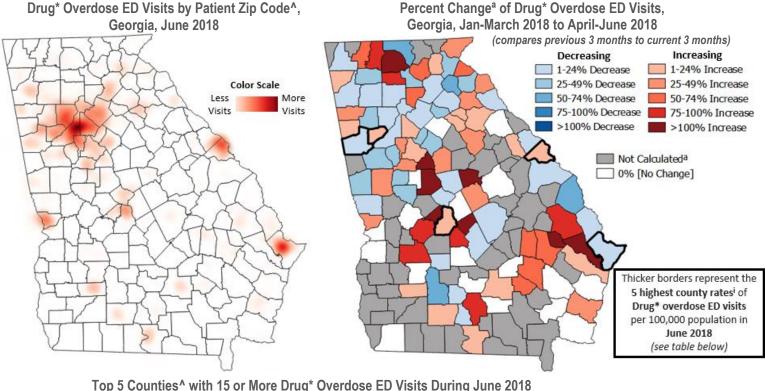
# Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, June 2018

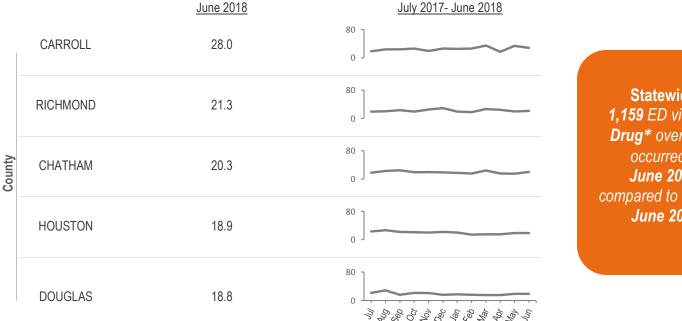
What is Syndromic Surveillance (SS)? SS is used as an early detection method for potential clusters or outbreaks, by tracking drug overdoserelated emergency department (ED) visits based on the patient's chief complaint upon admission and/or discharge diagnosis. There are currently 127 Georgia hospitals and urgent care facilities that share these SS data within the State Electronic Notifiable Disease Surveillance System (SendSS).



Monthly Rate<sup>i</sup> per 100,000 Population

Top 5 Counties<sup>^</sup> with 15 or More Drug<sup>\*</sup> Overdose ED Visits During June 2018

Monthly Rate<sup>i</sup> per 100,000 Population



Statewide, 1.159 ED visits for Drug\* overdoses occurred in June 2018, compared to 1.405 in June 2017

Data source: Suspected drug overdose ED/Urgent Care visits by chief complaint upon admission and/or discharge diagnosis reported to DPH Syndromic Surveillance. See data limitations here.

Note: SS data is not the same as emergency department discharge data; drug overdose SS data is limited and based on accuracy of chief complaint and/or discharge diagnosis and what is reported to DPH SS. Data shown on this report may not depict the true burden of drug overdose in Georgia.



<sup>\*</sup>Drugs may include any over the counter, prescription, or illicit drug.

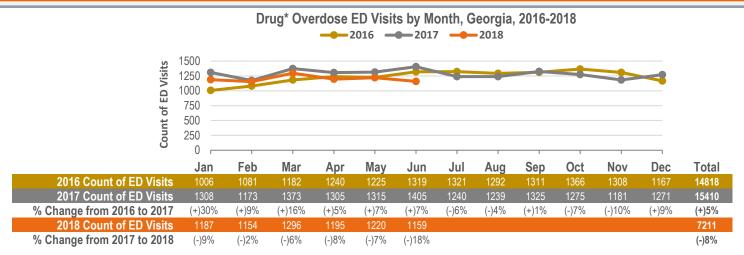
<sup>^</sup>Zip code and county are based on patient residence.

Rate indicates visits per 100,000 persons using 2017 Census data as the denominator. Excluded rates for counties with <15 visits.

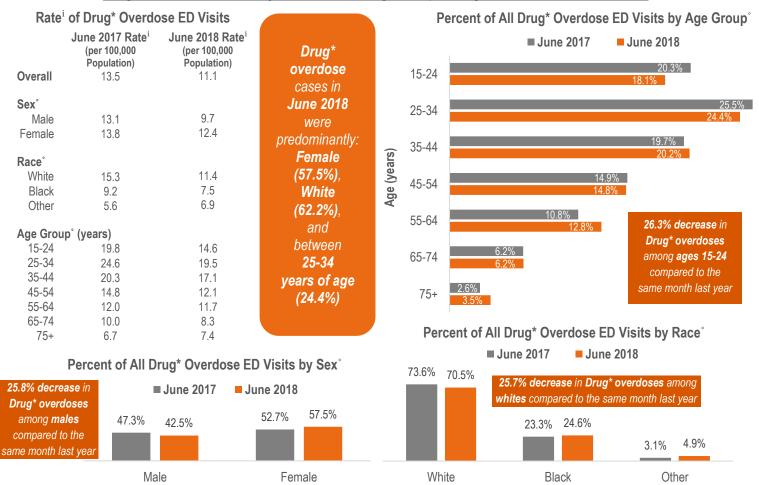
<sup>&</sup>lt;sup>a</sup>Percent change data by county excludes counties with less than 3 visits.

Note: All data excludes patients ≤14 years of age. Counts represent the number of ED visits instead of the number of patients, therefore, patients with repeat visits may have been counted more than once.

# Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, June 2018



### Drug\* Overdose ED Visits by Sex, Race, and Age Group, Georgia, June 2017 and June 2018



### Link(s) of interest:

Outbreak of Severe Illness Linked to the Vitamin K Antagonist Brodifacoum and Use of Synthetic Cannabinoids — Illinois, March–April 2018

#### Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016

Data source: Suspected drug overdose ED/Urgent Care visits by chief complaint upon admission and/or discharge diagnosis reported to DPH Syndromic Surveillance. See data limitations <a href="here">here</a>.

Note: SS data is not the same as emergency department discharge data; drug overdose SS data is limited and based on accuracy of chief complaint and/or discharge diagnosis and what is reported to DPH SS. Data shown on this report may not depict the true burden of drug overdose in Georgia. Please see the attached document for more information.



<sup>\*</sup>Drugs may include any over the counter, prescription, or illicit drug.

Rate indicates visits per 100,000 persons using 2017 Census data as the denominator. Excluded rates for counties with <15 visits.

<sup>\*</sup>Cases with unknown sex, race, and age group were excluded from respective analyses.

Note: All data excludes patients ≤14 years of age. Counts represent the number of ED visits instead of the number of patients, therefore, patients with repeat visits may have been counted more than once.