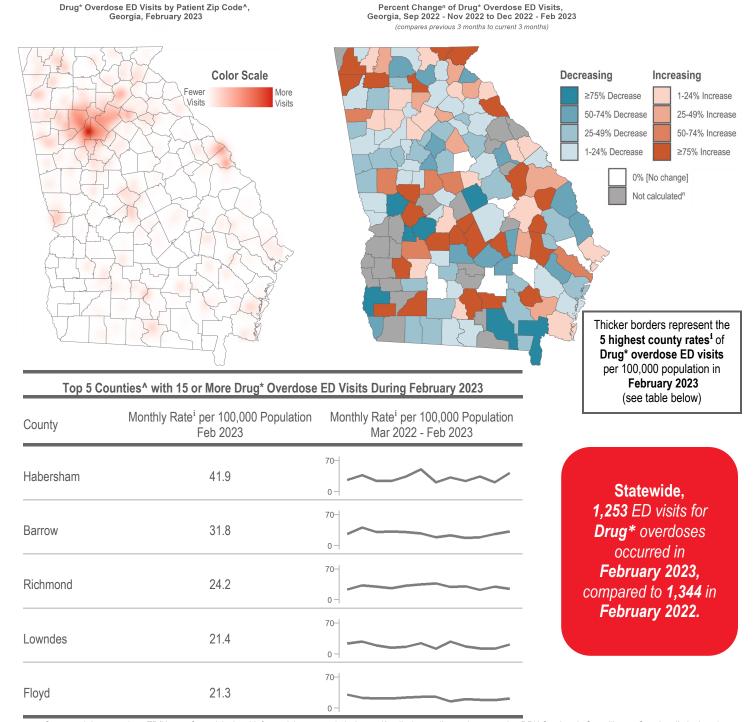
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, February 2023

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



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.

Note: All data excludes patients ≤9 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 is subject to change due to the current number of participating facilities and/or improvements to data quality. Data shown on this report may not depict the true burden of drug overdose in Georgia.



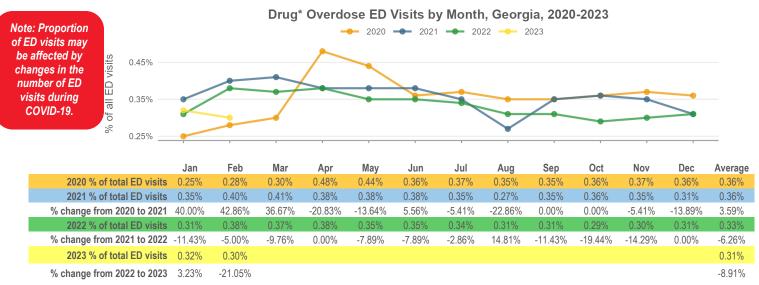
[^]Zip code and county are based on patient residence.

Rate indicates visits per 100,000 persons using 2021 Census data as the denominator. Excluded rates for counties with <15 visits.

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

^{*}Drug Specific Categories are not mutually exclusive and include illicit and prescription drugs. Specific drugs identified using the chief complaint and/or discharge diagnosis fields and are not meant to be comprehensive.

Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, February 2023



Drug* Overdose ED Visits by Sex, Race, and Age Group, Georgia, February 2022 and February 2023

Percent of All Drug* Overdose ED Visits by Age Group Rateⁱ of Drug* Overdose ED Visits Feb 2022 Rate¹ Feb 2023 Rate¹ ■ Feb 2022 ■ Feb 2023 (per 100,000 popula-(per 100,000 population) tion) Drug* overdose ED 10-14 visits in Overall 15.4 14.4 February 2023 were 15-24 Sex predominantly: 13.6 Female 155 Male (50.9%), 15.2 Male 15.1 25-34 White Race Age (years) (60%), 35-44 Black 10.4 12.1 White 16.3 14.2 and 20.0 12.4 Other 45-54 between Age Group (years) 25-34 10-14 7 0 5.8 55-64 years of age 15-24 36.6 31.1 (24.9%).14.8% increase in the count of Drug* 25-34 21.6 20.9 65-74 overdoses among patients aged 45-54 35-44 18.5 17.6 when compared to February 2022. 45-54 13.3 11.6 75+ 55-64 11.1 9.4 65-74 8.0 7.1 75+ 8.2 6.2 Percent of All Drug* Overdose ED Visits by Sex and Race 16.3% increase in the count of Drug* Feb 2022 Feb 2023 12.3% decrease in the overdoses among Blacks when Sex Race count of Drug* overdoses compared to February 2022. 67.4% 64.4% among males when 50.9% 52.2% 47.8% 49 1% compared to February 2022. 29.3% 23.0% 9.6% 6.3%

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.

Black

Female

Note: All data excludes patients ≤9 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.

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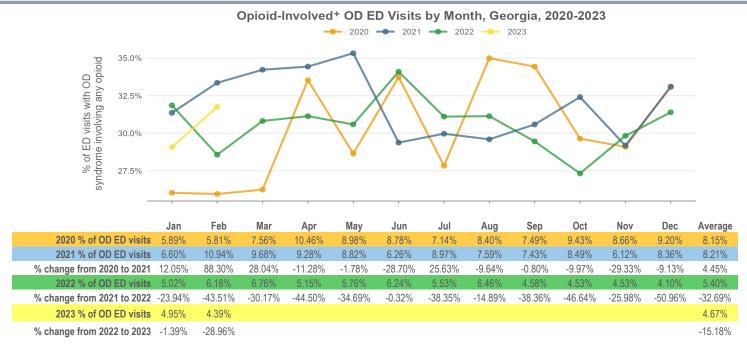
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Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, February 2023



Heroin-Involved+ OD ED Visits by Month, Georgia, 2020-2023



Link(s) of interest:

Georgia Department of Public Health, Xylazine-Involved Overdose Deaths, Georgia, 2020-2022

Journal of Public Health Management & Practice, Suspected Nonfatal Cocaine-Involved Overdoses Overall and With Co-involvement of Opioids

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.
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