

Suspected Nevada Drug Overdose Surveillance Monthly Report

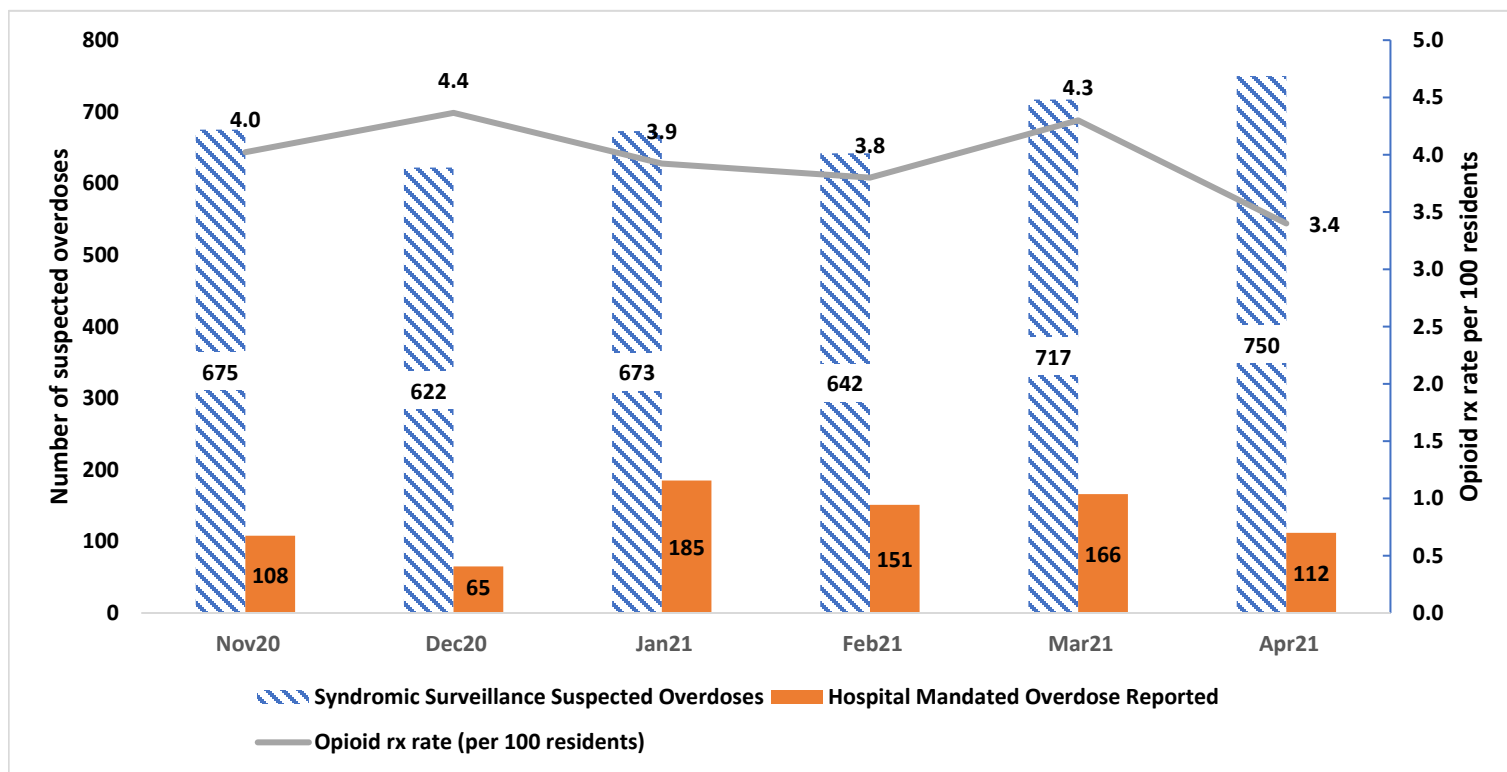
May 2021: *Statewide Report*

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 April 2021.

Report Highlights:

- Suspected drug-related ED visits increased by 5% from March 2021 to April 2021.
- From March 2021 to April 2021, suspected opioid-related ED visit rates increased by 5%.
- Opioid prescription rates per 100 residents decreased by 21% from March 2021 to April 2021.
- Patients that visited the ED for drug-related concerns in April 2021 were more likely to be male, White, and between the ages of 25-34.

Figure 1. Suspected drug overdoses from Syndromic Surveillance and hospital reporting with prescription (Rx) opioid rates (per 100 residents), November 2020-April 2021



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.

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.

