

# Suspected Nevada Drug Overdose Surveillance Monthly Report

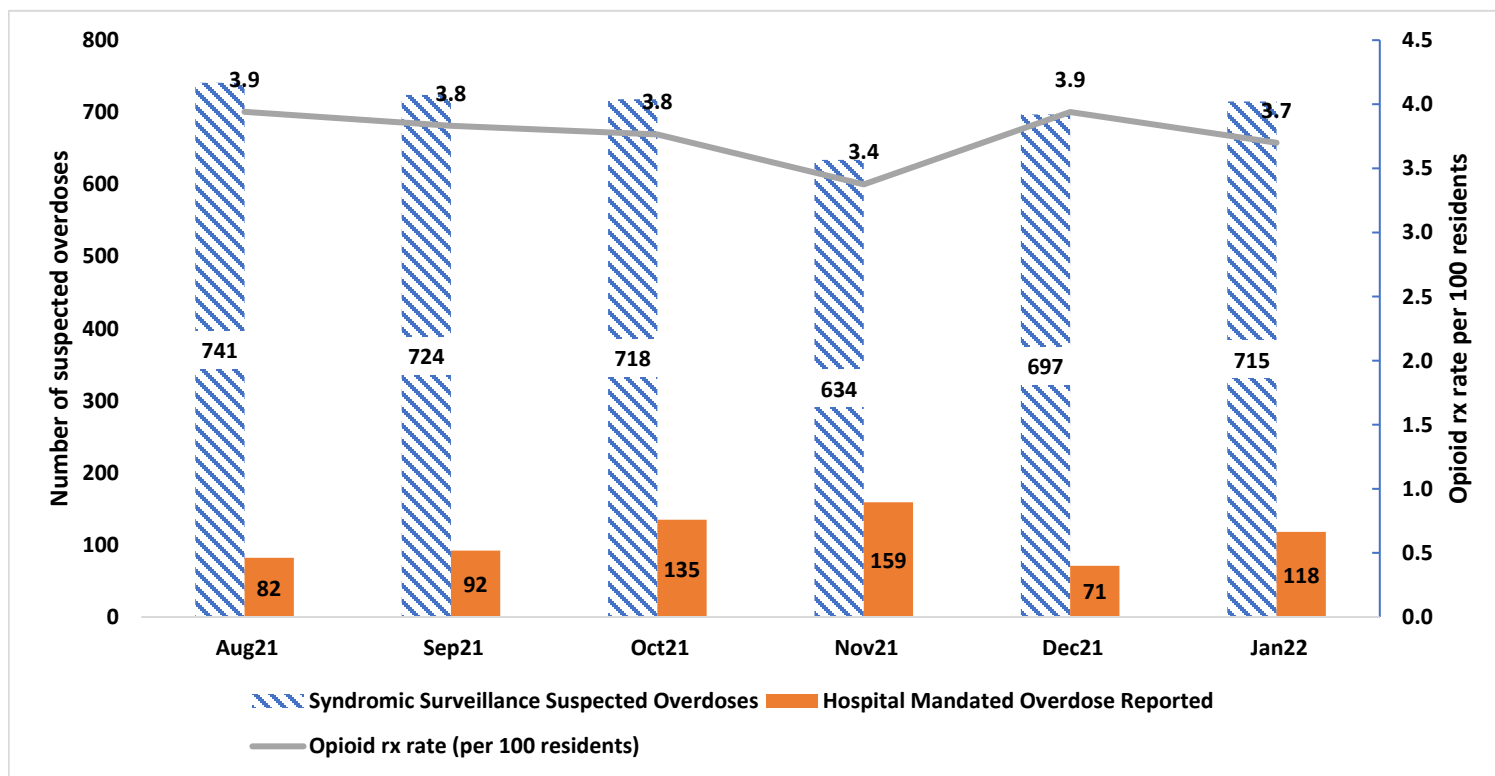
February 2022: *Statewide Report*

The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive and timelier data on overdose morbidity and mortality. The program is meant to enhance opioid overdose surveillance, reporting, and dissemination efforts to better inform prevention and early intervention strategies. This monthly report contains information on overdose within the state of Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program, mandated reporting of drug overdoses from hospitals in Nevada (per NRS 441A.120), and data from the Prescription Drug Monitoring Program (PDMP) for the month of January 2022.

