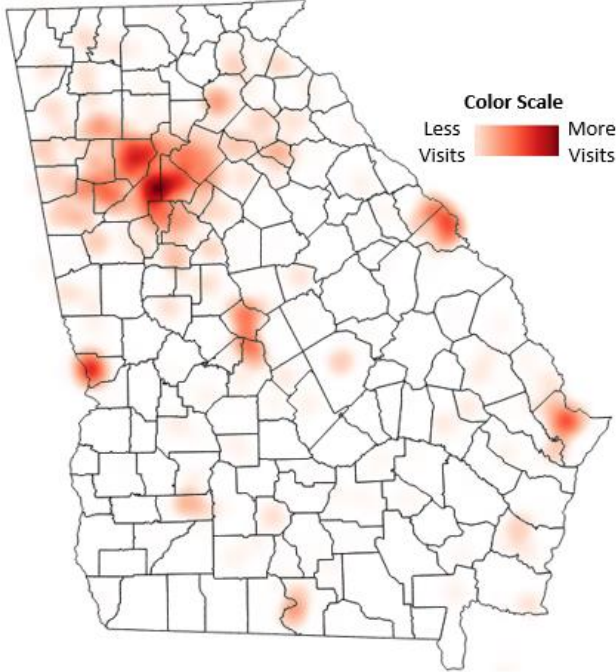


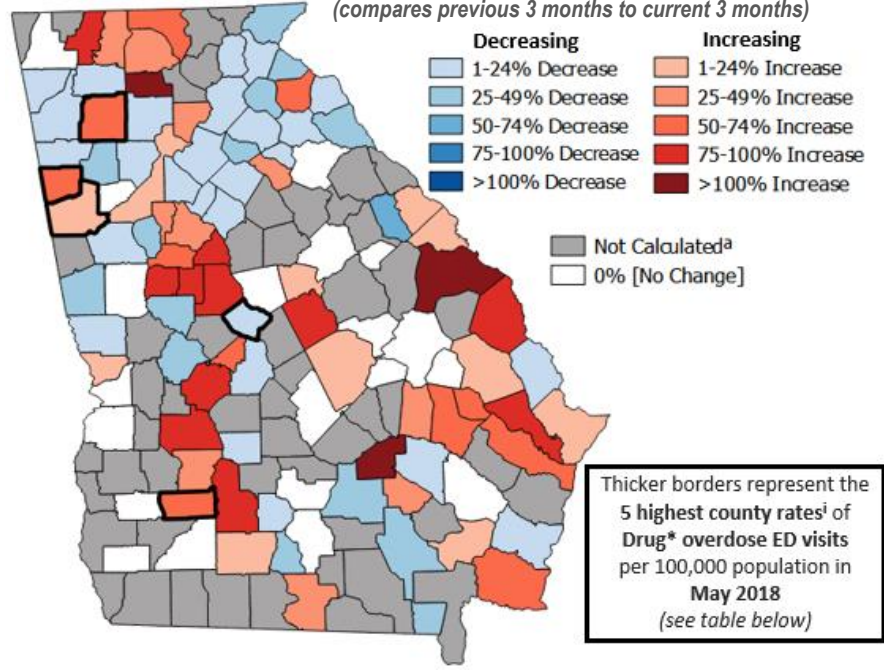
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, May 2018

What is Syndromic Surveillance (SS)? SS is used as an early detection method for potential clusters or outbreaks, by tracking drug overdose-related 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).

Drug* Overdose ED Visits by Patient Zip Code[^], Georgia, May 2018



Percent Change^a of Drug* Overdose ED Visits, Georgia, Dec 2017-Feb 2018 to March 2018-May 2018
(compares previous 3 months to current 3 months)



Top 5 Counties[^] with 15 or More Drug* Overdose ED Visits During May 2018

County	Monthly Rate ⁱ per 100,000 Population	Monthly Rate ⁱ per 100,000 Population
	May 2018	June 2017- May 2018
HARALSON	54.7	
CARROLL	31.4	
BIBB	23.6	
BARTOW	22.8	
DOUGHERTY	20.1	

Statewide, 1,204 ED visits for Drug* overdoses occurred in May 2018, compared to 1,315 in May 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](#).

*Drugs may include any over the counter, prescription, or illicit drug.

[^]Zip code and county are based on patient residence.

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

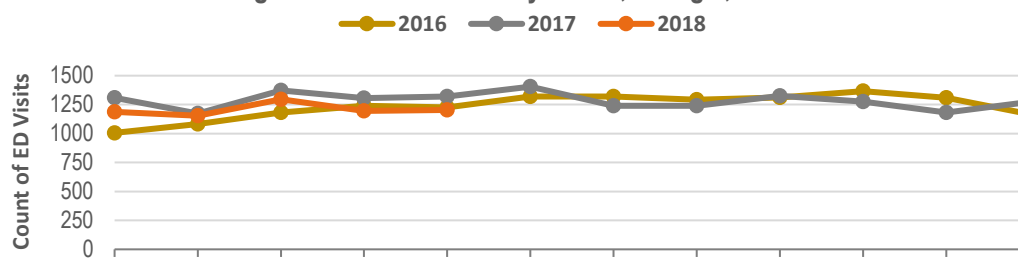
^aPercent change data by county excludes counties with less than 3 visits.