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I. Syndromic Surveillance:

Figure 2. Monthly rates for suspected opioid, heroin, and stimulant-related ED visits in NV, November 2020-April 2021 (per 100,000 population)

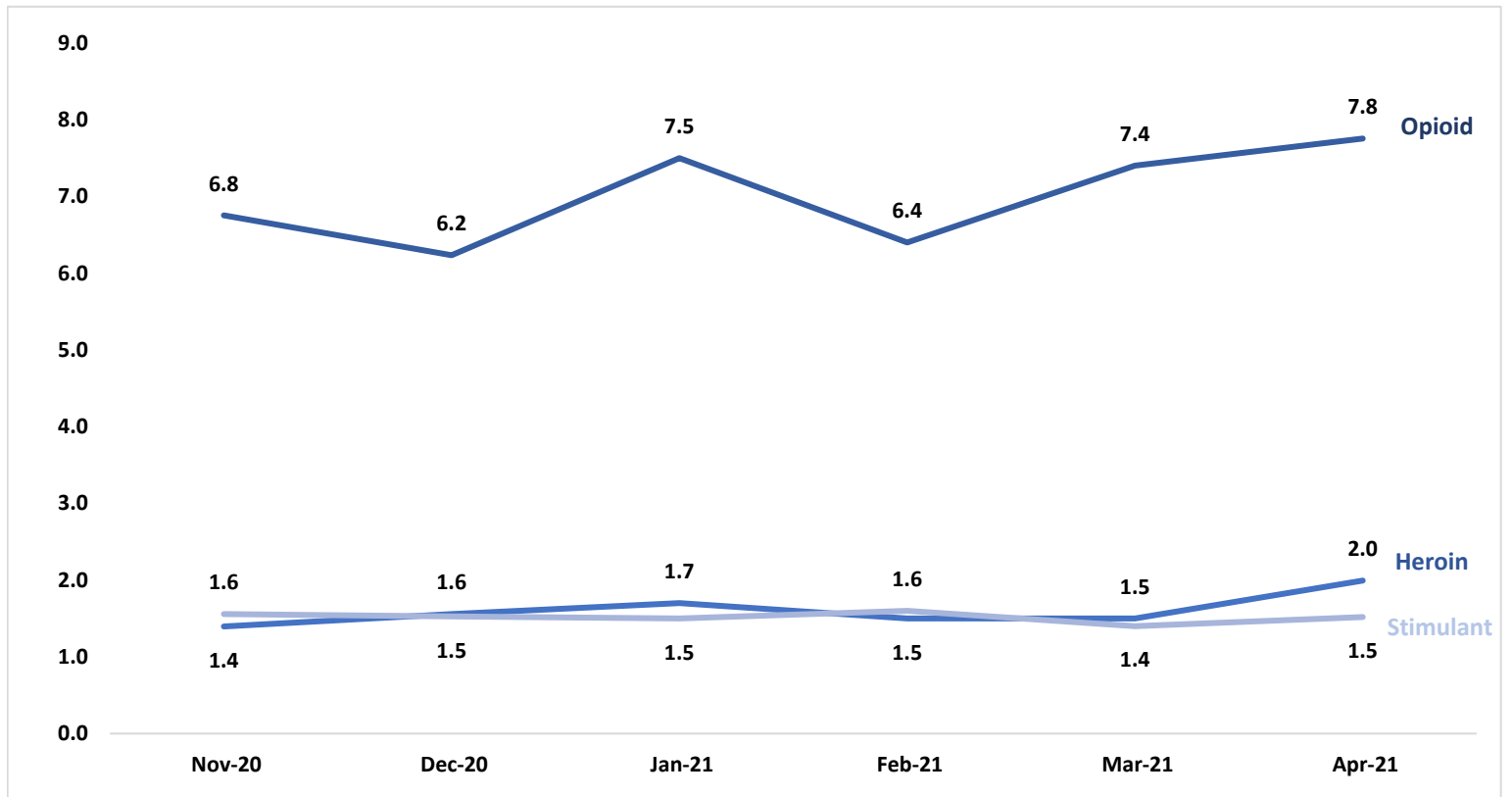


Figure 3. Rates for suspected all drug, opioid, and heroin-related ED visits, Apr 2018-2021 (per 100,000 population)