## Report Highlights:

- Suspected drug-related ED visit rates did not change much from December 2021 to January 2022.
- From December 2021 to January 2022, suspected stimulant-related ED visit rates increased by 21%.
- Opioid prescription rates per 100 residents decreased by 5% from December 2021 to January 2022.
- Patients that visited the ED for drug-related concerns in January 2022 were mostly male, White, and between the ages of 25-34. Highest rates were among Black, non-Hispanic and males.

Figure 1. Suspected drug overdoses from Syndromic Surveillance and hospital reporting with prescription (Rx) opioid rates (per 100 residents), August 2021 – January 2022



### Technical Notes:

**Data Sources:** National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. 441A overdose counts are reported by hospitals that are mandated to report suspected drug overdoses to the Chief Medical Office or other designee, per NRS 441A.120. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

**Case definitions:** For National Syndromic Surveillance Program, case definitions and queries for suspected all drug ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP

**Analysis:** ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 100 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

**Limitations:** Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. The 441A overdose counts, although mandated, may not be reported by every hospital, and may underestimate the occurrence of overdoses in hospitals. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

Address questions/comments to Nevada OD2A's Opioid Epidemiologist, Shawn Thomas, MPH, at [shawnt@unr.edu](mailto:shawnt@unr.edu).

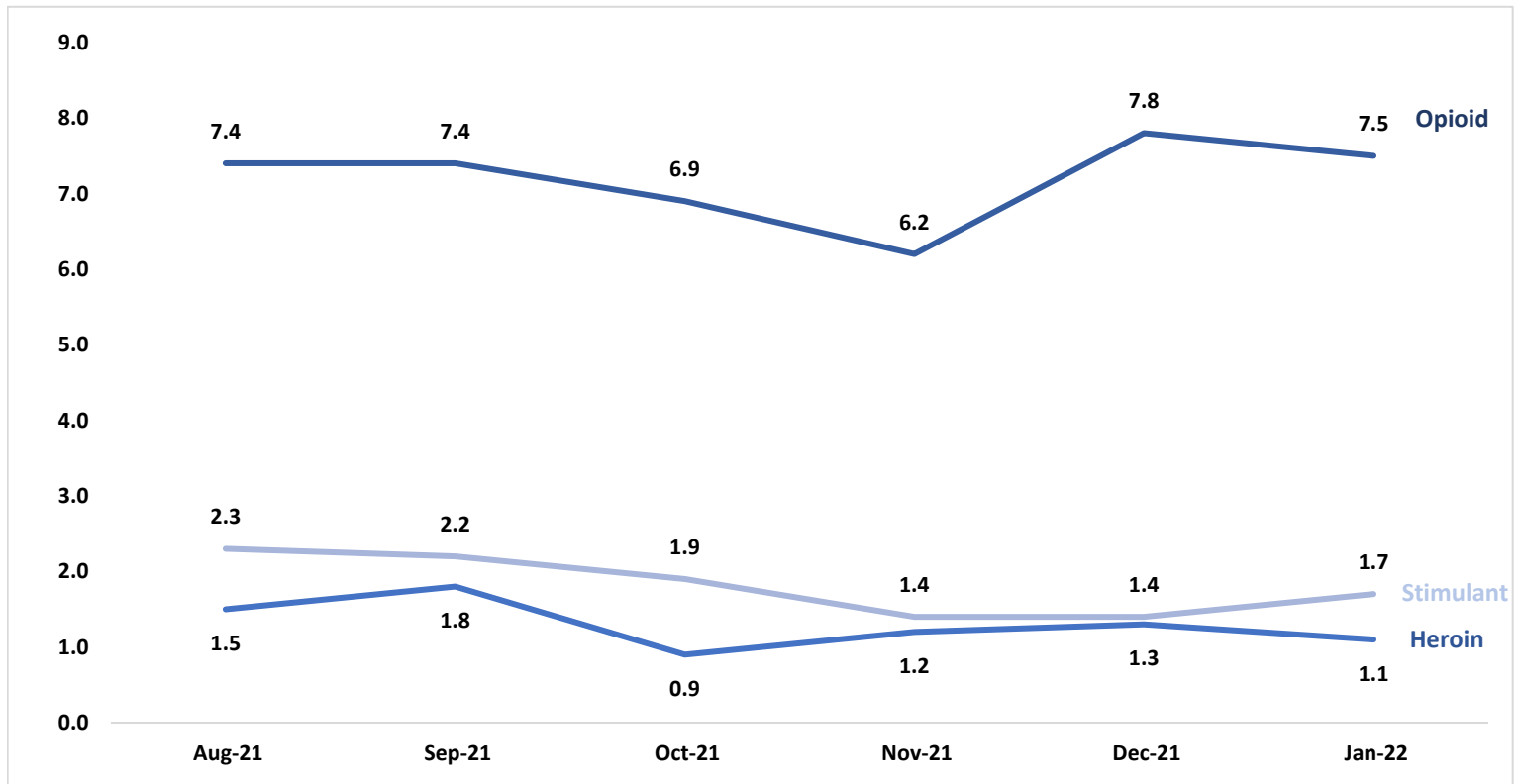
Please provide feedback about this report here: [Survey](#)

