

Nevada Hospital Overdose Surveillance Quarterly Report

Quarter 3 (July to September 2025)

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 quarterly report contains information on overdose within the state of Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program. This report is meant to inform hospital stakeholders of the changes in drug-related overdose ED encounters.

Report Highlights:

- There were **increases in the rate of suspected drug overdoses** in Washoe County (4.8%) and the Northern Region (13.3%) from Q2 2025 to Q3 2025 from Syndromic Surveillance.
- There were **decreases in the rate of suspected drug overdoses** Statewide (-0.4%), in Clark County (-1.9%), the Rural Region (-3.3%), and Southern Region (-4.3%) from Q2 2025 to Q3 2025 from Syndromic Surveillance.
- Patients that visited the ED for drug-related overdose in Q3 2025 were more likely to be **male, White, and between the ages of 25-34**.
 - Highest rates among Black, non-Hispanic persons

Figure 1. Monthly suspected drug-related overdoses from Syndromic Surveillance in Nevada, past 15 months

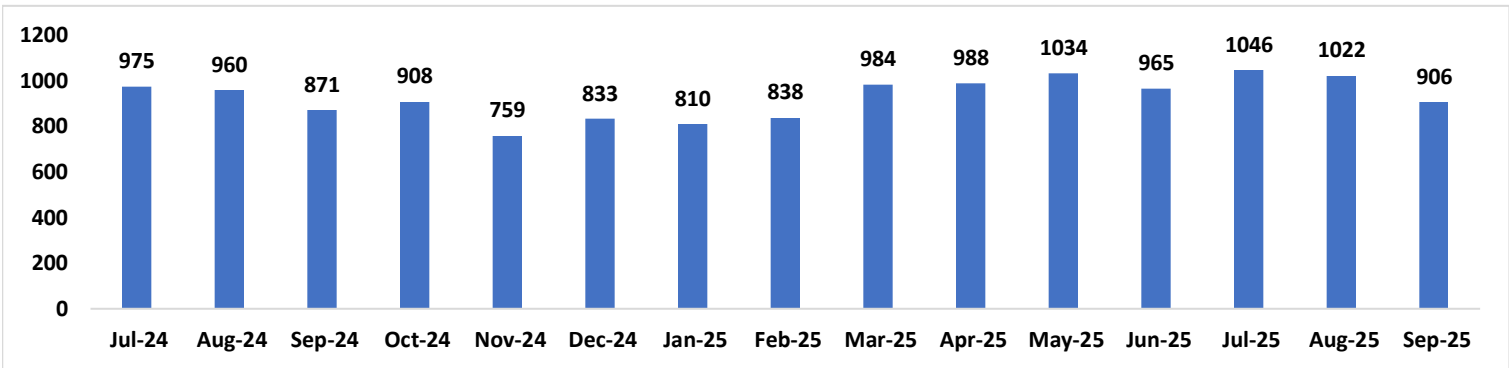


Table 1. Count and rate of suspected drug-related overdoses from Syndromic Surveillance in Nevada by behavioral health region by quarter, Q3 2024-Q3 2025 (rate per 100,000)

Quarter	Statewide	Clark	Washoe	Northern	Rural	Southern
Q3 2024	2806 (84.2)	2192 (89.8)	443 (85.1)	80 (38.5)	53 (53.0)	38 (59.6)
Q4 2024	2500 (75.0)	1982 (81.2)	410 (78.7)	46 (22.1)	38 (38.0)	24 (37.7)
Q1 2025	2632 (79.0)	2011 (82.4)	468 (89.9)	72 (34.6)	67 (67.0)	24 (37.7)
Q2 2025	2987 (89.6)	2320 (95.1)	500 (96.0)	83 (39.9)	61 (61.0)	23 (36.1)
Q3 2025	2974 (89.2)	2275 (93.2)	524 (100.6)	94 (45.2)	59 (59.0)	22 (34.5)
Percent Change	-0.4%	-1.9%	4.8%	13.3%	-3.3%	-4.3%

Note: Percent change indicates the change in rate from Q2 2025 to Q3 2025.