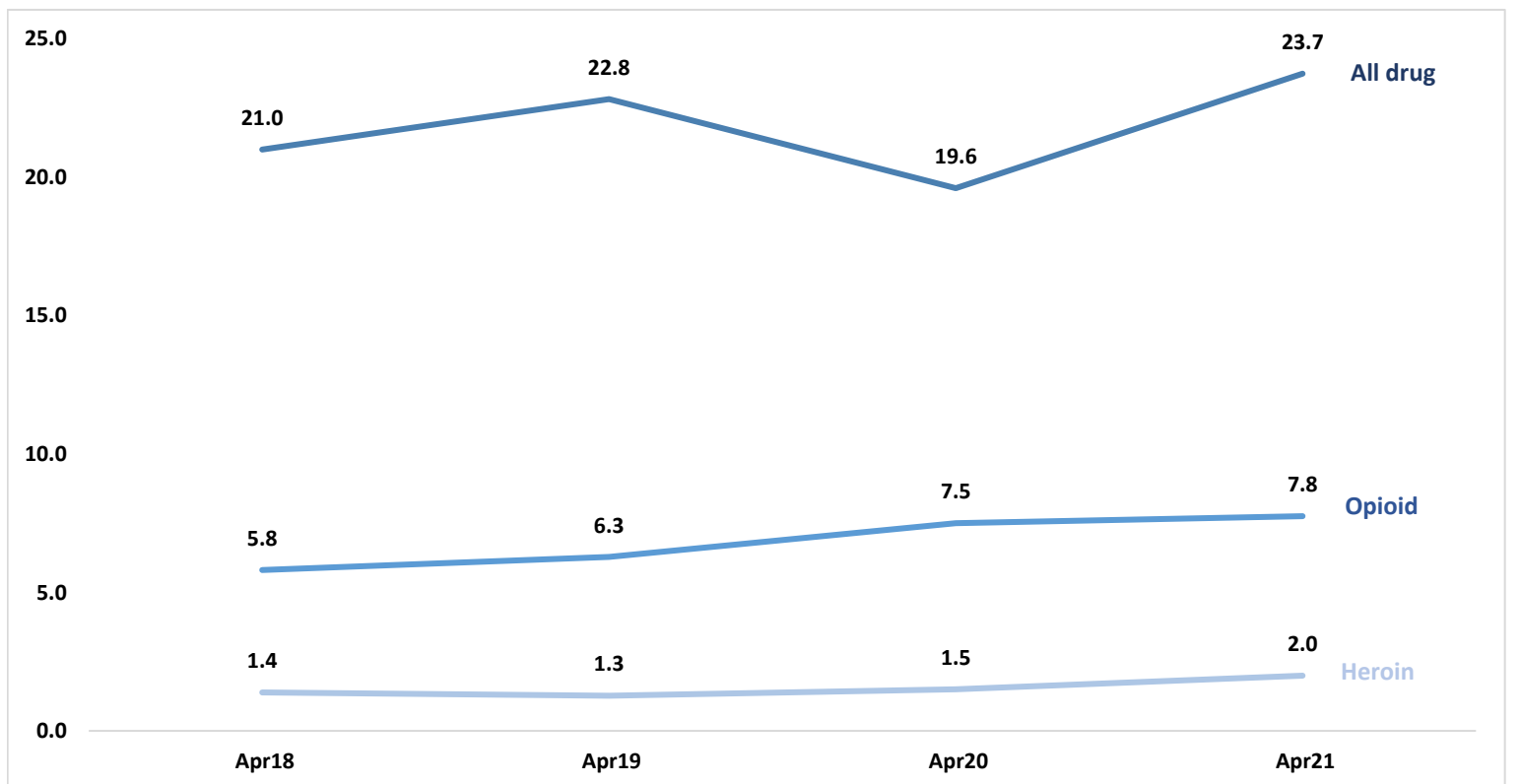


Figure 4. Sex of suspected drug-related ED visits in NV, April 2021 (N=748)