This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention.

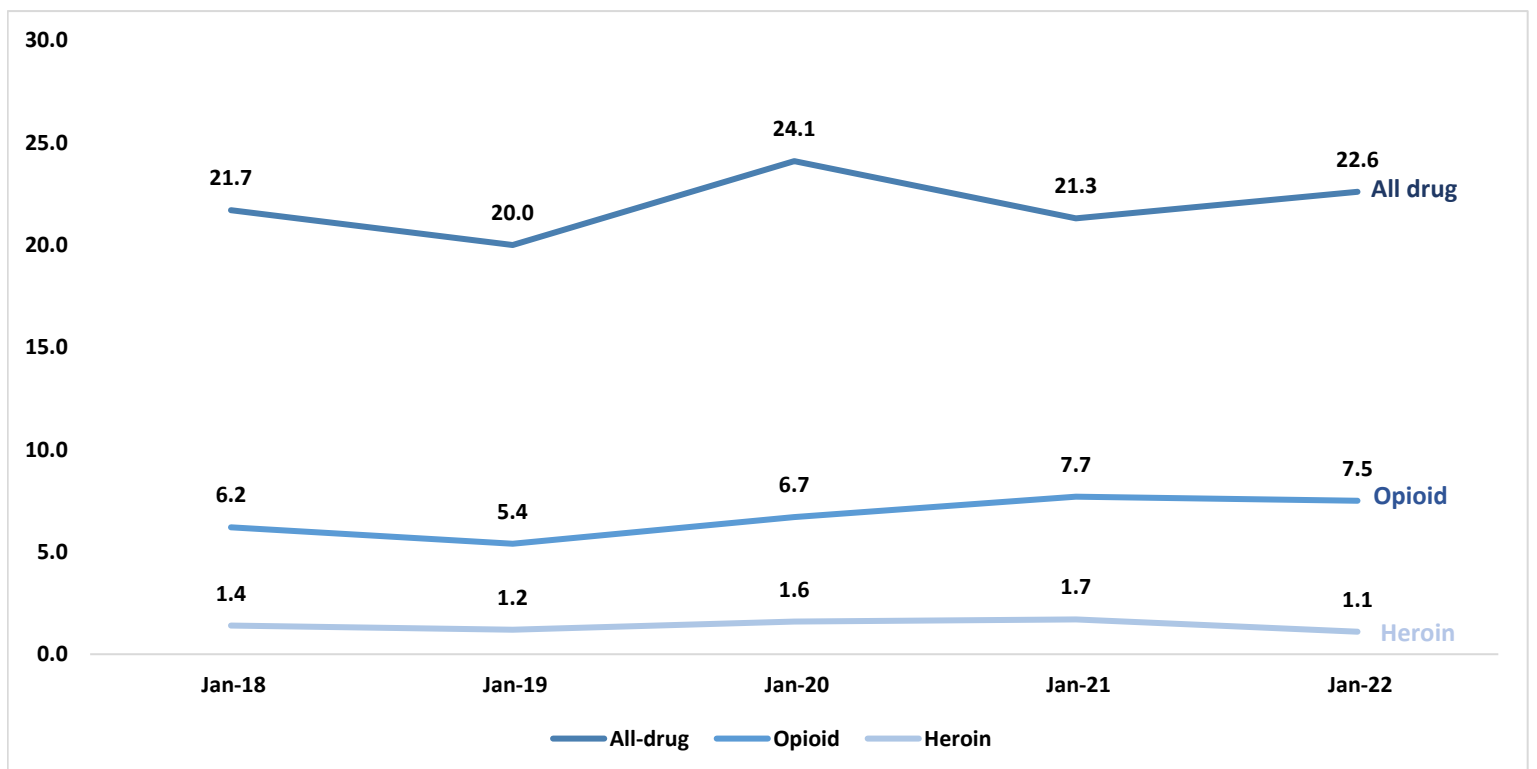


## I. Syndromic Surveillance:

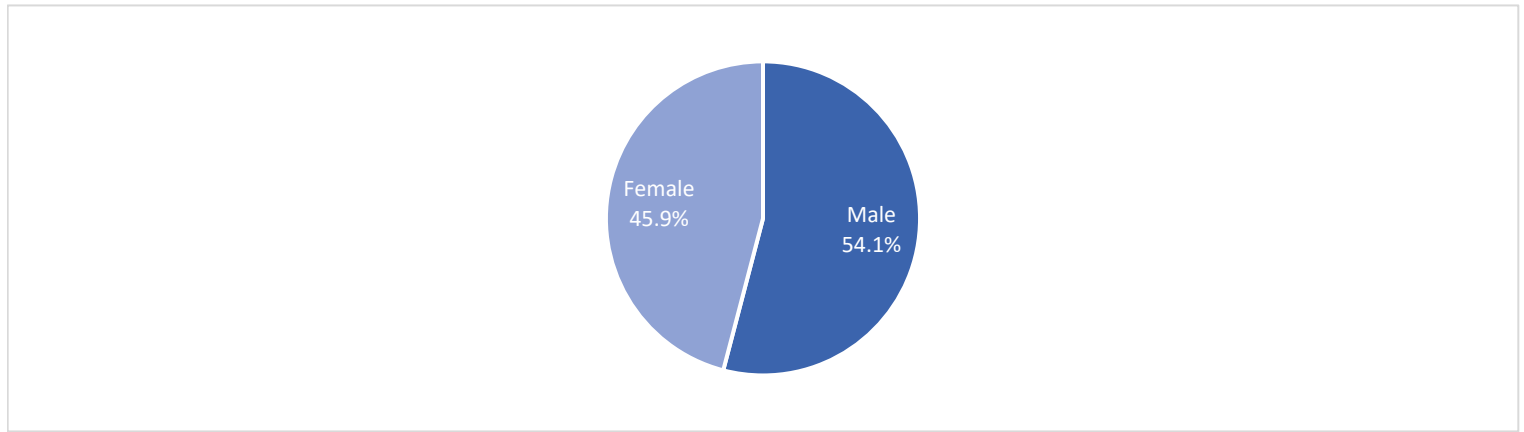
**Figure 2. Monthly rates for suspected opioid, heroin, and stimulant-related