

# Suspected Nevada Drug Overdose Surveillance Monthly Report

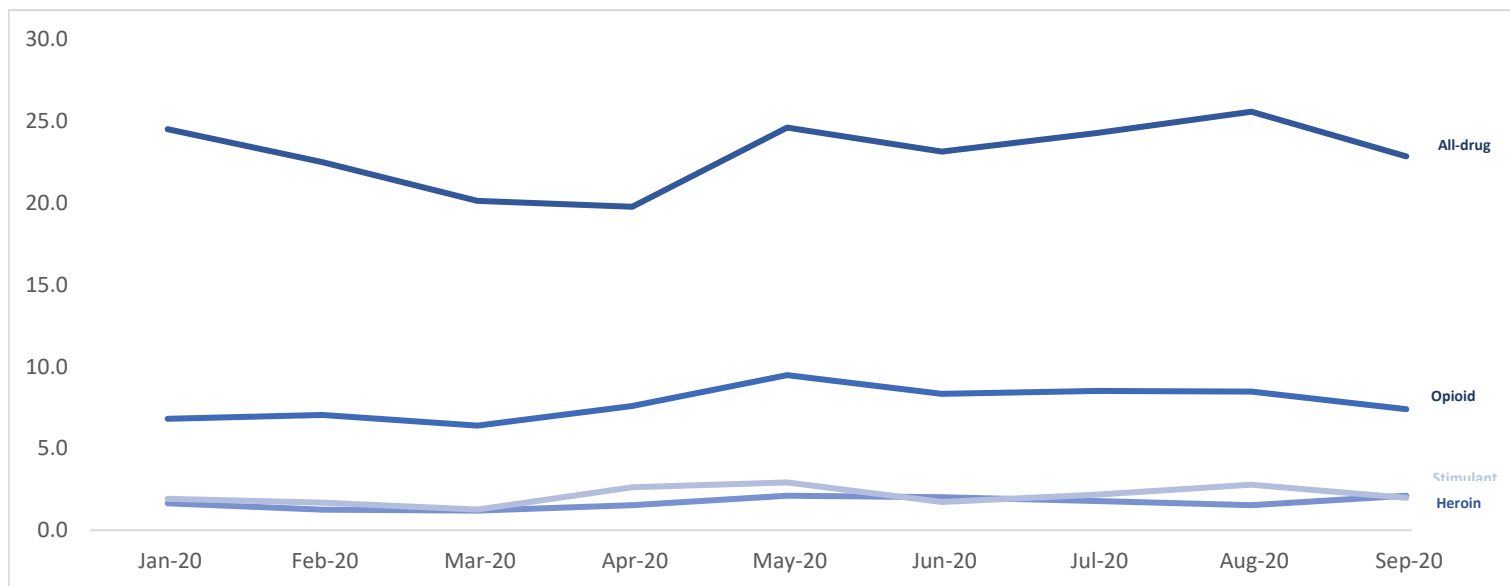
October 2020: Statewide – For internal planning purposes only

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. The information contained in this monthly report highlights suspected **overdose morbidity** within the state of Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program for the period: **January 1, 2020 to September 30, 2020**. To view regional reports click here:

## Report Highlights:

- Suspected drug-related ED visit rate decreased by 11% from August to September 2020.
- Suspected stimulant-related ED visit rate decreased by 29% from August to September 2020.
- Suspected opioid-related ED visit rates increased by 30% from September 2019 to September this year.
- Patients that visited the ED for drug-related issues more likely to be male, White, and between the ages of 15-44.

Figure 1. Suspected monthly rates for all drug, opioid, heroin, stimulant-related ED visits (per 100,000 population)



Substance	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
All-drug	24.5	22.5	20.1	19.8	24.6	23.1	24.3	25.6	22.9
Opioid	6.8	7.0	6.4	7.6	9.5	8.3	8.5	8.5	7.4
Heroin	1.7	1.3	1.2	1.5	2.1	2.0	1.8	1.5	2.1
Stimulant	1.9	1.7	1.3	2.6	2.9	1.7	2.2	2.8	2.0

### 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.

**Case definitions:** Case definitions and queries for suspected all drug, opioid, heroin, and stimulant ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes.

**Analysis:** ED visit rates per 100,000 population were calculated using Census Bureau estimates. ED visit counts for age and sex categories with less than 10 counts for any month were not included.