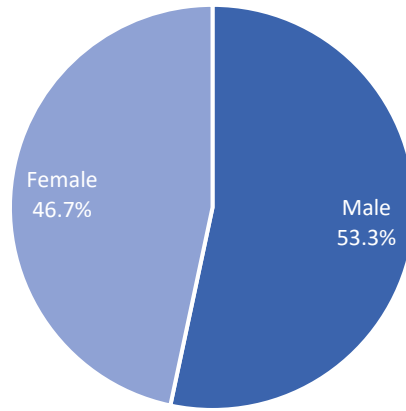
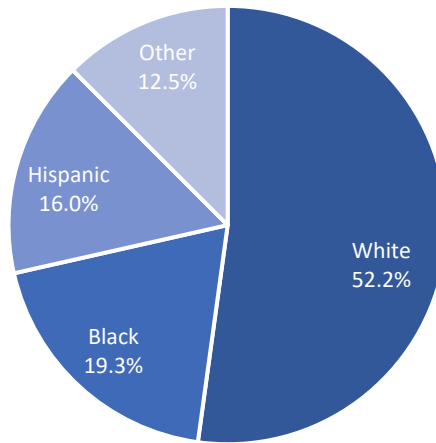
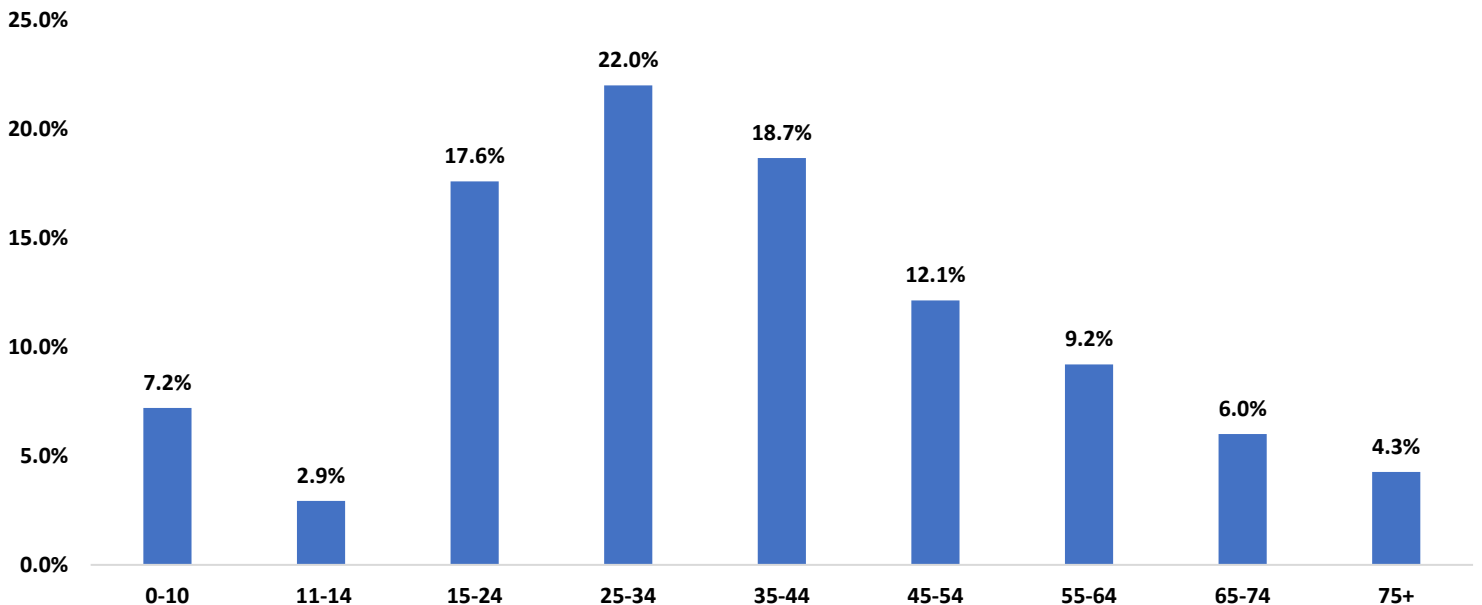


Figure 5. Race/Ethnicity of suspected drug-related ED visits in NV, April 2021 (N=736)



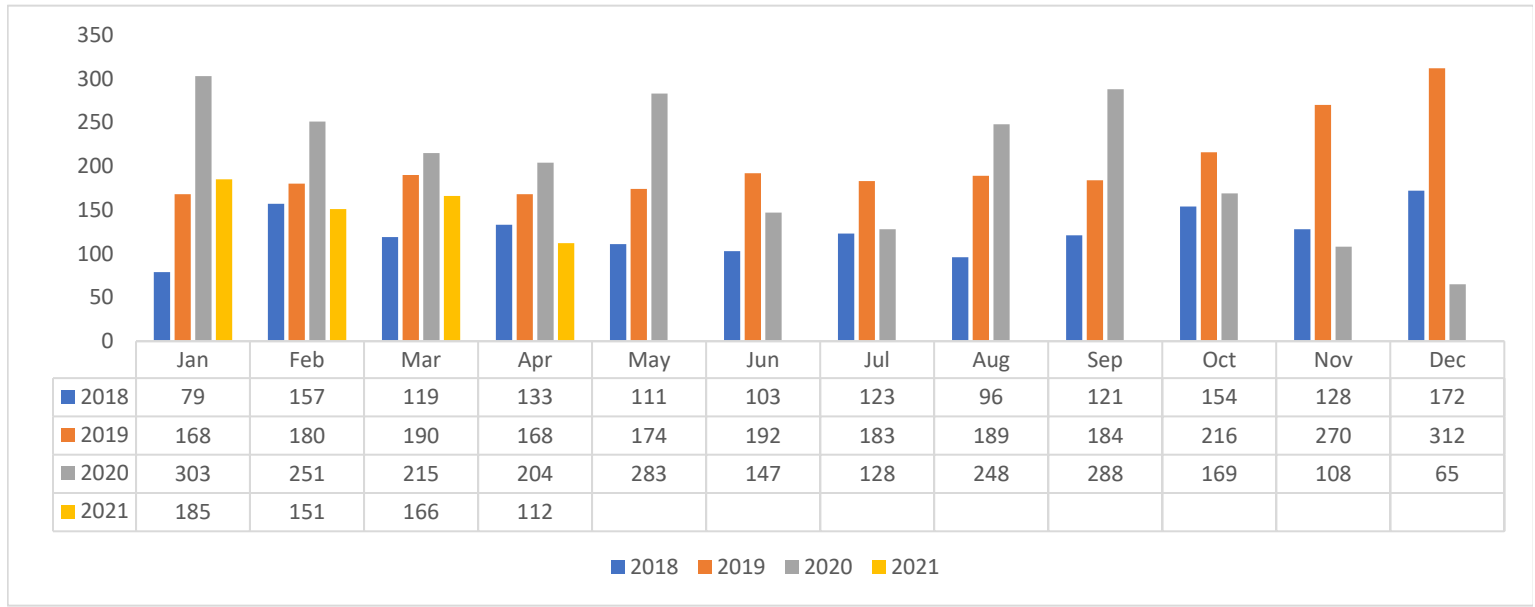
Note: Other Race includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, and Other Race. Race/Ethnicity is based off of PHIN flatline codes and data quality may change month to month and providers may enter more than one code, so visits were assigned the most appropriate race/ethnicity. Percentages exclude missing data.