Technical Notes:

Data Source: 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: 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.
Behavioral health regions: Northern (Carson City, Lyon, Douglas, Churchill, and Storey), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).
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.

Address questions/comments to Nevada OD2A’s Opioid Epidemiologist, Taylor Lensch, PhD, MPH, at tlensch@unr.edu.

This publication was supported by the Nevada State Department of Health and Human Services through 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. Sex of suspected drug overdose ED visits in Nevada, July 1, 2025 to September 30, 2025 (N=2,953)

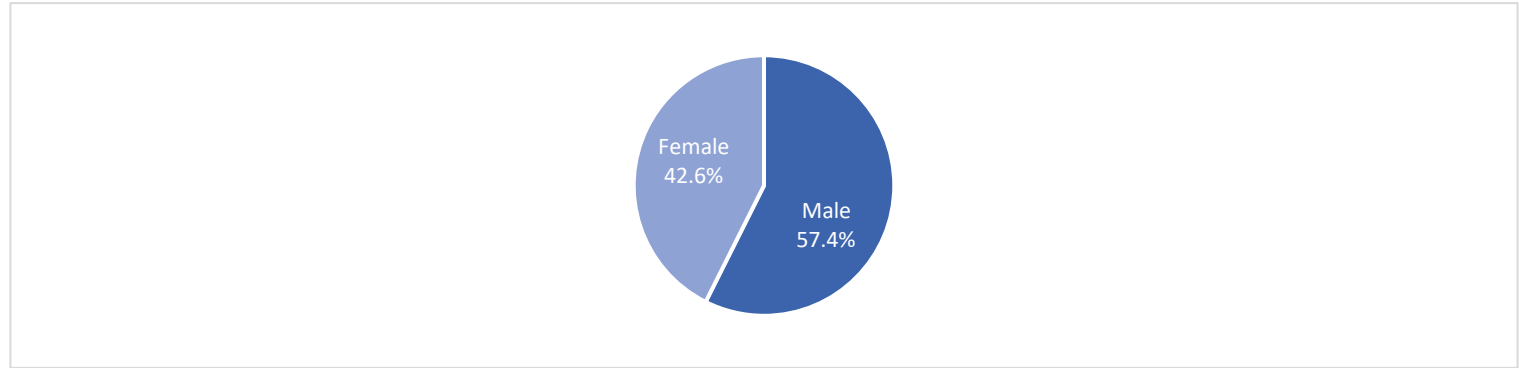


Figure 3. Age of suspected drug overdose ED visits in Nevada, July 1, 2025 to September 30, 2025 (N=2,960)

