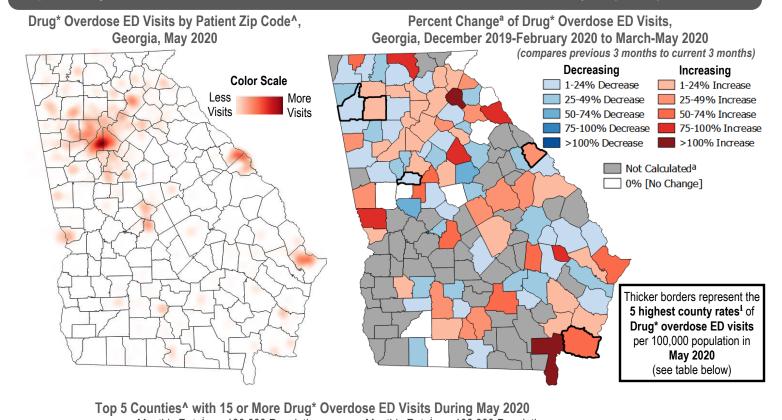
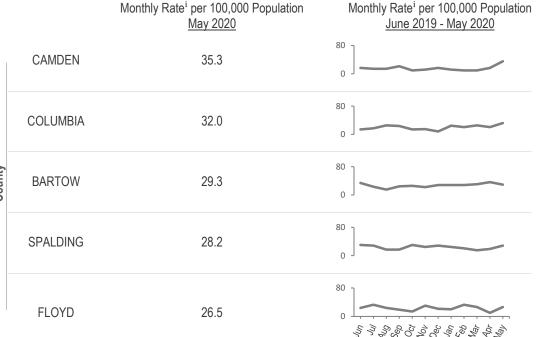
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, May 2020

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





Statewide,
1,257 ED visits for
Drug* overdoses
occurred in
May 2020,
compared to 1,299 in
May 2019

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 ≤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 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.

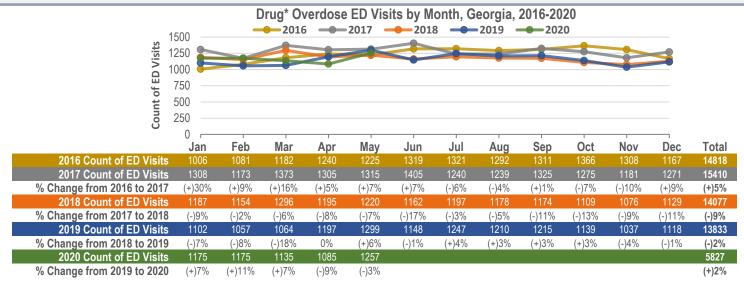


[^]Zip code and county are based on patient residence.

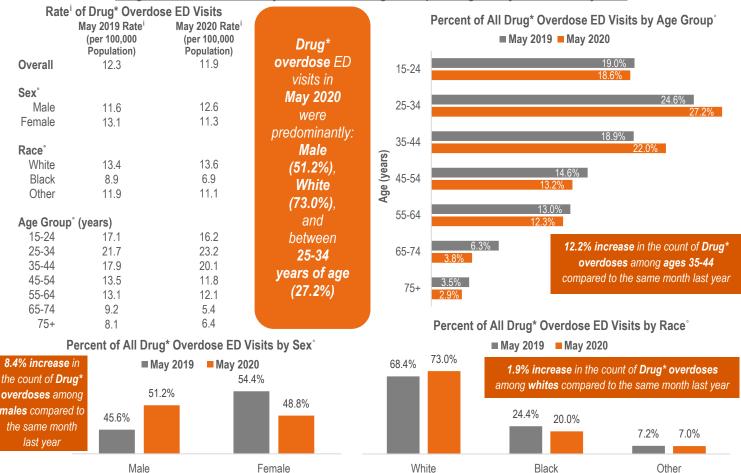
Rate indicates visits per 100,000 persons using 2018 Census data as the denominator. Excluded rates for counties with <15 visits.

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

Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, May 2020



Drug* Overdose ED Visits by Sex, Race, and Age Group, Georgia, May 2019 and May 2020



Link(s) of interest:

CDC Vital Signs, Life-Saving Naloxone for Pharmacies, 2019

CDC Journal Article, Indication-Specific Opioid Prescribing for US Patients with Medicaid or Private Insurance, 2017. JAMA. 2020;3(5):e204514.

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.

Rate indicates visits per 100,000 persons using 2018 Census data as the denominator. Excluded rates for counties with <15 visits.

°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.

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.