Figure 6. Age of suspected drug-related ED visits in NV, April 2021 (N=750)



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

Figure 7. Statewide count of overdoses reported by hospitals among NV residents, 2018-2021



Note: The number of hospitals that report overdoses to Nevada Department of Health and Human Services has increased over time, so interpret differences between years with caution. Counts for recent months may be lagged, so are preliminary and may change.

Figure 8. Sex of overdoses reported by hospitals in Nevada among residents, Apr 2021 (N=112)

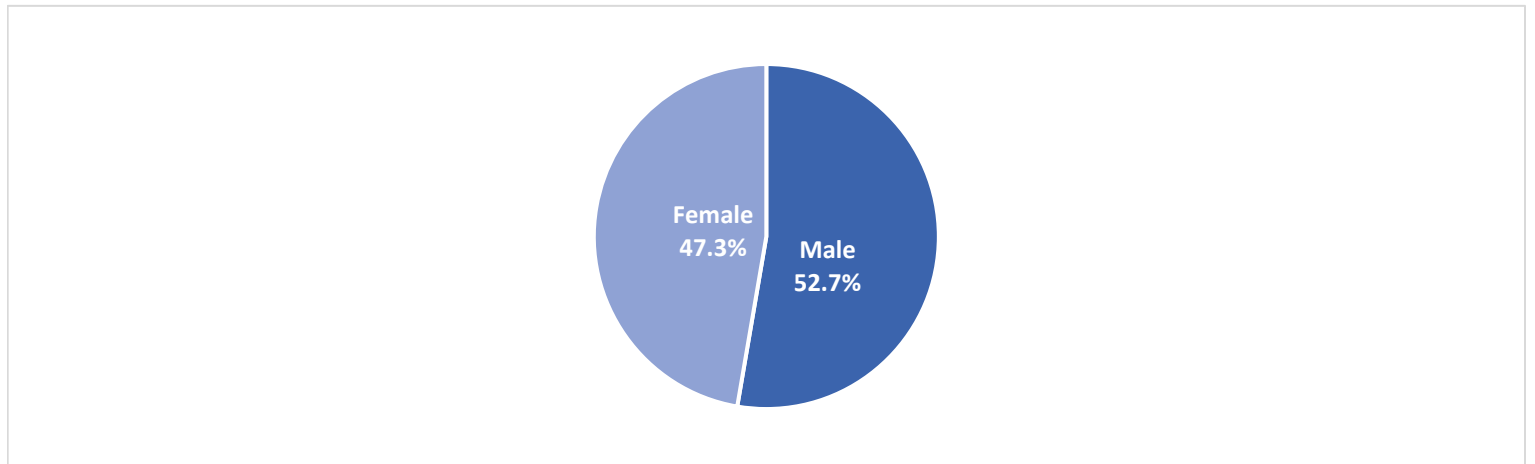


Figure 9: Race/Ethnicity of overdoses reported by hospitals in Nevada among residents, Apr 2021

