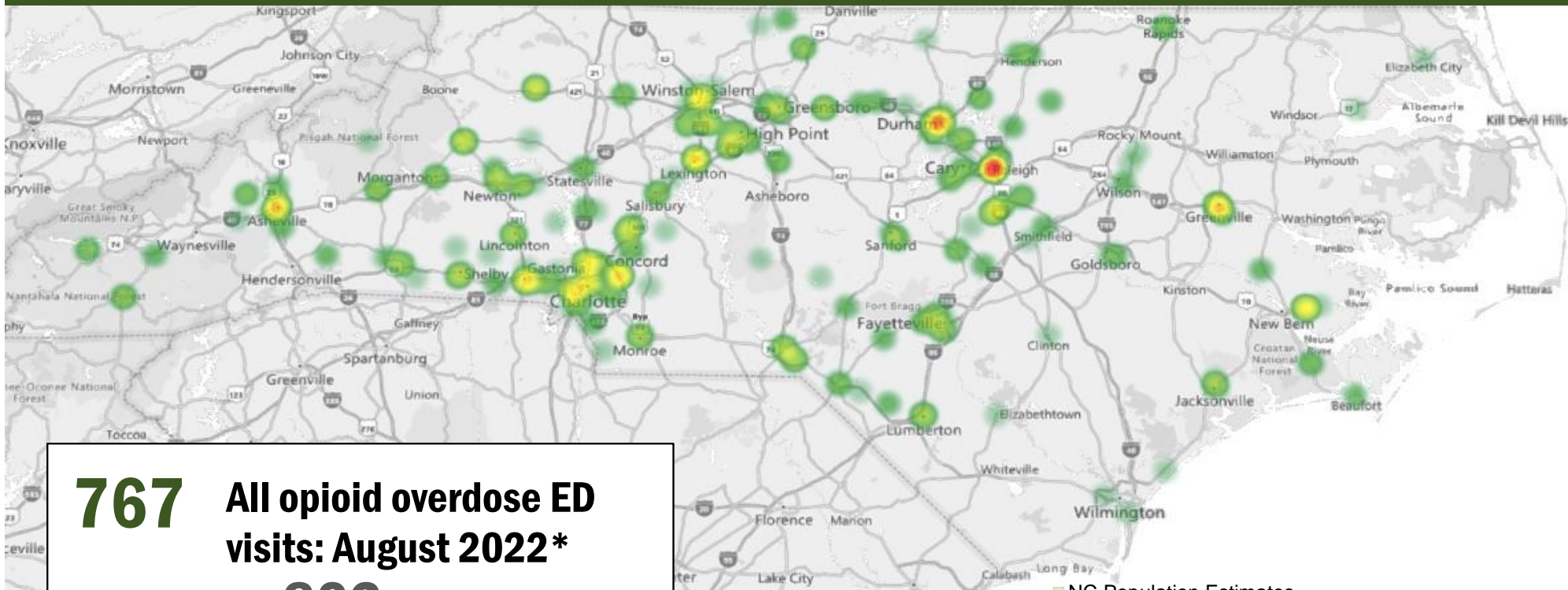


ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, AUGUST 2022*

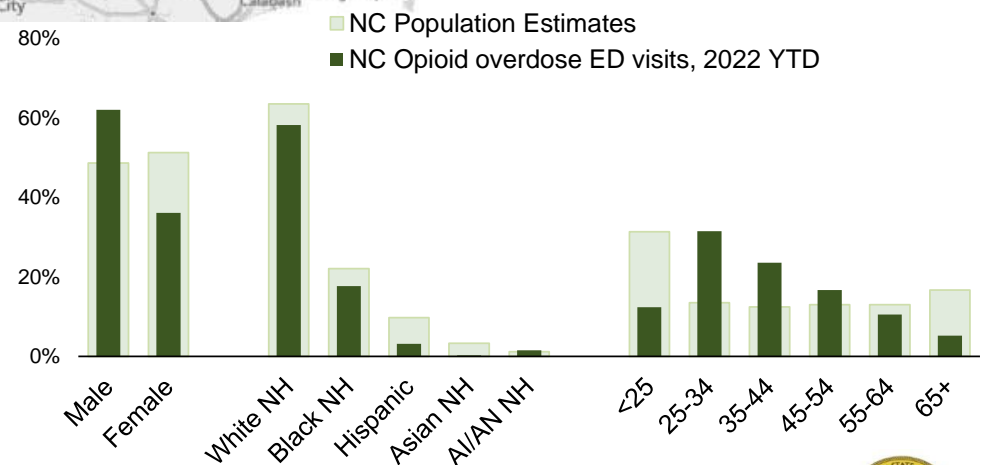


767 All opioid overdose ED visits: August 2022*
 Compared to **803** August 2021

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

The highest rates of visits per 100,000 residents occurred in:

Richmond (320.8), Craven (198.2), Cleveland (184.3), Rutherford (179.6), and Rockingham (172) counties.