ED visits in NV, August 2021 - January 2022 (per 100,000 population)**



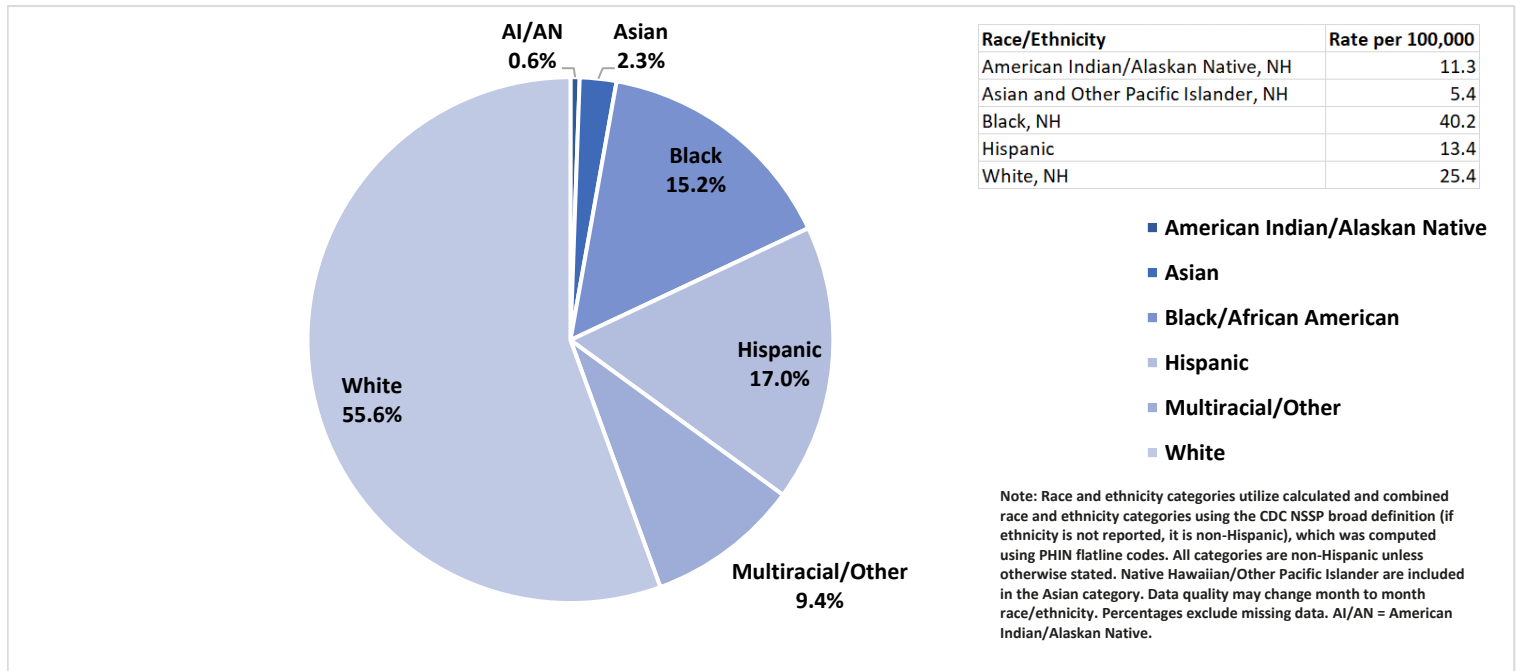
**Figure 3. Rates for suspected all drug, opioid, and heroin-related ED visits, January 2018-2022 (per 100,000 population)**