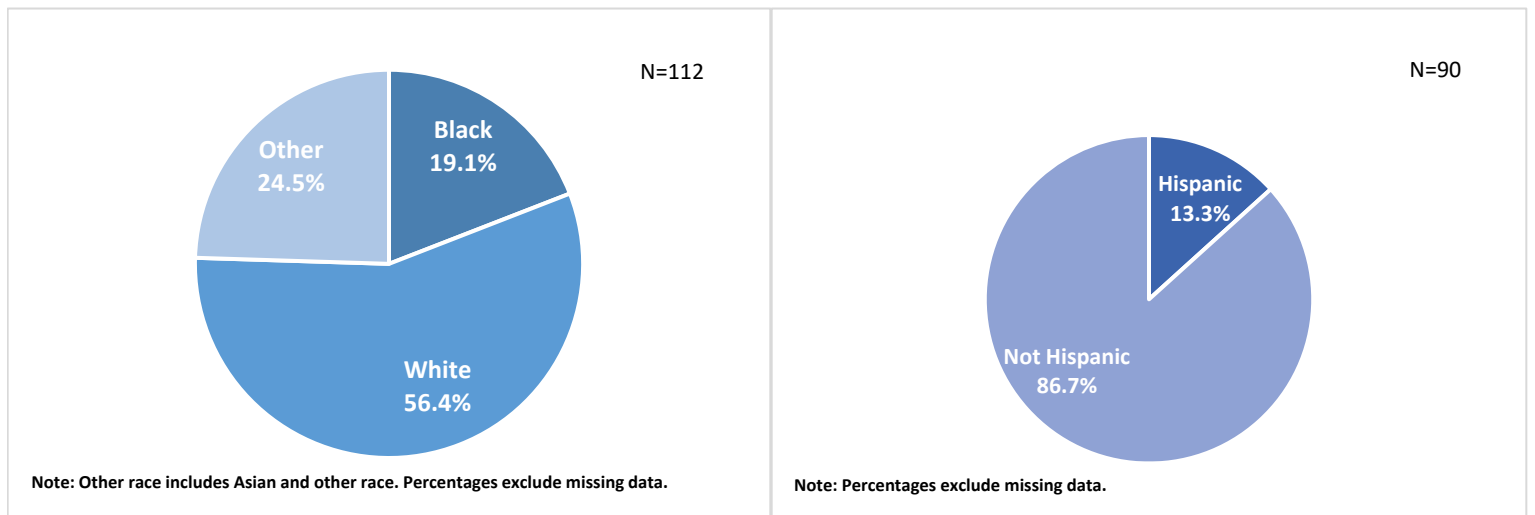


Figure 10: Age Groups of overdoses reported by hospitals in Nevada, Apr 2021 (N=111)

