

Definitions

Last Updated: 8/8/2023

FASTER (Firearm Surveillance Through Emergency Rooms) is grant provided by the CDC (Centers of Disease Control and Prevention) to assist with rapid detection of potential visits for a firearm injury. Injury intents due to firearms include unintentional, intentional self-directed, assault, underdetermined intent, legal intervention, and terrorism. The definition is meant to capture only initial encounters and not subsequent ones.

The definition is used using diagnosis codes and chief complaint. The following codes show up in the syndrome.

Variable	Specific terms
Variable ICD-10 Unintentional	Specific terms
ICD-10 Intentional	firearms X72 Intentional self-harm by handgun discharge

	X73 Intentional self-harm by rifle, shotgun and larger firearm
	discharge
	 X73.0 Intentional self-harm by shotgun discharge
	 X73.1 Intentional self-harm by hunting rifle discharge
	 X73.2 Intentional self-harm by machine gun discharge
	 X73.8 Intentional self-harm by other larger firearm discharge
	 X73.9 Intentional self-harm by unspecified larger firearm
	discharge
	X74 Intentional self-harm by other and unspecified firearm and gun
	discharge
	 X74.8 Intentional self-harm by other firearm discharge
	 X74.9 Intentional self-harm by unspecified firearm discharge
	X93 Assault by handgun discharge
	X94 Assault by rifle, shotgun and larger firearm discharge
	 X94.0 Assault by shotgun
	 X94.1 Assault by hunting rifle
	 X94.2 Assault by machine gun
	 X94.8 Assault by other larger firearm discharge
	 X94.9 Assault by unspecified larger firearm discharge
	X95 Assault by other and unspecified firearm and gun discharge
	 X95.8 Assault by other firearm discharge
	 X95.9 Assault by unspecified firearm discharge
Chief Complaint	GSW, gun shot, shot, gunshot, shot gun, firearm, pistol,
	handgun, rifle, buckshot, revolver, handgun, ricochet
Exclusions	Bebe gun, pellet, been shot, was shot, got shot, hit head,
	graze, water gun, airgun, pistol whipping, stun, tazer, infection,
	bloodshot, follow up gsw, post gsw, post gunshot wound, nail
	gun, staple gun, allergy shot, hit with gun, kick back, hit head,
	water gun, nerf, airsoft, wound infection, paint gun

Age Groups

Ages are presented by detailed age groups. The FASTER-GA team created age groups "00-10", "11-14", "15-24", "25-34", "35-44", "45-54", "55-64", "65-74", "75-84", and "85+". All ages will supersede any start and end age selection.

Georgia Emergency Medical Services (EMS) District

"Emergency Medical Service District" or "EMS District" means a geographic area identified by the Department for the purpose of administratively sub-dividing the Emergency Medical Services system in this state. Each EMS Region shall be comprised of counties from one or more health districts established by the Department (O.C.G.A. Rule 511-9-2). See below for the counties included in each EMS district.

EMS District	Counties
EMS district 1	Dade, Walker, Catoosa, Whitfield, Murray,
	Gilmer, Fannin, Pickens, Cherokee, Bartow,

