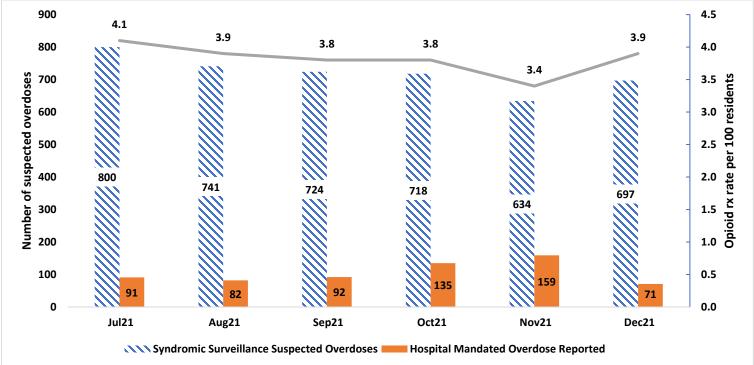
Suspected Nevada Drug Overdose Surveillance Monthly Report January 2022: Statewide Report

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 <u>December 2021</u>.

Report Highlights:

- Suspected drug-related ED visits increased by 11% from November 2021 to December 2021.
- From November 2021 to December 2021, suspected opioid-related ED visit rates increased by 26%.
- Opioid prescription rates per 100 residents <u>increased by 15%</u> from November 2021 to December 2021.
- Patients that visited the ED for drug-related concerns in December 2021 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), July 2021 - December 2021



Opioid rx rate (per 100 residents)

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 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.

Please provide feedback about this report here: Survey

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I. Syndromic Surveillance:

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

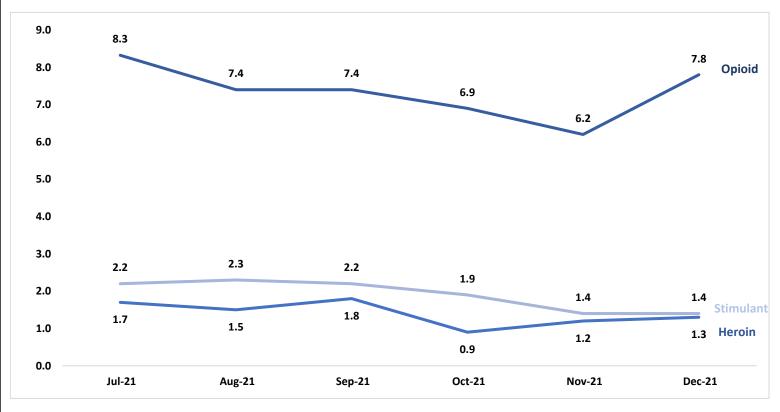
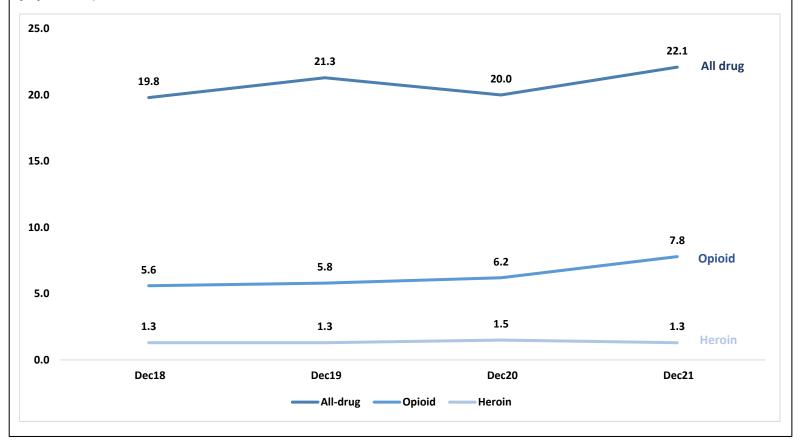
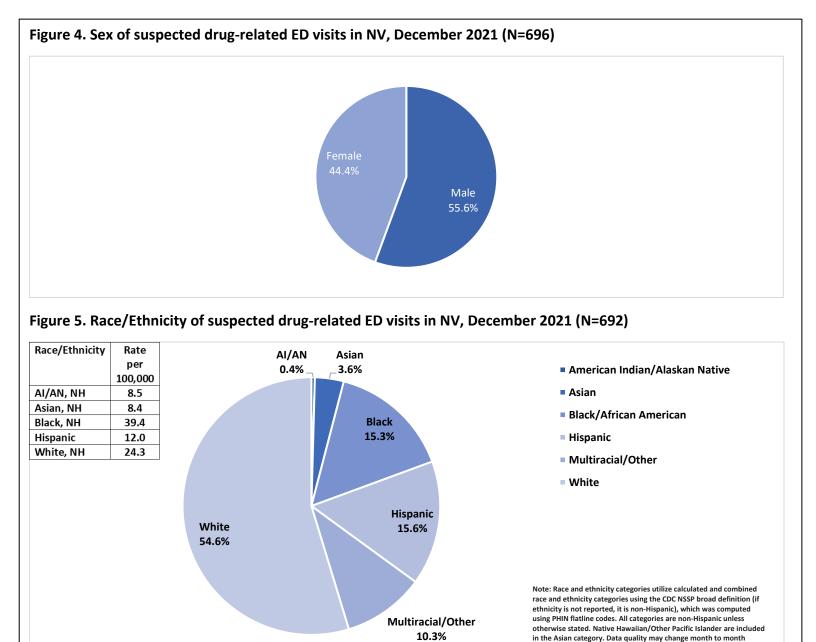
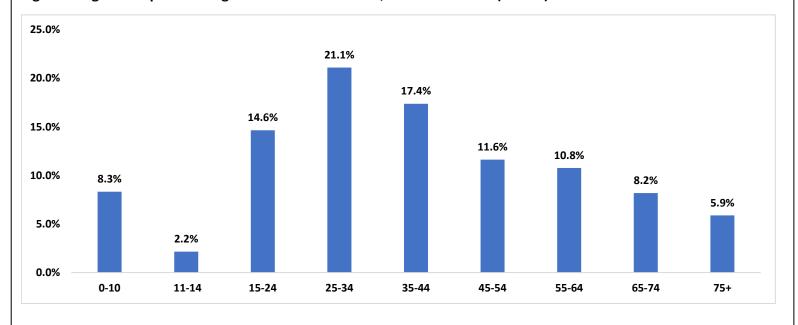