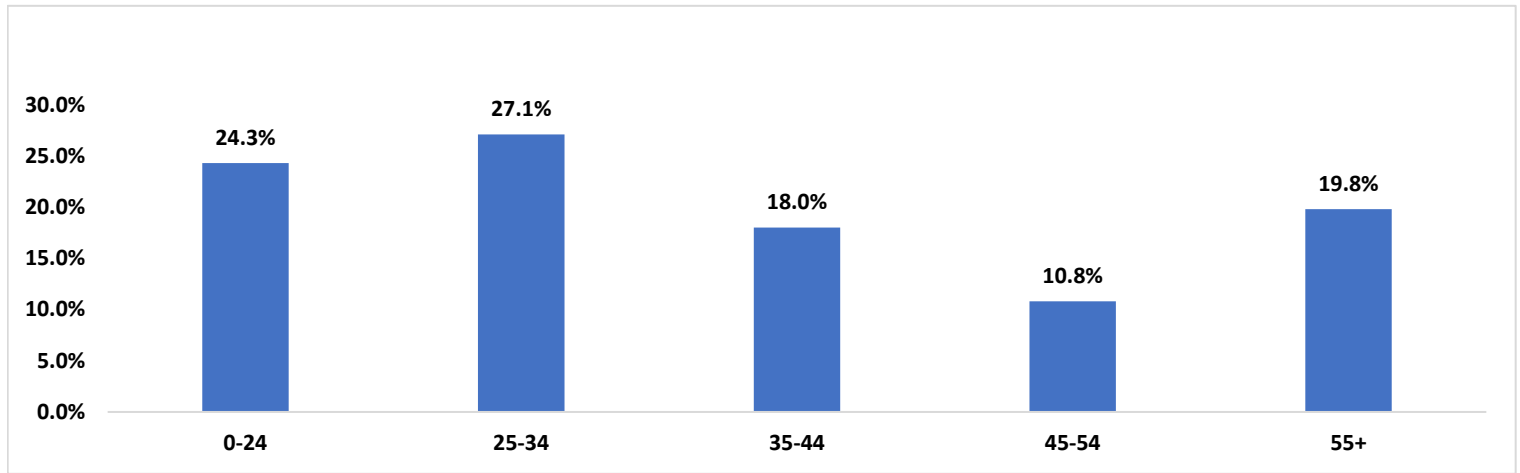
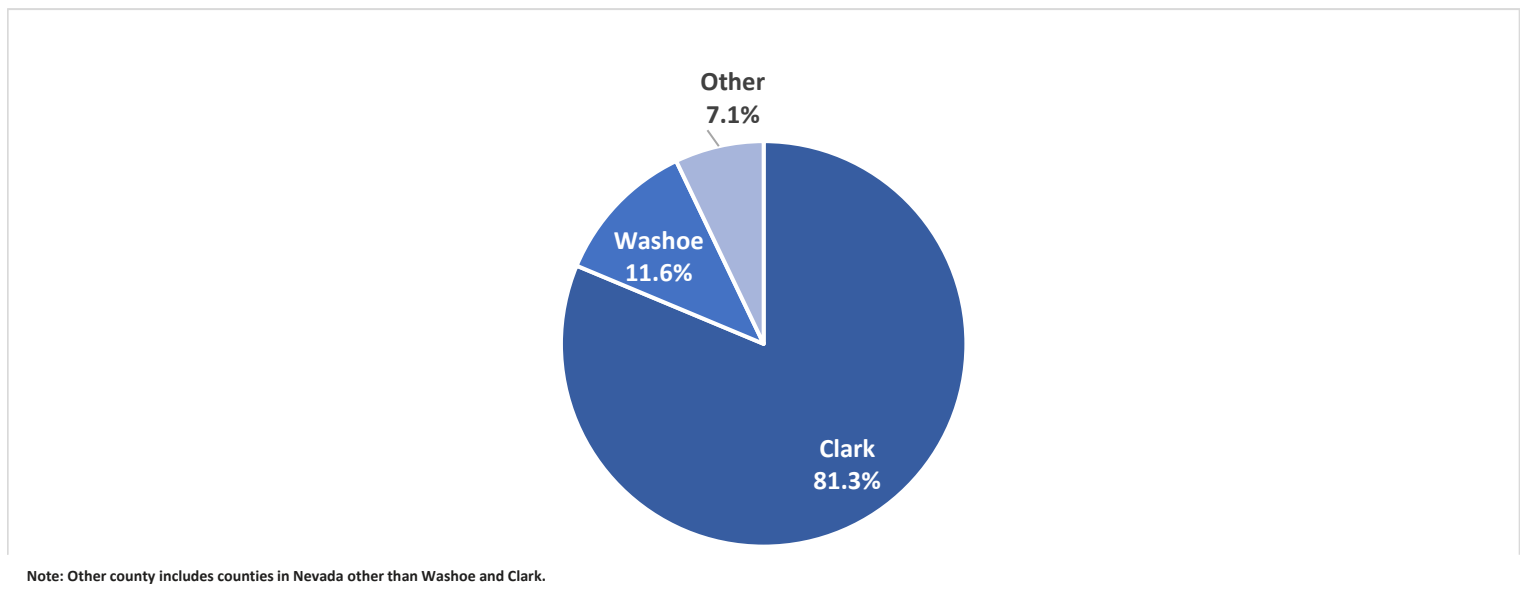
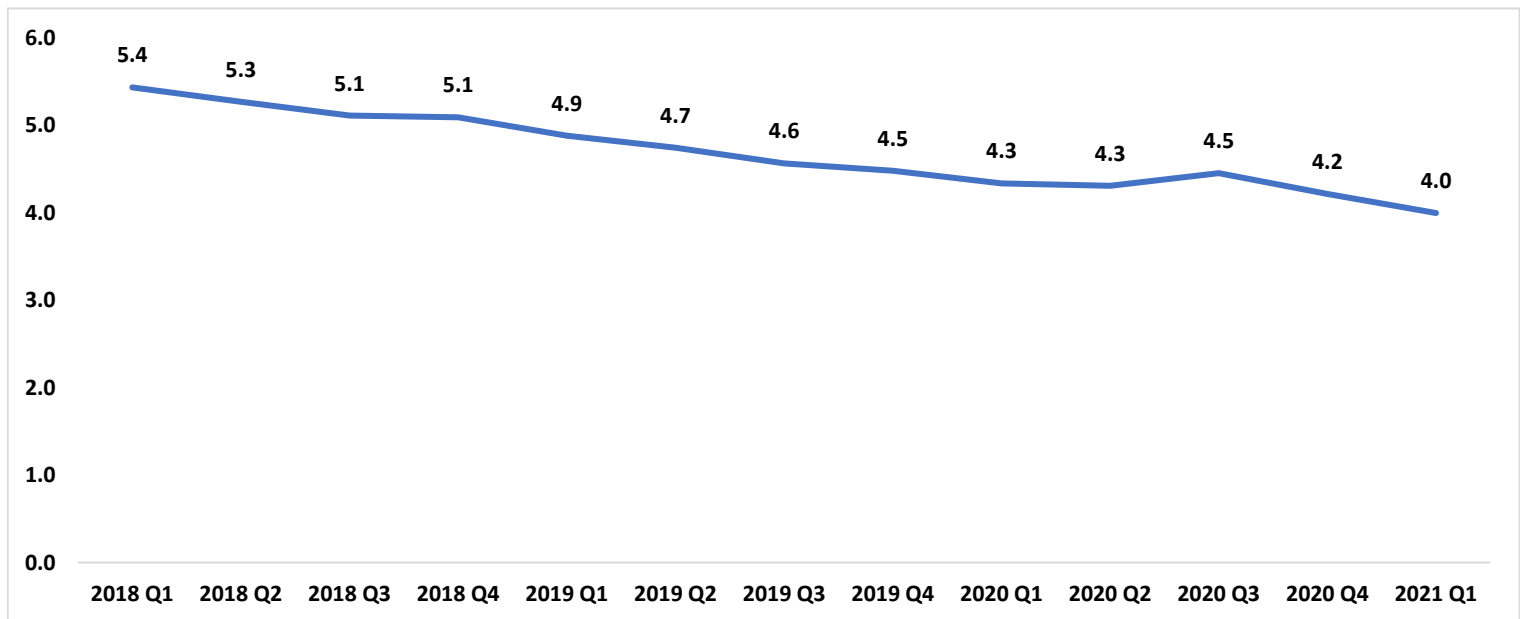