	Gordon, Chattooga, Floyd, Polk, Paulding, Haralson
EMS district 2	Forsyth, Dawson, Lumpkin, Union, Towns, Rabun, White, Habersham, Stephens, Hart, Franklin, Banks, Hall
EMS district 3	Cobb, Douglas, Fulton, Clayton, DeKalb, Gwinnett, Rockdale, Newton
EMS district 4	Carroll, Heard, Troup, Meriwether, Pike, Upson, Lamar, Spalding, Butts, Henry, Spalding Fayette
EMS district 5	Jasper, Monroe, Crawford, Peach, Houston, Twiggs, Wilkinson, Washington, Hancock, Putnam, Bibb, Jones, Baldwin, Pulaski, Wilcox, Telfair, Wheeler, Montgomery, Treulten, Johnson, Laurens, Bleckley,
EMS district 6	Wilkes, Lincoln, Columbia, Richmond, Burke, Screven, Jenkins, Emanuel, Jefferson, Glascock, Warren, McDuffie, Taliaferro
EMS district 7	Harris, Muscogee, Chattahoochee, Stewart, Quitman, Clay, Randolph, Webster, Schley, Macon, Taylor, Talbot, Marion
EMS district 8	Dooly, Sumter, Crisp, Turner, Ben Hill, Irwin, Berrien, Lanier, Echols, Lowndes, Brooks, Cook, Tift, Worth, Colquitt, Thomas, Grady, Decatur, Seminole, Miller, Baker, Mitchell, Dougherty, Lee, Terrell, Calhoun, Early
EMS district 9	Jeff Davis, Coffee, Atkinson, Clinch, Charlton, Camden, Glynn, McIntosh, Long, Liberty, Bryan, Chatham, Effingham, Bulloch, Candler, Toombs, Evans, Tatnall, Appling, Bacon, Ware, Pierce, Wayne,
EMS district 10	Morgan, Walton, Barrow, Jackson, Madison, Elbert, Oglethorpe, Elbert, Clarke, Oconee, Greene

Georgia Public Health Districts

Each of Georgia's 159 county health departments has been assigned to one of eighteen Health Districts. Health Districts are proposed by the Commissioner of Public Health and approved by the County Boards of Health and the County Commissions of the affected counties (O.C.G.A. Section 31-6-2). See below for the counties included in each health district.

Public Health District	Counties in District
District 1-1 Northwest	Dade, Walker, Catoosa, Chattooga, Gordon,
	Floyd, Bartow, Polk, Paulding, Haralson
District 1-2 North Georgia	Whitfield, Murray, Gilmer, Fannin, Pickens,
	Cherokee
District 2 North	Union, Towns, Rabun, Habersham,
	Stephens, Franklin, Hart, Banks, Hall,
	Forsyth, Dawson, Lumpkin, White
District 3-1 Cobb- Douglas	Cobb and Douglas
District 3-2 Fulton	Fulton

District 3-3 Clayton	Clayton
District 3-4 GNR	Gwinnett, Rockdale and Newton
District 3-5 DeKalb	DeKalb
District 4	Carroll, Heard, Troup, Meriwether, Pike,
	Lamar, Upson, Butts, Spalding, Henry,
	Fayette
District 5-1 South Central	Pulaski, Bleckley, Laurens, Johnson,
	Treutlen, Montgomery, Wheeler, Telfair,
	Wilcox, Dodge
District 5-2 North Central	Houston, Peach, Crawford, Monroe, Jasper,
	Putnam, Hancock, Washington, Wilkinson,
	Baldwin, Jones, Bibb, Twiggs
District 6 East Central	Taliaferro, Wilkes, Lincoln, Columbia,
	McDuffie, Warren, Glascock, Jefferson,
	Burke, Richmond, Jenkins, Screven,
	Emmanuel
District 7 West Central	Clay, Quitman, Stewart, Chattahoochee,
	Muscogee, Harris, Talbot, Taylor, Marion,
	Macon, Schley, Webster, Randolph, Sumter,
B: 1: 10 10 11	Crisp, Dooly
District 8-1 South	Turner, Ben Hill, Irwin, Tift, Berrien, Cook,
District 0.00 Cardlessant	Lanier, Lowndes, Echols, Brooks
District 8-2 Southwest	Terrell, Lee, Calhoun, Dougherty, Worth,
	Colquitt, Thomas, Grady, Decatur, Seminole,
District 0.4 Coastal	Miller, Baker, Mitchell, Early, Calhoun
District 9-1 Coastal	Effingham, Chatham, Bryan, Liberty, Long,
District 9-2 Southeast	McIntosh, Glynn, Camden
District 9-2 Southeast	Jeff Davis, Appling, Wayne, Brantley,
	Charlton, Ware, Clinch, Atkinson, Coffee, Bacon, Pierce
District 10 Northeast	Walton, Barrow, Jackson, Madison, Elbert,
District to Northeast	Oglethorpe, Greene, Morgan, Oconee,
	Clarke
	Claint