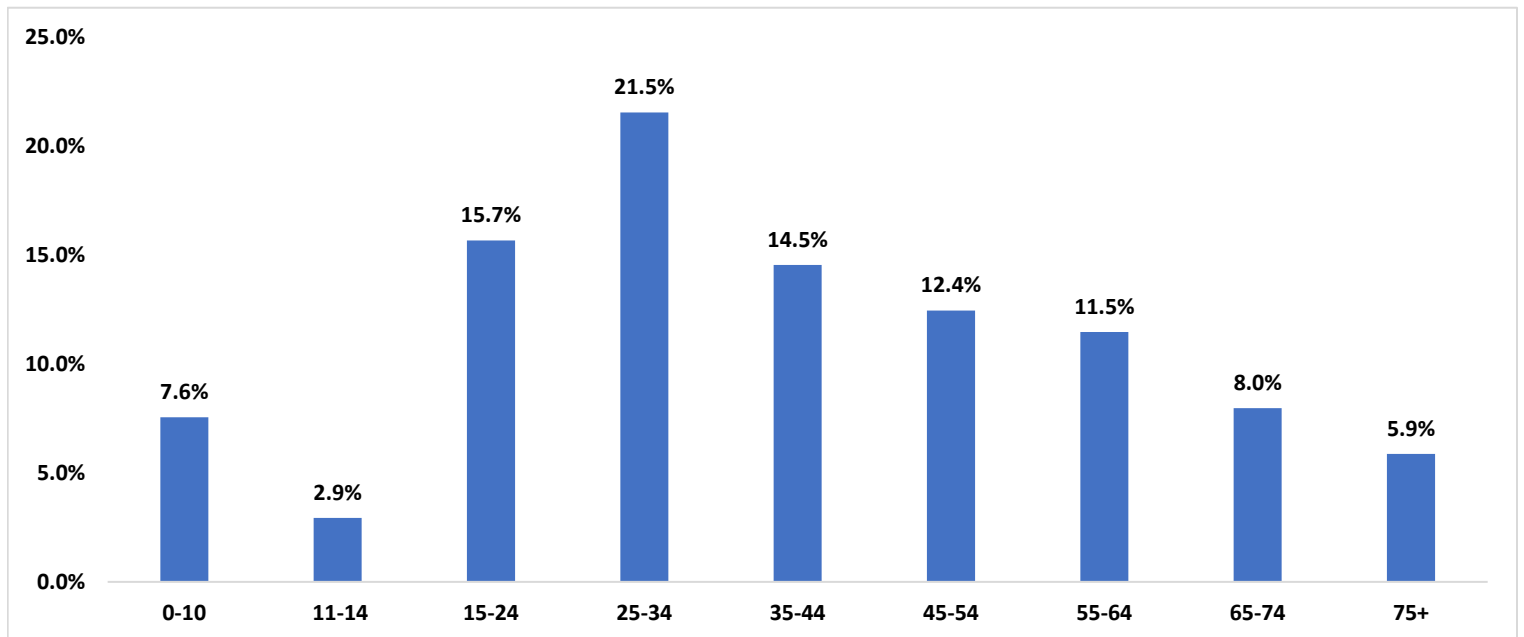
**Figure 4. Sex of suspected drug-related ED visits in NV, January 2022 (N=712)**



