

Suspected Nevada Drug Overdose Surveillance Monthly Report

November 2020: Rural Region

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 rural region counties (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine**) in Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program as of: **October 31, 2020**.

Report Highlights:

- Suspected drug-related ED visit rates **decreased by 15%** from September to October 2020 in the Rural Region.
- Suspected drug-related ED visit rates **decreased by 19%** from October 2019 to October this year in the Rural Region.

Figure 1. Suspected monthly rates for drug-related ED visits in Nevada and Rural Region (per 10,000 population)

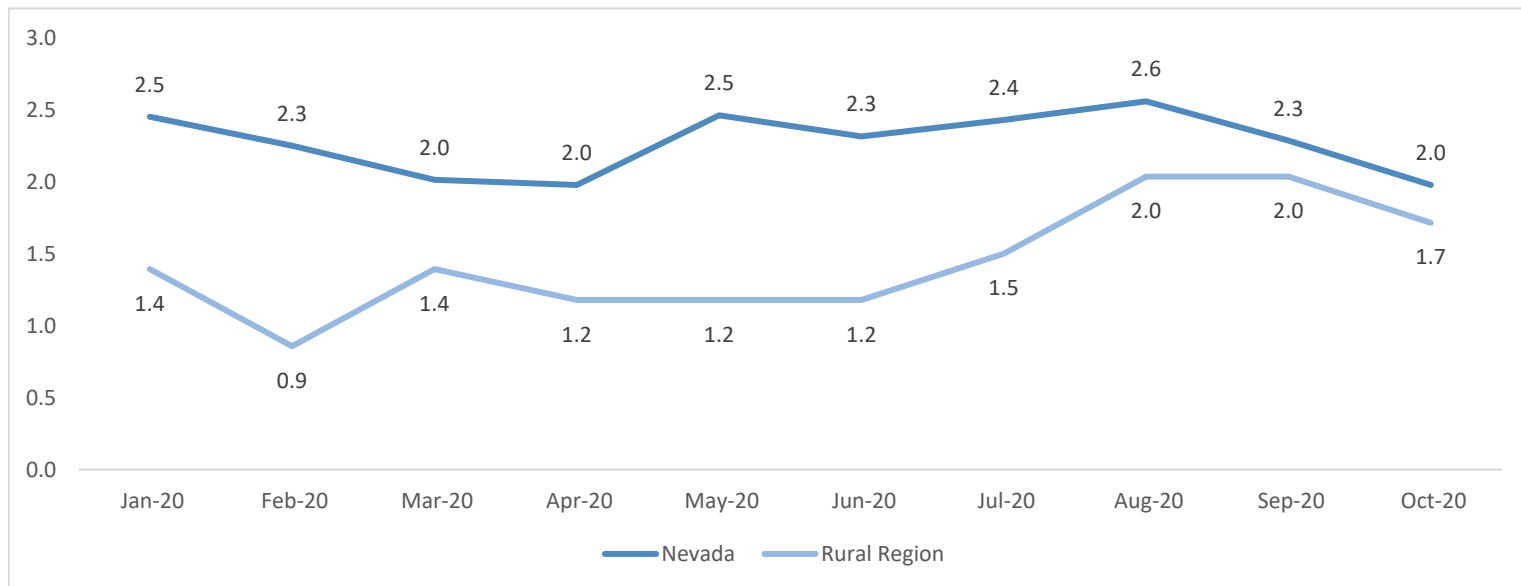
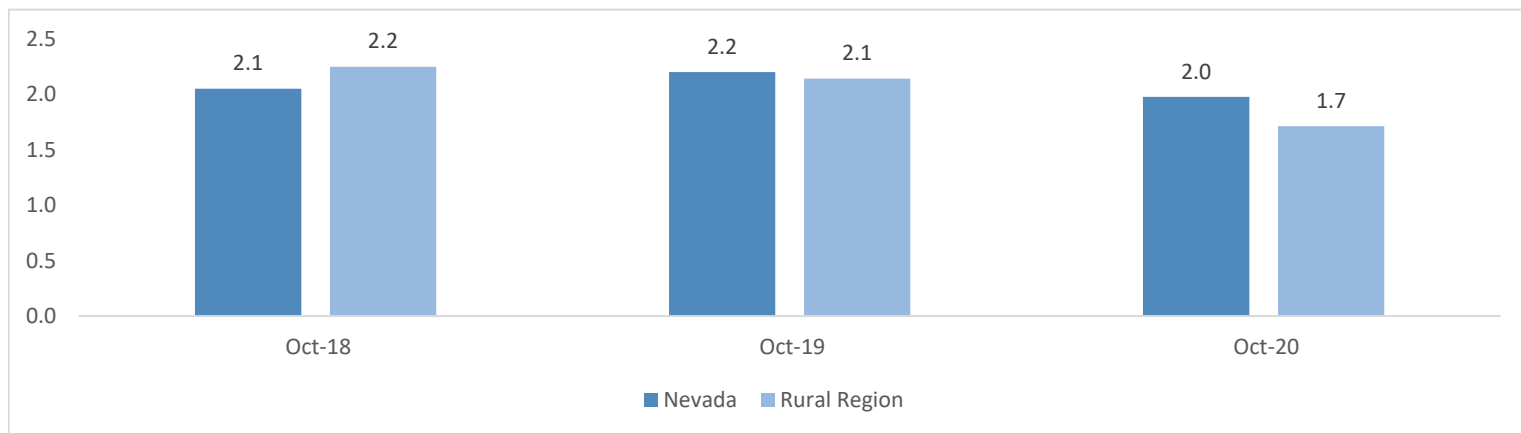


Figure 2. Suspected rates for drug-related ED visits in Nevada and Rural Region, October 2018-2020 (per 10,000 population)



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 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 10,000 population were calculated using Census Bureau estimates. ED visit counts 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.