Figure 3. Rates for suspected all drug, opioid, and heroin-related ED visits, December 2018-2021 (per 100,000 population)









race/ethnicity. Percentages exclude missing data. AI/AN = American

Indian/Alaskan Native.

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

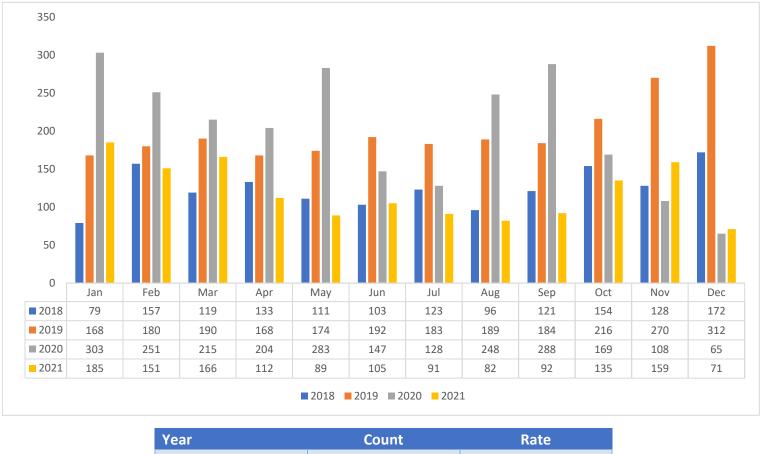
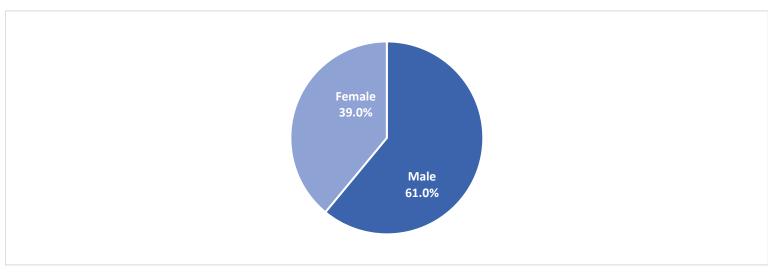


Figure 7. Statewide count of overdoses reported by hospitals among NV residents, 2018-2021

Year	Count	Rate
2018	1496	49.4
2019	2426	79.0
2020	2409	77.3
2021	1438	45.5

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. Rates in the table above are per 100,000 population (Census Bureau estimates).

