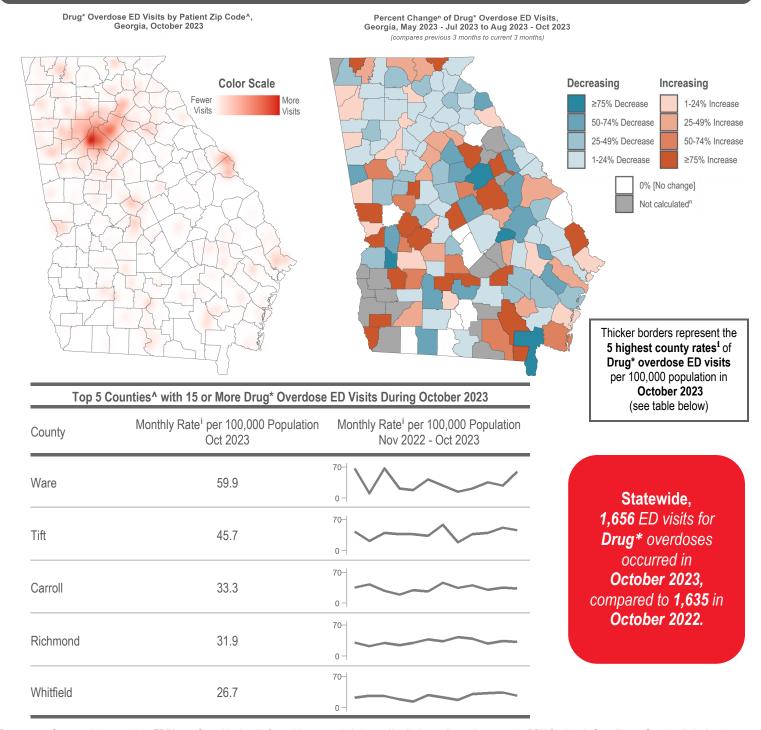
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, October 2023

What is Syndromic Surveillance (SyS)? SyS 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 SyS 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: SyS data is not the same as emergency department discharge data; drug overdose SyS data is limited and based on accuracy of chief complaint and/or discharge diagnosis and what is reported to DPH SyS. 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.



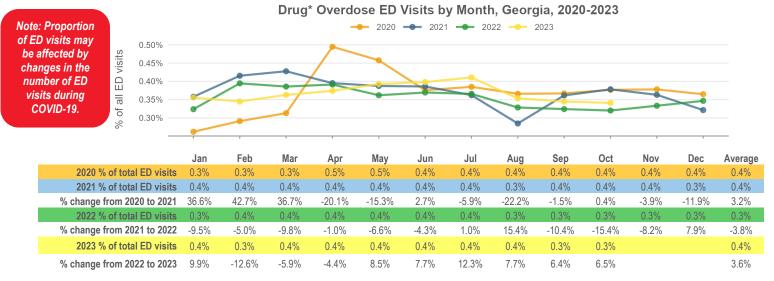
[^]Zip code and county are based on patient residence.

¹Rate indicates visits per 100,000 persons using 2022 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, October 2023



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

Rate¹ of Drug* Overdose ED Visits Oct 2022 Rateⁱ

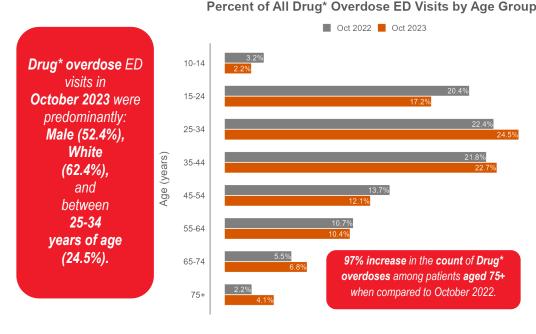
Oct 2023 Rateⁱ (per 100,000 popula-(per 100,000 population)

10.0

Overall	16.7	18.0
Sex		
Female	16.3	16.6
Male	17.1	19.5
Race		
Black	12.6	14.3
White	17.4	18.7
Other	16.5	14.0
Age Group	(years)	
10-14	6.6	4.8
15-24	38.9	35.4
25-34	21.9	25.8
35-44	22.3	25.0
45-54	14.5	13.8
55-64	11.8	12.4
65-74	8.2	11.0

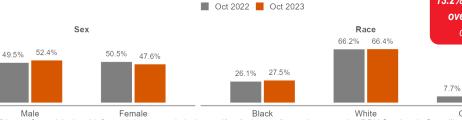
5.1

tion)



14.2% increase in the count of **Drug* overdoses** among Males when compared to October 2022.

75+



Percent of All Drug* Overdose ED Visits by Sex and Race

13.2% increase in the count of Drug* overdoses among Blacks when compared to October 2022.

6.1%

Other 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

Note: SyS data is not the same as emergency department discharge data; drug overdose SyS data is limited and based on accuracy of chief complaint and/or discharge diagnosis and what is reported to DPH SyS. 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.



