2016-2017 NEONATAL ABSTINENCE SYNDROME (NAS) DATA SUMMARY

FREQUENCY + RATE OF NAS (PER 1000 BIRTHS) AMONG GEORGIA INFANTS, HOSPITAL DISCHARGE DATA, 2012 -2016



Based on hospital discharge data from 2012 to 2016, the number of cases and rate of Neonatal Abstinence Syndrome (NAS) per 1000 births identified has steadily increased each year.

Data Source: Georgia Hospital Association, Hospital Discharge Data (2012-2016)

Methodology: The rate is calculated by counting the number of cases of infants under 1 year of age diagnosed with NAS in Georgia. divided by the total number of hospital births among Georgia residents. Diagnosis and hospital births were defined using International Classification of Disease (ICD) codes. While ICD-9 codes were used to identify cases of NAS from 2012 through the first three-quarters of 2015, the last quarter of 2015 transitioned to the new ICD-10 coding system. Neonatal intensive care unit stays may result in long term use of opiate medications related to treatment of complicated neonatal illnesses, so certain cases were systematically excluded from the case count based on potential for NAS diagnosis related to treatment of illness.

NEONATAL ABSTINENCE SYNDROME CASES REPORTED TO STATE ELECTRONIC NOTIFIABLE DISEASE SURVEILLANCE SYSTEM (SENDSS), 2016 AND 2017*



NEONATAL ABSTINENCE SYNDROME CONFIRMED CASES BY SUBSTANCE*, DECEMBER 2016 - NOVEMBER 2017



State Electronic Notifiable Disease Surveillance System (SendSS) case report submissions have increased both in quantity as well as the number of hospitals participating in reporting, which parallels the increase identified in hospital discharge data surveillance. In comparison to the number of infants identified in hospital discharge data, a gap remains in reporting. Outreach efforts to increase awareness of NAS and the reporting requirements among hospitals are ongoing.

*December 2016-November 2017. Data Source: Georgia SendSS

Of all substances identified in confirmed NAS cases using lab test from either the mother or infant, opiates were the most frequently identified.

CATEGORY BREAKDOWN:

Stimulants – amphetamines, methamphetamines, cocaine Opiates – all categories of opiates licit and illicit (buprenorphine, tramadol, oxycodone, heroin, methadone, etc.) Cannabinoids – THC, marijuana

Data Source: Georgia SendSS