Figure 8. Sex of overdoses reported by hospitals in Nevada among residents, December 2021 (N=71)



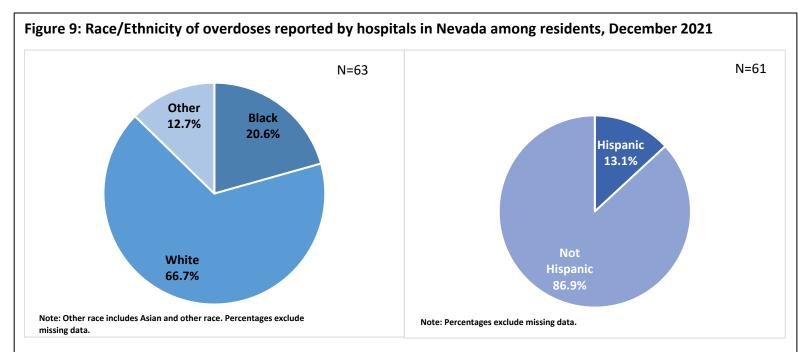
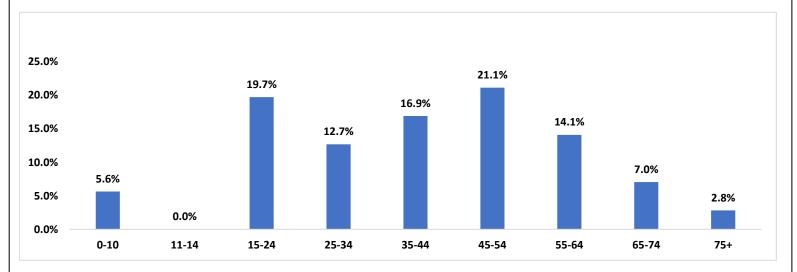
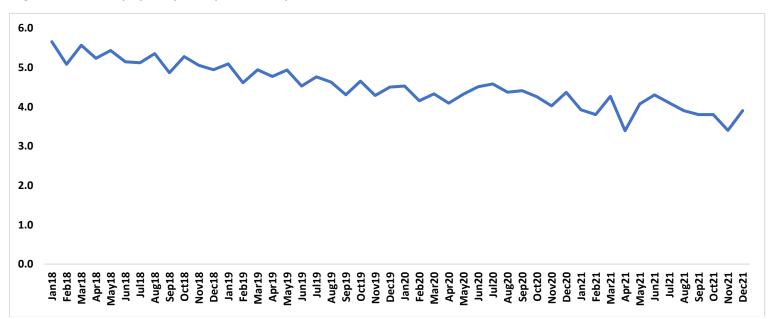


Figure 10: Age Groups of overdoses reported by hospitals in Nevada, December 2021 (N=71)



III. Prescription Drug Monitoring Program:

Figure 11. Monthly opioid prescription rates per 100 residents in NV, 2018-2021



IV. Fatal Overdose Data

Table 1. Drug-related and opioid-related overdose of any intent in Nevada among residents by county, 2019-2021

Drug Overdose	Drug-related Overdose			Opioid-related Overdose		
County	2019	2020	2021*	2019	2020	2021*
Carson City	26.6	19.5	15.9	16.0	8.8	10.6
Churchill	23.3	19.3	15.5	19.4	15.5	7.7
Clark	19.2	24.5	19.4	11.0	16.6	11.2
Douglas	14.2	20.1	12.0	5.1	18.1	8.0
Elko	5.5	12.7	10.8	1.8	12.7	5.4
Esmeralda	-	-	-	-	-	-
Eureka	-	-	-	-	-	-
Humboldt	29.3	17.6	5.9	11.7	17.6	5.9
Lander	-	33.4	50.3	-	33.4	50.3
Lincoln	-	19.3	19.4	-	19.3	19.4
Lyon	33.4	20.7	18.6	21.1	12.1	13.5
Mineral	21.7	-	22.2	21.7	-	22.2
Nye	22.7	26.6	34.5	10.3	20.5	20.3
Pershing	-	14.4	28.6	-	14.4	14.3
Storey	-	-	21.8	-	-	-
Washoe	27.9	31.9	26.0	16.8	22.1	21.5
White Pine	28.3	28.4	-	18.8	9.5	-

*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 poisioning of undetermined intent for 1) drug-related overdose deaths and 2) where 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. Data with '-' indicate data where counts are 0 or that were suppressed due to low counts.

Address questions/comments to Nevada OD2A's Opioid Epidemiologist, Shawn Thomas, MPH, at shawnt@unr.edu.

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