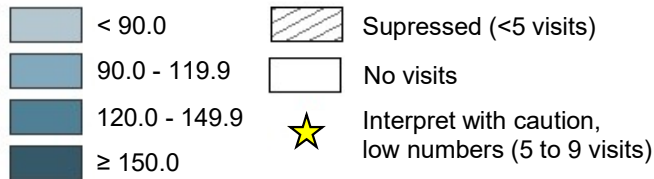
Last 12 Months Self-Inflicted Injury ED Visit Rates by County of Residence: Jul 2021-Jun 2022*

Highest County Self-Inflicted Injury ED Visit Rates from the Last 12 Months, ≥ 10 visits: Jul 2021-Jun 2022*



County	Count	Rate per 100,000†
Alexander	86	255.5
Greene	40	211.8
Transylvania	40	200.5
Anson	43	196.7
Pasquotank	65	185.5
Chowan	23	184.0
Craven	160	178.2
Rutherford	102	170.1
McDowell	67	163.3
Cleveland	140	161.7
Pamlico	19	161.4
Ashe	40	161.1
Statewide	11,246	120.1

Rate per 100,000 NC residents*



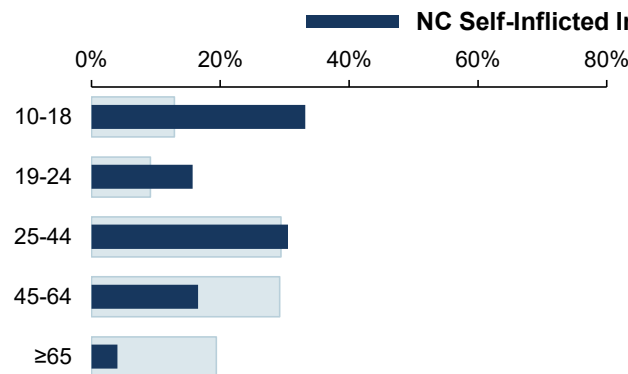
*Provisional Data: 2022

†Please note that rates are calculated using the most recent 12 months of data and 2020 population estimates. Counties listed in "Highest Monthly Rates of Self-Inflicted Injury^ ED visits" table will likely change each quarter.

Quarterly Demographics of Self-Inflicted Injury ED Visits Compared to Overall NC Population Estimates

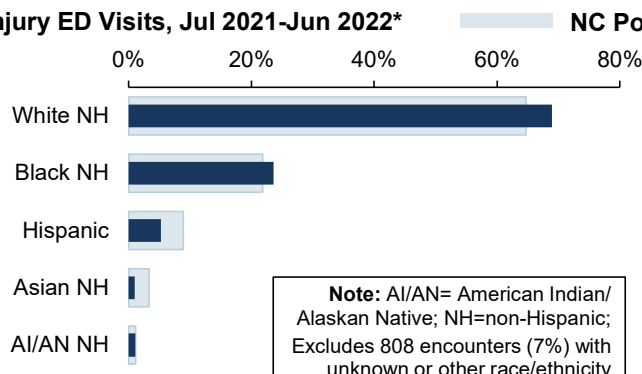
Most visits occurred among those ages 10-18 (33%) despite them making up only 13% of the population.

ED Visits by Age Group



Most visits were among non-Hispanic (NH) white residents (69%) followed by NH Black residents (24%).

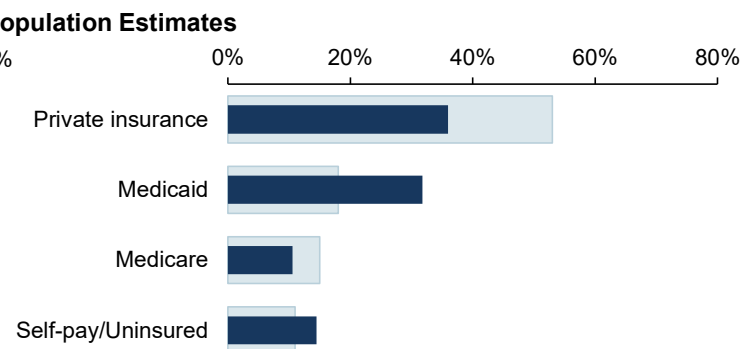
ED Visits by Race/Ethnicity



Note: AI/AN= American Indian/Alaskan Native; NH=non-Hispanic; Excludes 808 encounters (7%) with unknown or other race/ethnicity

Most visits occurred among those with private insurance (36%) followed by those with Medicaid (32%).