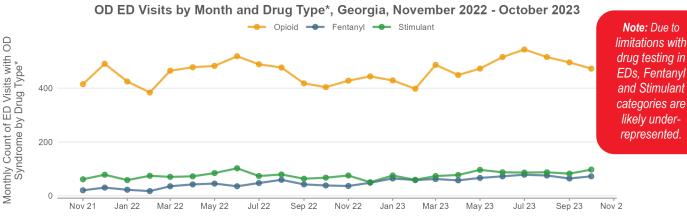
[^]Zip code and county are based on patient residence.

Rate indicates visits per 100,000 persons using 2022 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, October 2023



% of ED Visits with OD Syndrome Involving Any Opioid, Georgia, 2020—2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2020 % of OD ED visits	26.0%	26.0%	26.3%	33.5%	28.6%	33.7%	27.8%	35.0%	34.4%	29.6%	29.1%	33.1%	30.3%
2021 % of OD ED visits	31.4%	33.4%	34.2%	34.4%	35.3%	29.4%	30.0%	29.6%	30.6%	32.4%	29.2%	33.1%	31.9%
% change from 2020 to 2021	20.4%	28.5%	30.4%	2.7%	23.3%	-12.9%	7.6%	-15.4%	-11.2%	9.4%	0.3%	-0.1%	6.9%
2022 % of OD ED visits	31.9%	28.6%	30.8%	31.1%	30.6%	34.1%	31.1%	31.1%	29.5%	27.3%	29.8%	31.4%	30.6%
% change from 2021 to 2022	1.6%	-14.4%	-10.0%	-9.6%	-13.4%	16.1%	3.8%	5.2%	-3.7%	-15.7%	2.2%	-5.1%	-3.6%
2023 % of OD ED visits	29.1%	31.8%	33.4%	30.8%	28.8%	32.2%	31.7%	31.4%	31.9%	29.7%			31.1%
% change from 2022 to 2023	-8.8%	11.2%	8.2%	-1.0%	-5.8%	-5.5%	1.9%	1.0%	8.4%	8.6%			1.8%

% of ED Visits with OD Syndrome Involving Fentanyl, Georgia, 2020—2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2020 % of OD ED visits	0.3%	0.2%		0.1%		0.4%	0.4%	0.6%	0.6%	0.5%	0.7%	0.9%	0.5%
2021 % of OD ED visits	0.7%	0.8%	0.9%	1.2%	1.2%	1.1%	1.1%	1.5%	1.4%	1.6%	1.4%	2.0%	1.2%
% change from 2020 to 2021	123.5%	363.9%		1204.7%		159.7%	214.9%	136.2%	115.4%	244.1%	105.7%	114.6%	278.3%
2022 % of OD ED visits	1.6%	1.3%	2.3%	2.7%	2.8%	2.3%	3.0%	3.9%	3.0%	2.6%	2.5%	3.4%	2.6%
% change from 2021 to 2022	122.5%	66.5%	165.2%	132.6%	144.9%	115.7%	168.7%	164.3%	117.9%	65.1%	78.4%	67.9%	117.5%
2023 % of OD ED visits	4.3%	4.6%	4.2%	3.9%	4.0%	4.5%	4.5%	4.6%	4.1%	4.5%			4.3%
% change from 2022 to 2023	162.9%	266.0%	83.1%	43.1%	41.1%	95.4%	52.0%	18.7%	39.1%	75.8%			87.7%

% of ED Visits with OD Syndrome Involving a Stimulant, Georgia, 2020—2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2020 % of OD ED visits	4.7%	4.3%	5.7%	5.0%	5.5%	5.4%	4.2%	5.3%	5.2%	5.6%	4.7%	4.9%	5.0%
2021 % of OD ED visits	5.7%	5.4%	5.2%	5.2%	6.4%	4.5%	4.6%	4.2%	4.9%	4.9%	4.3%	5.3%	5.0%
% change from 2020 to 2021	20.8%	26.7%	-7.8%	3.5%	16.0%	-17.6%	11.4%	-20.7%	-5.2%	-12.5%	-8.9%	6.7%	1.0%
2022 % of OD ED visits	4.3%	5.5%	4.6%	4.7%	5.3%	6.7%	4.6%	5.2%	4.4%	4.5%	5.2%	3.5%	4.9%
% change from 2021 to 2022	-23.8%	2.1%	-11.6%	-10.3%	-17.3%	50.1%	-0.1%	22.3%	-10.0%	-7.2%	21.8%	-32.7%	-1.4%
2023 % of OD ED visits	5.1%	4.7%	5.0%	5.3%	5.9%	5.4%	5.0%	5.3%	5.3%	6.1%			5.3%
% change from 2022 to 2023	16.9%	-14.5%	7.8%	12.7%	10.0%	-19.0%	7.9%	2.8%	18.9%	34.3%			7.8%

Link(s) of interest:

89% increase

in the **count** of **drug**

overdose

visits

mentioning
Fentanyl
when
compared to
October 2022

Georgia Department of Public Health, Drug Overdose Emergency Medical Service (EMS) Monthly Report, September - October 2023

CDC MMWR, Drug Overdose Deaths with Evidence of Counterfeit Pill Use – United States, July 2019 – December 2021

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: SyS data is not the same as emergency department discharge data; drug overdose SyS data is limited and based on accuracy of chief complaint and/or discharge diagnosis and what is reported to DPH SyS. 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 2022 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.