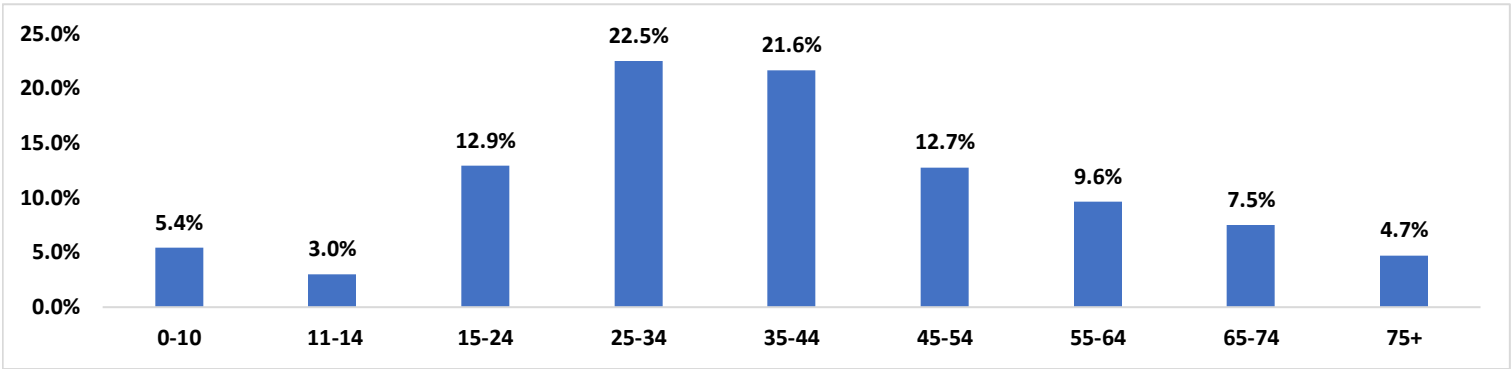
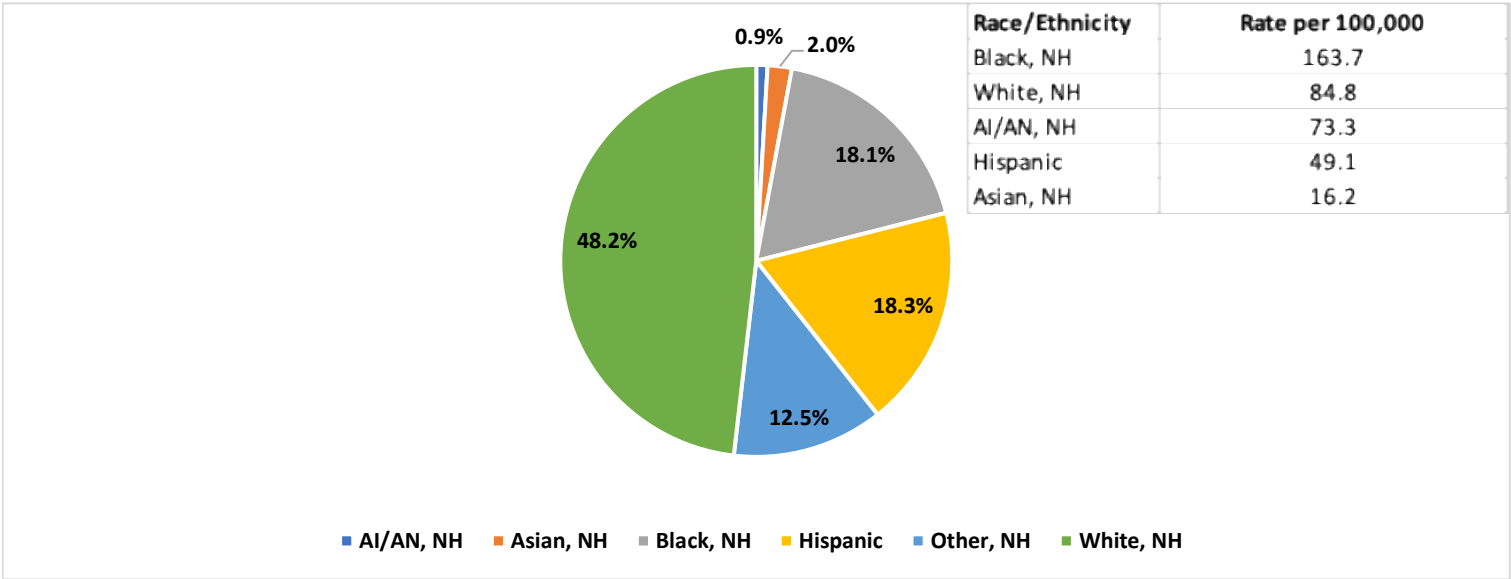


Figure 4. Race/Ethnicity of suspected drug overdose ED visits in Nevada, July 1, 2025 to September 30, 2025 (N=2,807)



Note: Race and ethnicity categories utilize calculated and combined race and ethnicity categories using the CDC NSSP broad definition (if ethnicity is not reported, it is non-Hispanic), which was computed using PHIN flatline codes. All categories are non-Hispanic unless otherwise stated. Native Hawaiian/Other Pacific Islander are included in the Asian category. Data quality may change month to month race/ethnicity. Percentages exclude missing data. NH=Non-Hispanic. AI/AN = American Indian/Alaskan Native. Other includes multi-racial and other race.