<u>International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) vs. ICD10</u>

The National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States, has developed a clinical modification (CM) of the classification for morbidity (hospital and ER data) purposes. The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999. ICD-10-CM is the replacement for ICD-9-CM, effective October 1, 2015 in discharge and ER data. The ICD-10 is copyrighted by the World Health Organization (WHO). WHO has authorized the development of an adaptation of ICD-10 for use in the United States (ICD-10-CM). All modifications to the ICD-10 must conform to WHO conventions for the ICD. https://www.cdc.gov/nchs/icd/icd10cm.htm

Injury ED Visits

The number of emergency department (ED) visits to non-Federal acute care inpatient facilities with an injury tag applied to syndromic categorization. Only ED visits of patients seen in a Georgia facility are included. Persons can be counted more than once if readmitted. Visits include people both living and deceased, but not those admitted as an inpatient to a hospital. Since the number and proportion are derived only from ED visits, they do not include all existing cases (prevalence) among residents of Georgia. ED Visits are reported by date of admission, not discharge date.

Non-Rural

Any county with 50,000 or more total population according to the United States decennial census of 2010 or any future such census (O.C.G.A. Section 31-6-2).

Percent Firearm Related Injury ED Visits

Formula: [Number of Firearm Related Injury ED Visits / Total Injury ED Visits] * 100. Total number of Injury ED Visits can change dependent on the selected filters.

Percent Among Group

Formula: [Number of Firearm Related Injury ED Visits among one group / Number of Firearm Related Injury ED Visits among all groups] *100.

Race

Per the Federal Office of Management and Budget, Directive 15 (1997),

- White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American is a person having origins in any of the black racial groups of Africa;
- Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian/Alaska Native is a person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Multiracial is a person declaring 2 or more of these races.

American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and Hispanic/Latino (with no other race included) are all categorized as Other due to low individual

group counts. In addition, the variability of data documentation across health care facilities can make it difficult to categorize race, and so common misspellings or resemblance to each term in the table below are used for its respective categorization.

Categorization in Dashboard	Text Fields in Syndromic Data
Asian	A, Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Indian, 2029-7, 2028-9,
Black	Black, B, African American, AA, 2056-0, 2054-5
Other	Native Hawaiian, NH, Other Pacific Islander, American Indian, AI, Alaska Native, Other, O, OT, OTH, Samoan, Multi-Racial, MR, Hispanic, Latino, 2118-8, 2131-1, 1002-5, 2076-8
White	White, W, Caucasian, CA, 2106-3, 2111-3
Unknown	Patient Refused, Unknown, Declined to Provide, U, UNK, Declined to Answer, DEC, Refused, Unable to Obtain, X, or missing value

Rural

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Any county having a population of less than 50,000 according to the United States decennial census of 2010 or any future such census (O.C.G.A. Section 31-6-2).

Syndromic Data

Emergency Departments and Urgent Care Facilities (UCFs) across Georgia automatically send data about chief complaints, and date and time of visit to the Georgia Department of Public Health (DPH) daily. Many facilities also send patient demographics such as age, sex, race, and residential zip code, as well as discharge diagnosis in some cases. This data is used as a part of the nearly real-time Georgia syndromic surveillance (SS) system used to categorize EDs/UCFs visits across Georgia into disease or illness syndromes, based on the patient chief complaint upon admission and/or discharge diagnosis. The majority of SS data are based on chief complaint upon admission to EDs/UCFs, it does not always reflect the patients' final diagnosis, and can have limited ability to understand the true nature of the visit. Additionally, variability in data documentation across health care facilities can make it difficult to interpret the reason for a patient visit.