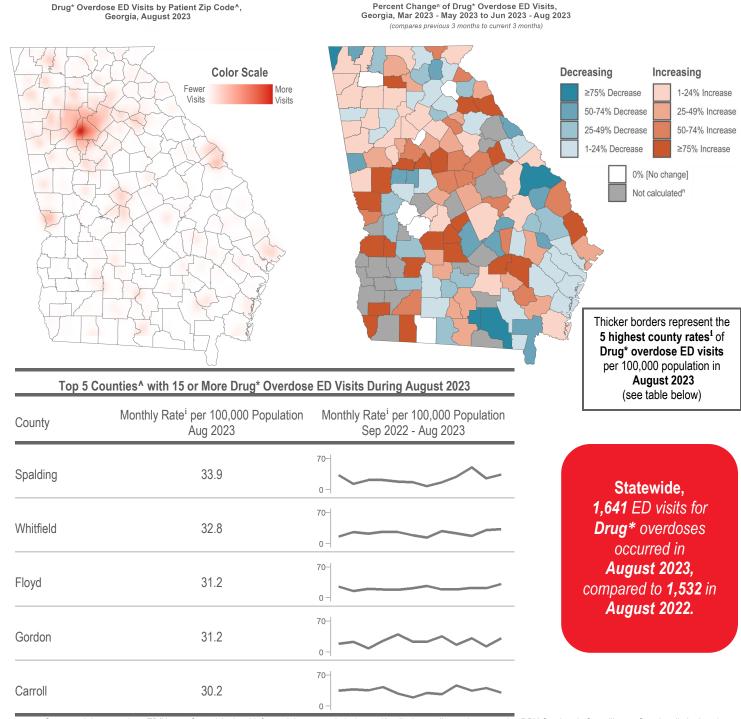
## Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, August 2023

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.



<sup>^</sup>Zip code and county are based on patient residence.

<sup>&</sup>lt;sup>1</sup>Rate indicates visits per 100,000 persons using 2022 Census data as the denominator. Excluded rates for counties with <15 visits.

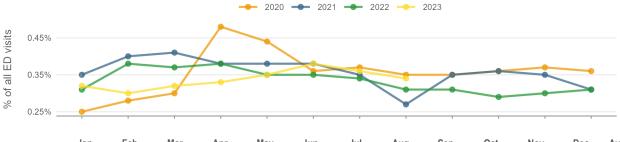
<sup>&</sup>lt;sup>n</sup>Percent change data by county excludes counties with less than 3 visits.

<sup>\*</sup>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, August 2023

**Note: Proportion** of ED visits may be affected by changes in the number of ED visits during COVID-19.

#### Drug\* Overdose ED Visits by Month, Georgia, 2020-2023



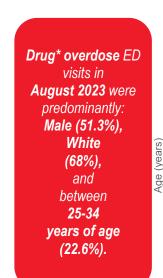
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2020 % of total ED visits	0.25%	0.28%	0.30%	0.48%	0.44%	0.36%	0.37%	0.35%	0.35%	0.36%	0.37%	0.36%	0.36%
2021 % of total ED visits	0.35%	0.40%	0.41%	0.38%	0.38%	0.38%	0.35%	0.27%	0.35%	0.36%	0.35%	0.31%	0.36%
% change from 2020 to 2021	40.00%	42.86%	36.67%	-20.83%	-13.64%	5.56%	-5.41%	-22.86%	0.00%	0.00%	-5.41%	-13.89%	3.59%
2022 % of total ED visits	0.31%	0.38%	0.37%	0.38%	0.35%	0.35%	0.34%	0.31%	0.31%	0.29%	0.30%	0.31%	0.33%
% change from 2021 to 2022	-11.43%	-5.00%	-9.76%	0.00%	-7.89%	-7.89%	-2.86%	14.81%	-11.43%	-19.44%	-14.29%	0.00%	-6.26%
2023 % of total ED visits	0.32%	0.30%	0.32%	0.33%	0.35%	0.38%	0.36%	0.34%					0.34%
% change from 2022 to 2023	3.23%	-21.05%	-13.51%	-13.16%	0.00%	8.57%	5.88%	9.68%					-2.54%

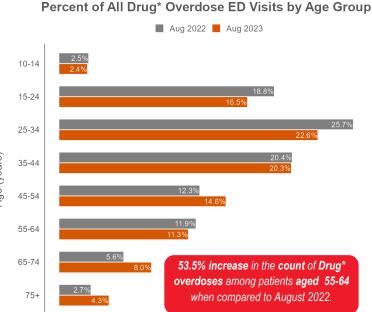
### Drug\* Overdose ED Visits by Sex, Race, and Age Group, Georgia, August 2022 and August 2023

Rate<sup>i</sup> of Drug\* Overdose ED Visits

Aug 2022 Rate<sup>i</sup> Aug 2023 Ratei (per 100,000 popula-(per 100,000 popula-

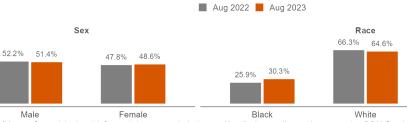
tion)	tion)
17.3	18.6
16.0	17.4
18.7	19.7
13.1	16.2
18.2	18.7
18.4	12.0
/ears)	
5.3	5.5
37.2	34.9
26.1	24.5
21.6	23.0
13.5	17.1
13.7	13.8
8.6	13.3
6.5	10.9
	tion)  17.3  16.0 18.7  13.1 18.2 18.4  /ears)  5.3 37.2 26.1 21.6 13.5 13.7 8.6





53.5% increase in the count of Drug\* overdoses among patients aged 55-64 when compared to August 2022.

8.9% increase in the count of Drug\* overdoses among females when compared to August 2022.



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

23.5% increase in the count of Drug\* overdoses among Blacks when compared to August 2022.

7.8% 5.1%

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.



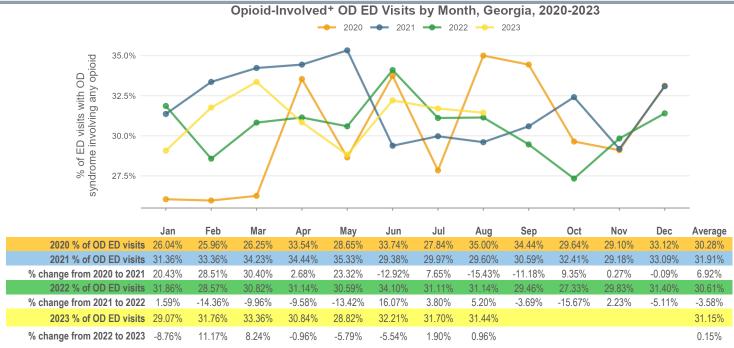
<sup>^</sup>Zip code and county are based on patient residence.

Rate indicates visits per 100,000 persons using 2022 Census data as the denominator. Excluded rates for counties with <15 visits.

<sup>&</sup>lt;sup>n</sup>Percent change data by county excludes counties with less than 3 visits.

<sup>\*</sup>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, August 2023



### Heroin-Involved<sup>+</sup> OD ED Visits by Month, Georgia, 2020-2023



#### Link(s) of interest:

Georgia Department of Public Health, Drug Overdose Emergency Medical Service (EMS) Monthly Reports, June – July 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 <a href="here">here</a>. \*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.

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