ED Visits by Insurance Coverage

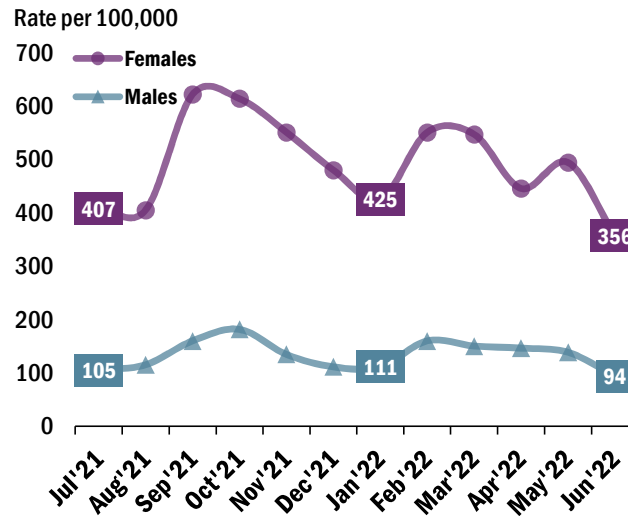


*Provisional Data: 2022

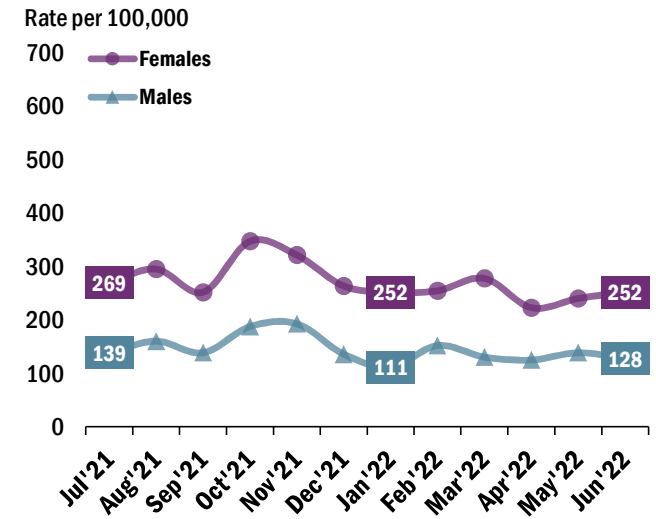
Rates of self-inflicted injury ED visits from Apr-Jun 2022* were highest among females ages 10-18 (432.1 per 100,000) followed by females ages 19-24 (238.4 per 100,000).

Among males, rates of self-inflicted injury ED visits were highest among those ages 19-24 (130.4 per 100,000).

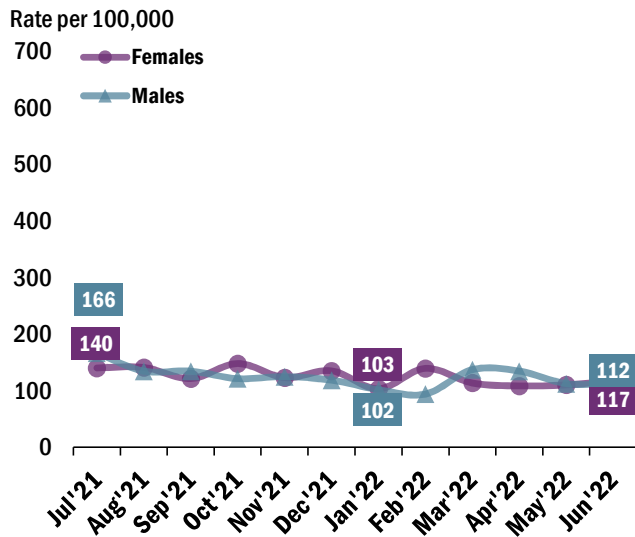
Ages 10-18



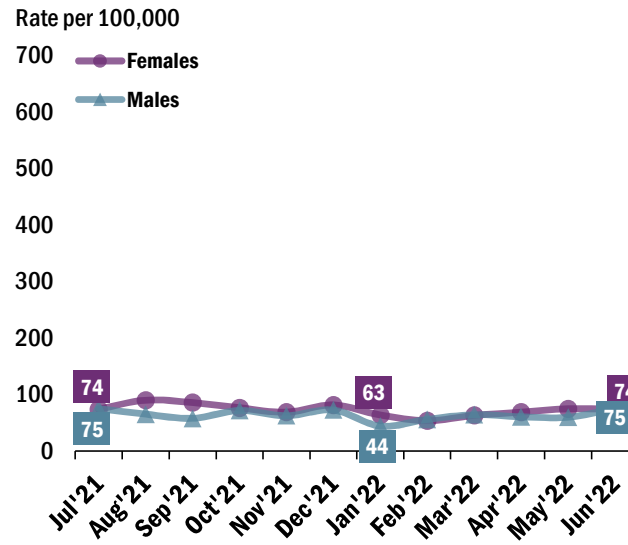
Ages 19-24



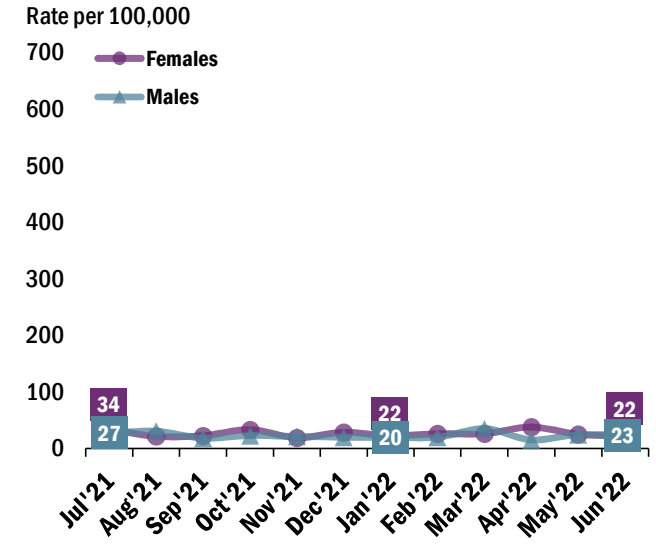
Ages 25-44



Ages 45-64



Ages 65 and Older



Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. For training on NC DETECT, contact ising@ad.unc.edu; **Population Data**-National Center for Health Statistics; **Insurance coverage Data**-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017, www.kff.org/other/state-indicator/total-population. Self-pay ED visits are compared to the uninsured overall population estimate category.

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