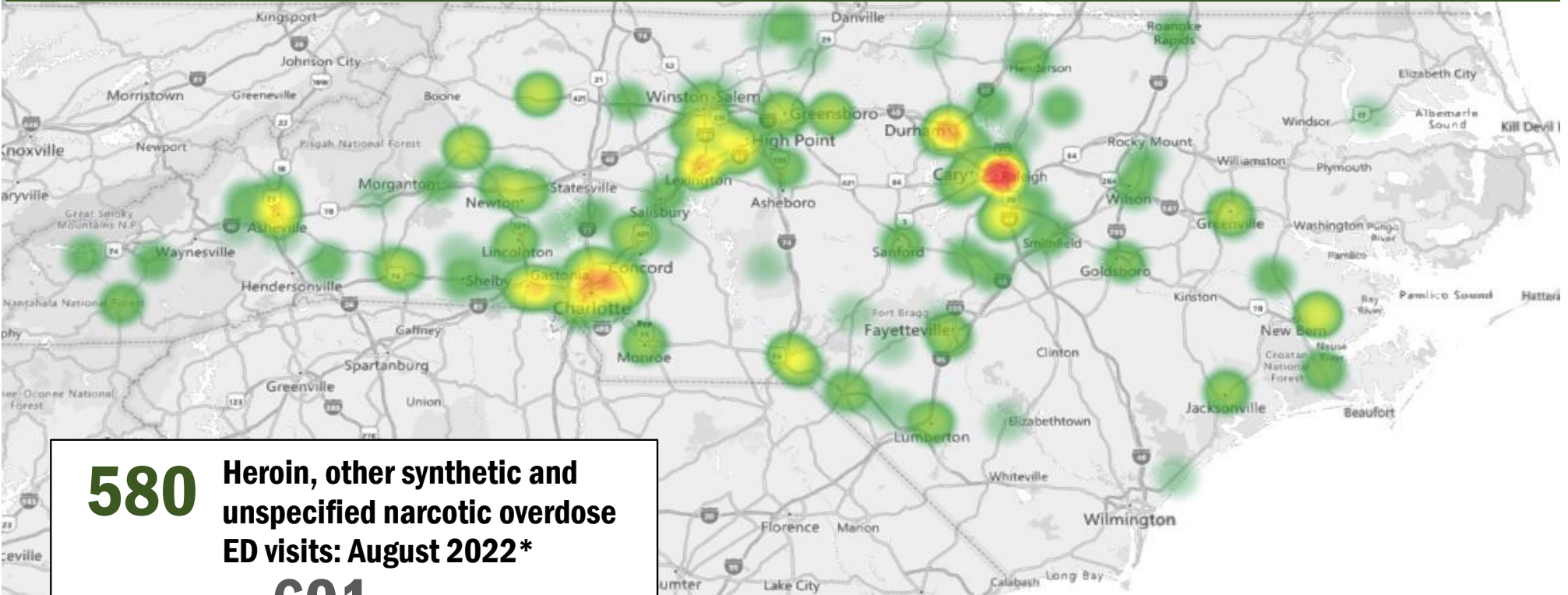


Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. *Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be 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.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Public Health

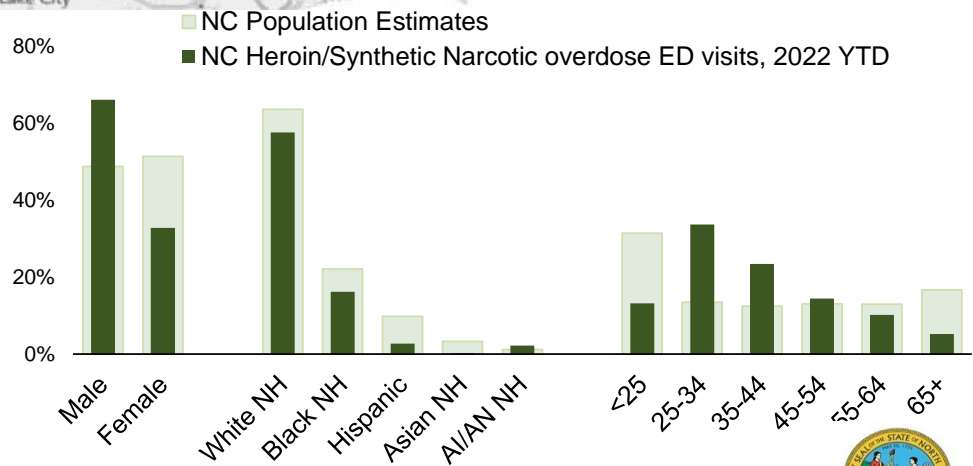
HEROIN AND OTHER SYNTHETIC/ UNSPECIFIED NARCOTIC OVERDOSE ED VISITS, AUGUST 2022*



580 Heroin, other synthetic and unspecified narcotic overdose ED visits: August 2022*
 Compared to **601** August 2021

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1, T40.4, & T40.6.

The highest rates of visits per 100,000 residents occurred in:
Richmond (294.1), Craven (174.9), Davidson (158.5), Buncombe (129.7), and Gaston (113.1) counties.



Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of a heroin or other synthetic narcotic 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.