**Figure 5. Race/Ethnicity of suspected drug-related ED visits in NV, January 2022 (N=711)**

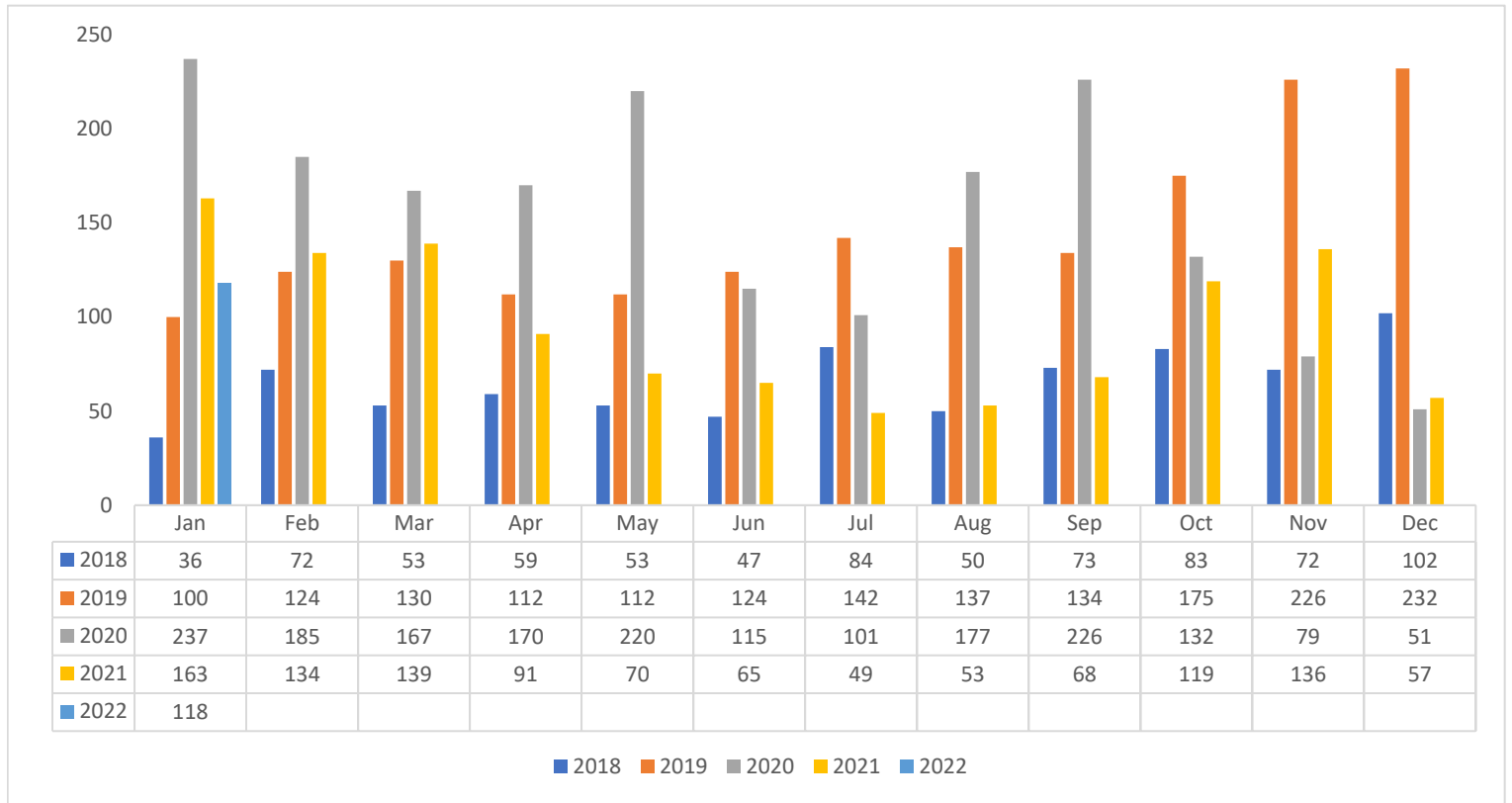


**Figure 6. Age of suspected drug-related ED visits in NV, January 2022 (N=715)**



## II. Hospital Mandated Drug Overdose Reporting (per NRS 441A.120):

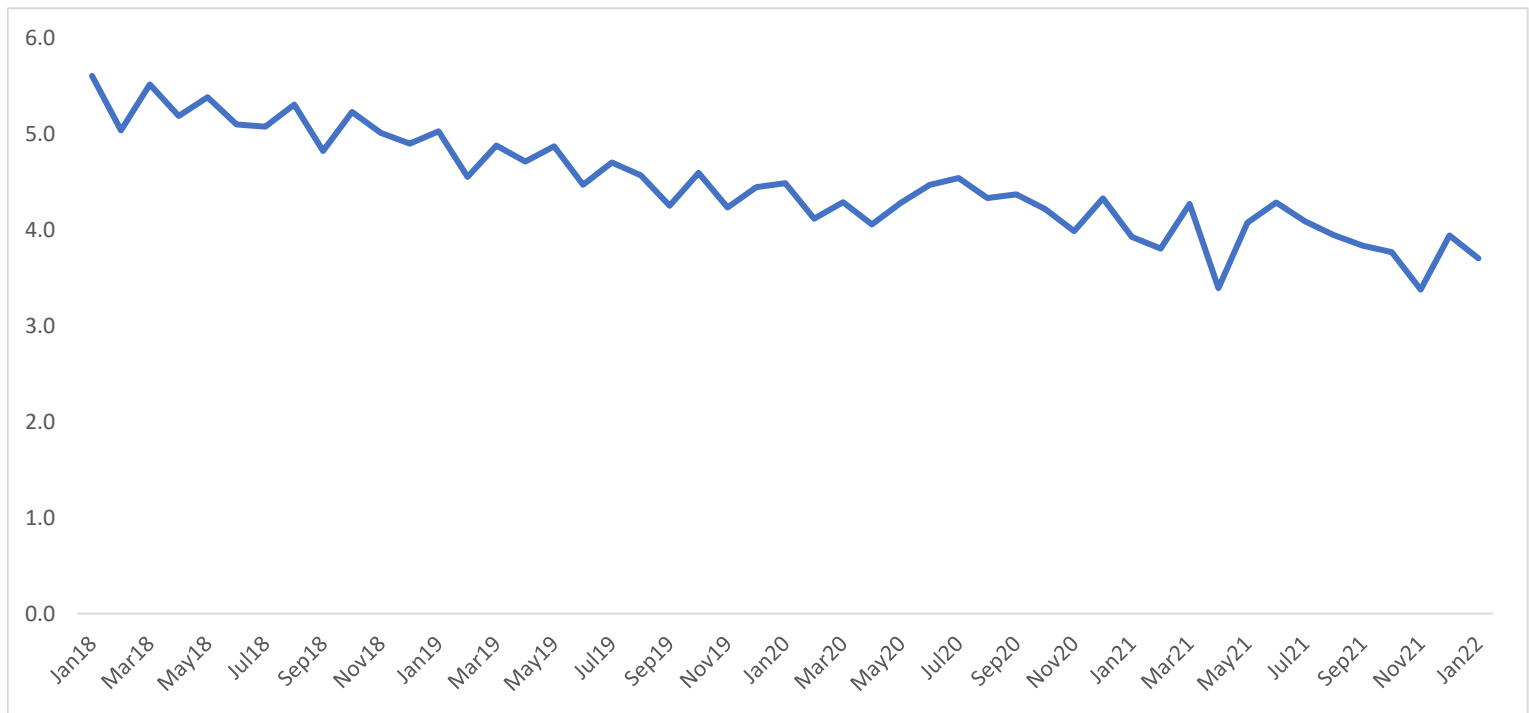
**Figure 7. Statewide count of overdoses reported by hospitals among NV residents, 2018-2022**



Note: The 441A overdose counts, although mandated to be reported to the state, may not be reported by every hospital, and may underestimate the occurrence of overdoses in hospitals. Data is preliminary and subject to change for recent months.