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.

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.

Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, May 2018

Drug* Overdose ED Visits by Month, Georgia, 2016-2018



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016 Count of ED Visits	1006	1081	1182	1240	1225	1319	1321	1292	1311	1366	1308	1167	14818
2017 Count of ED Visits	1308	1173	1373	1305	1320	1405	1240	1239	1325	1275	1181	1272	15416
% Change from 2016 to 2017	(+30%)	(+9%)	(+16%)	(+5%)	(+8%)	(+7%)	(-6%)	(-4%)	(+1%)	(-7%)	(-10%)	(+9%)	(+5%)
2018 Count of ED Visits	1187	1154	1296	1195	1204								6036
% Change from 2017 to 2018	(-9%)	(-2%)	(-6%)	(-8%)	(-9%)								(-7%)

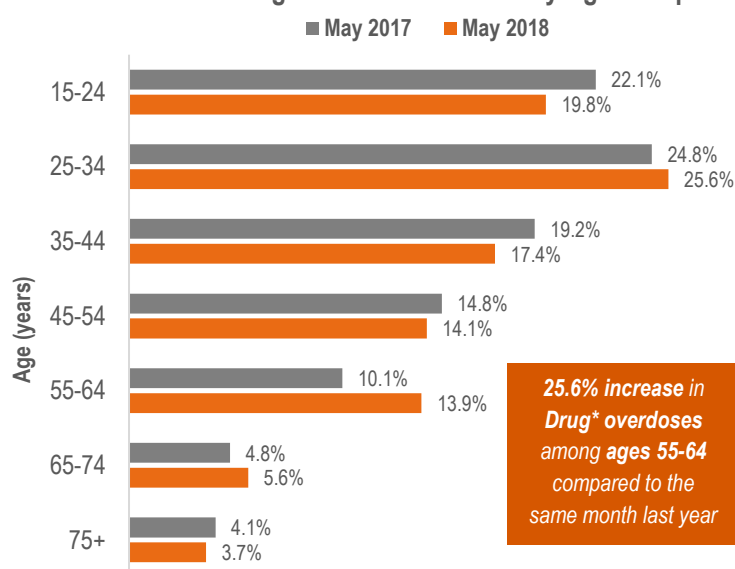
Drug* Overdose ED Visits by Sex, Race, and Age Group, Georgia, May 2017 and May 2018

Rateⁱ of Drug* Overdose ED Visits

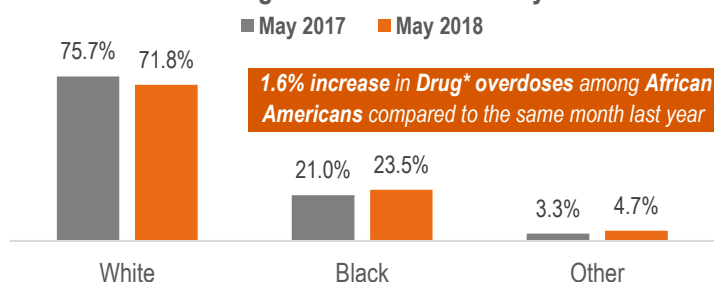
	May 2017 Rate ⁱ (per 100,000 Population)	May 2018 Rate ⁱ (per 100,000 Population)
Overall	12.6	11.5
Sex^o		
Male	10.3	11.4
Female	14.3	11.7
Race^o		
White	14.3	12.3
Black	7.5	7.6
Other	5.5	7.0
Age Group^o (years)		
15-24	20.2	16.5
25-34	22.4	21.2
35-44	18.5	15.3
45-54	13.7	12.0
55-64	10.5	13.2
65-74	7.2	7.8
75+	10.1	8.2

Drug* overdose cases in May 2018 were predominantly: Female (51.9%), White (71.8%), and between 25-34 years of age (25.6%)

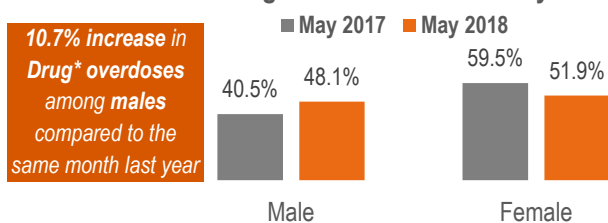
Percent of Drug* Overdose ED Visits by Age Group^o



Percent of Drug* Overdose ED Visits by Race^o



Percent of Drug* Overdose ED Visits by Sex^o



Link(s) of interest this month:

[CDC Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017](#)

[Annals of Emergency Medicine Article – Opportunities for Prevention and Intervention of Opioid Overdose in the Emergency Department](#)

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](#).

*Drugs may include any over the counter, prescription, or illicit drug.

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

^oCases 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.

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.