Figure 11: County of residence of overdoses reported by hospitals in Nevada, Apr 2021 (N=112)



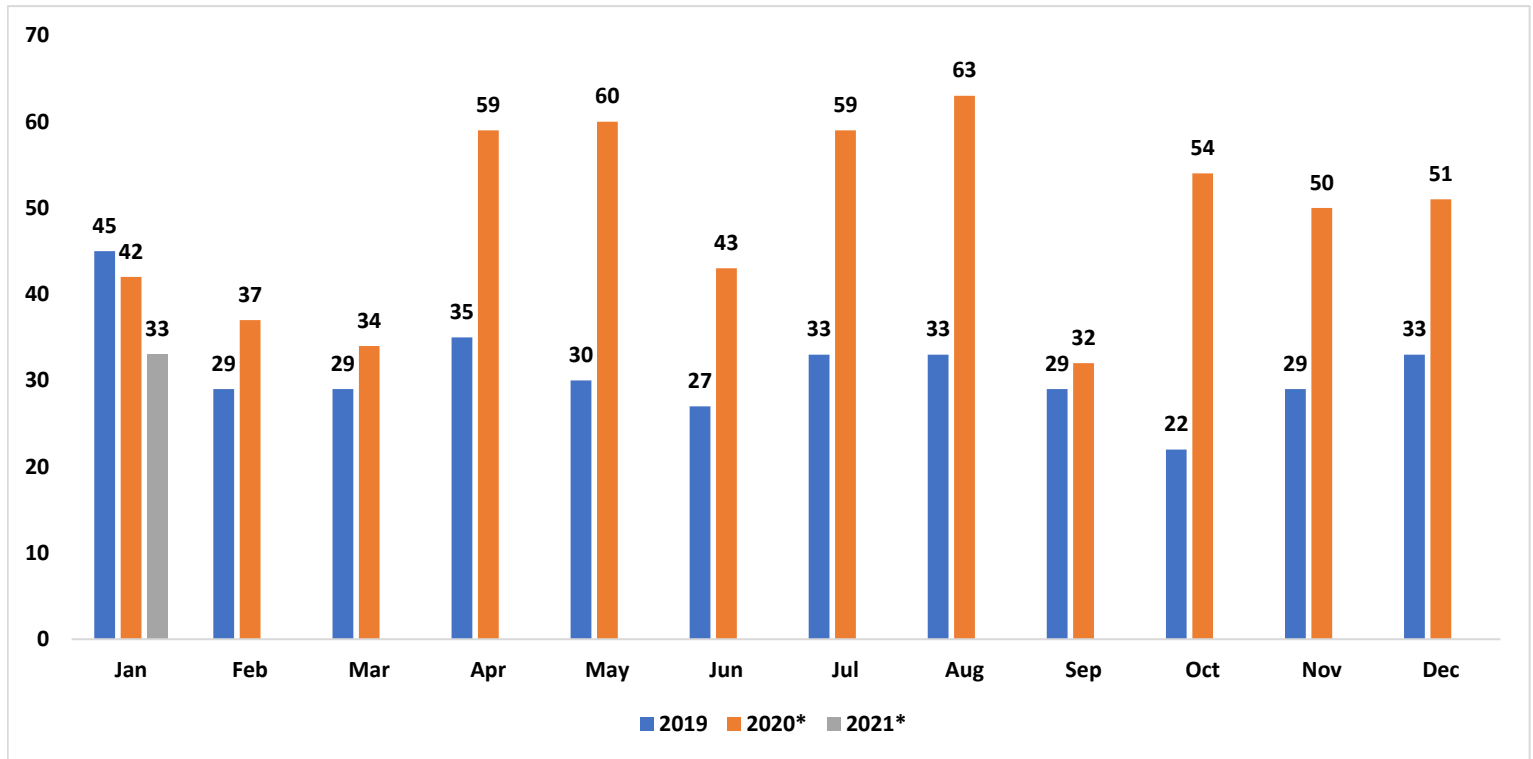
III. Prescription Drug Monitoring Program:

Figure 12. Average quarterly opioid prescription rates per 100 residents in NV, 2018-2021



IV. Fatal Opioid Overdose Data

Figure 13. Deaths of any intent where the underlying cause was opioids in Nevada by month, 2019-2021



*Data are only available through January 2021, and are preliminary and may be subject to change. Deaths in the figure above include the following: accidental poisonings, intentional self poisonings, assault by drug poisonings, and drug poisoning of undetermined intent where any of the following substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids.

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