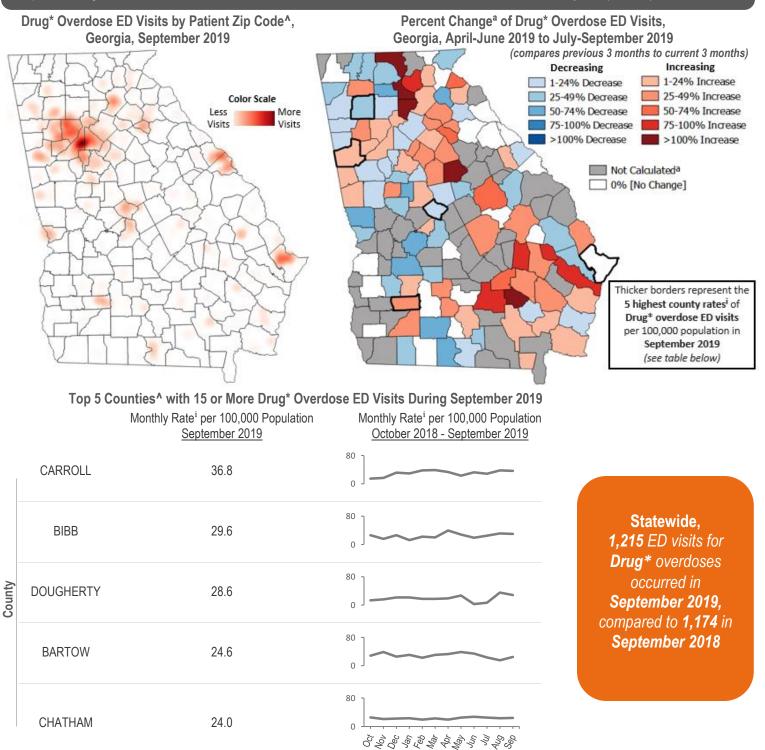
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, September 2019

<u>What is Syndromic Surveillance (SS)?</u> 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. 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.

^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.

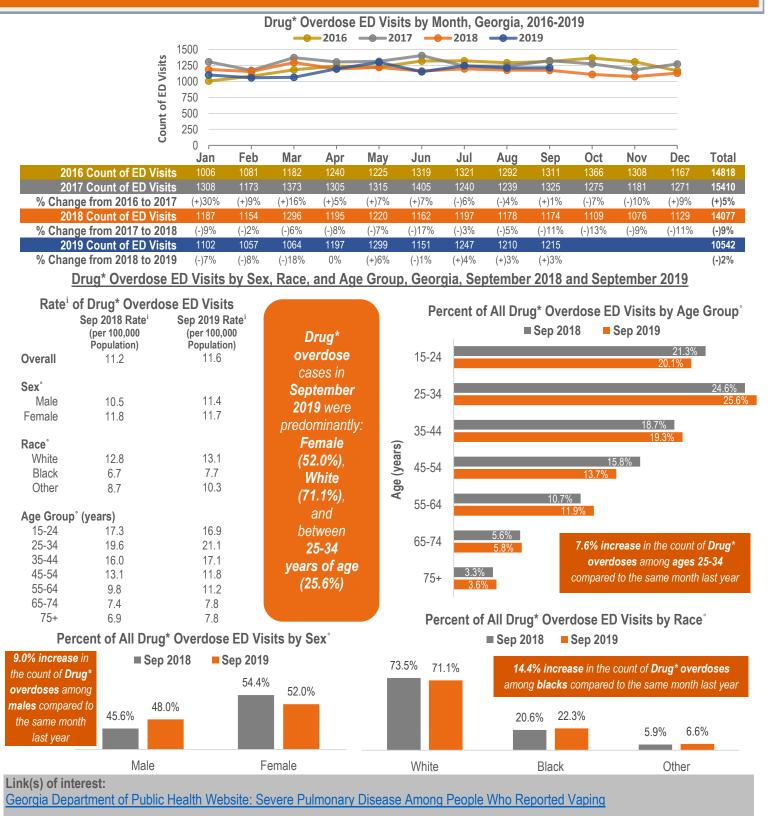
^aPercent change data by county excludes counties with less than 3 visits.

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.

DPH

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Georgia Opioid Overdose Surveillance 2018 Preliminary Report

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.

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DPH