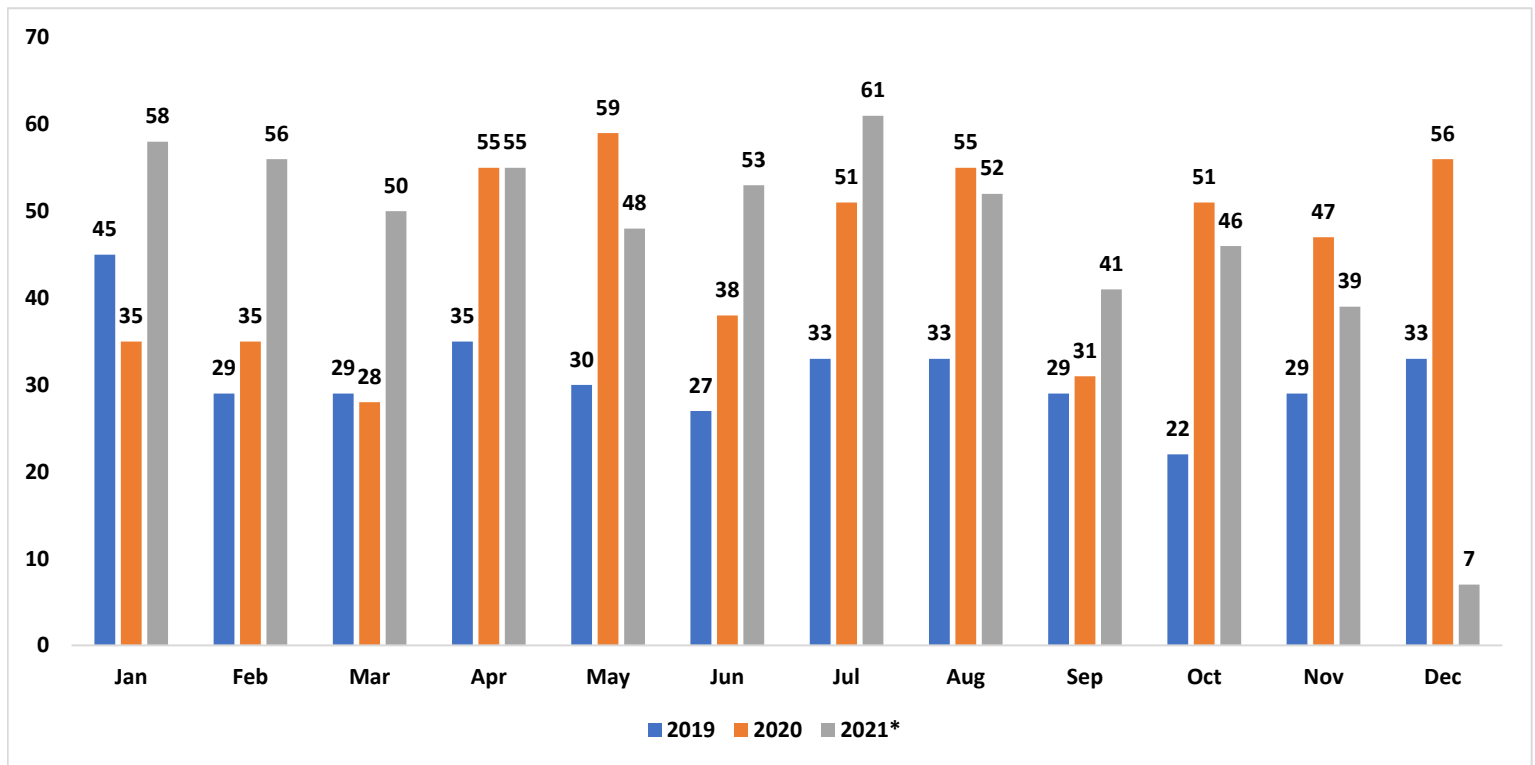
## III. Prescription Drug Monitoring Program:

**Figure 8. Monthly opioid prescription rates per 100 residents in NV, 2018-2022**



## IV. Fatal Overdose Data

**Table 1. Opioid-related overdose of any intent in Nevada among residents by county, 2019-2021**



\*Data for 2021 are preliminary and may be subject to change. The data above are from the Nevada Electronic Death Registry System (EDRS) and include the following: accidental poisonings, intentional self poisonings, assault by drug poisonings, and drug poisoning of undetermined intent for any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids.

Address questions/comments to Nevada OD2A's Opioid Epidemiologist, Shawn Thomas, MPH, at [shawnt@unr.edu](mailto:shawnt@unr.edu).

Please provide feedback about this report here: [Survey](#)

This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention.