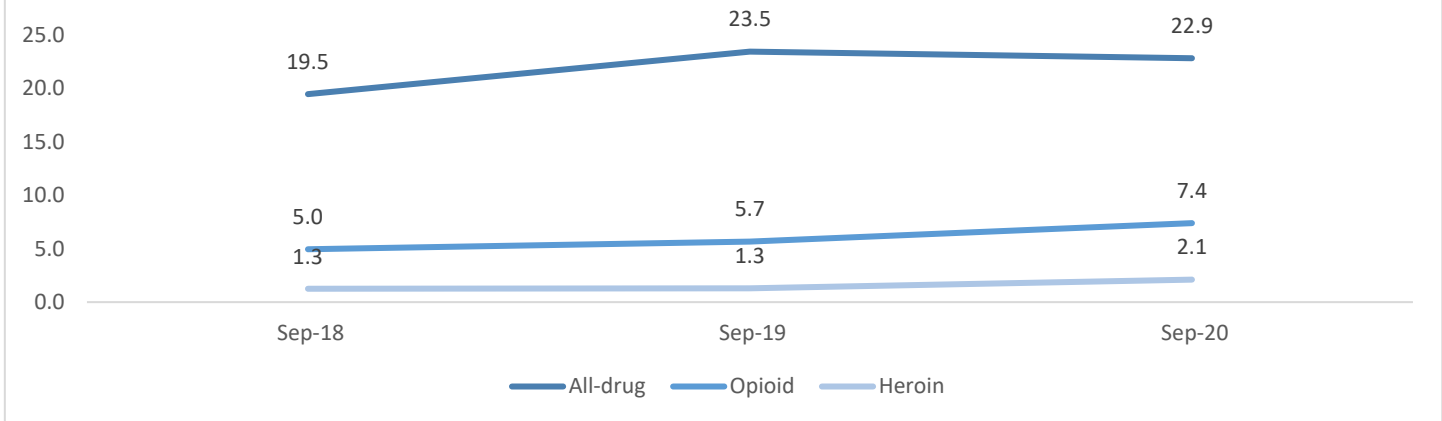
**Limitations:** Statewide, the National Syndromic Surveillance Program is estimated to capture approximately 80% of Nevada emergency department visits, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state.

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

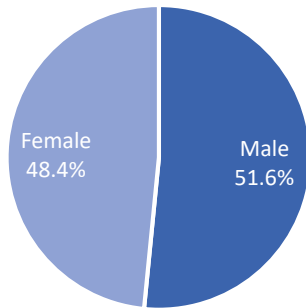


## September Spotlight:

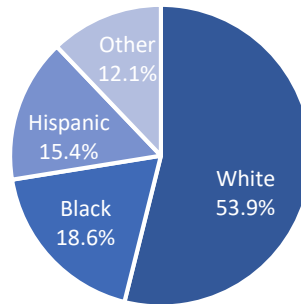
**Figure 2. Suspected rates for all drug, opioid, and heroin-related ED visits, September 2018-2020 (per 100,000 population)**



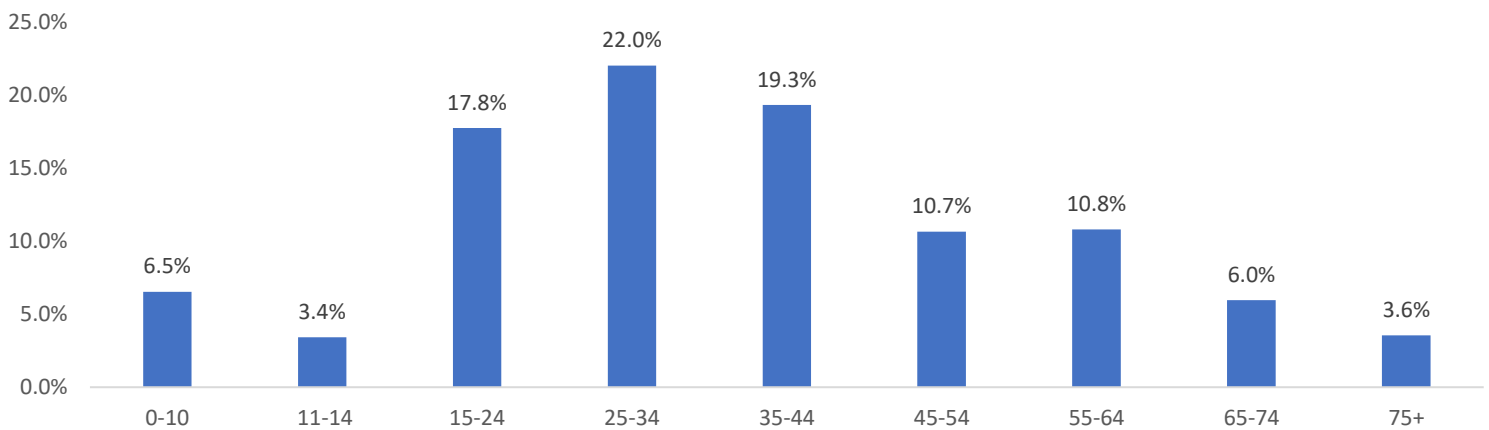
**Figure 3. Sex of suspected drug-related ED visits, September 2020 (N=704)**



**Figure 4. Race/Ethnicity of suspected drug-related ED visits, September 2020 (N=668)**



**Figure 5. Age of suspected drug-related ED visits, September 2020 (N=704)**



Note: Other Race includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, and Other Race. Totals exclude missing data.

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