

Nevada Drug Overdose Surveillance Monthly Report

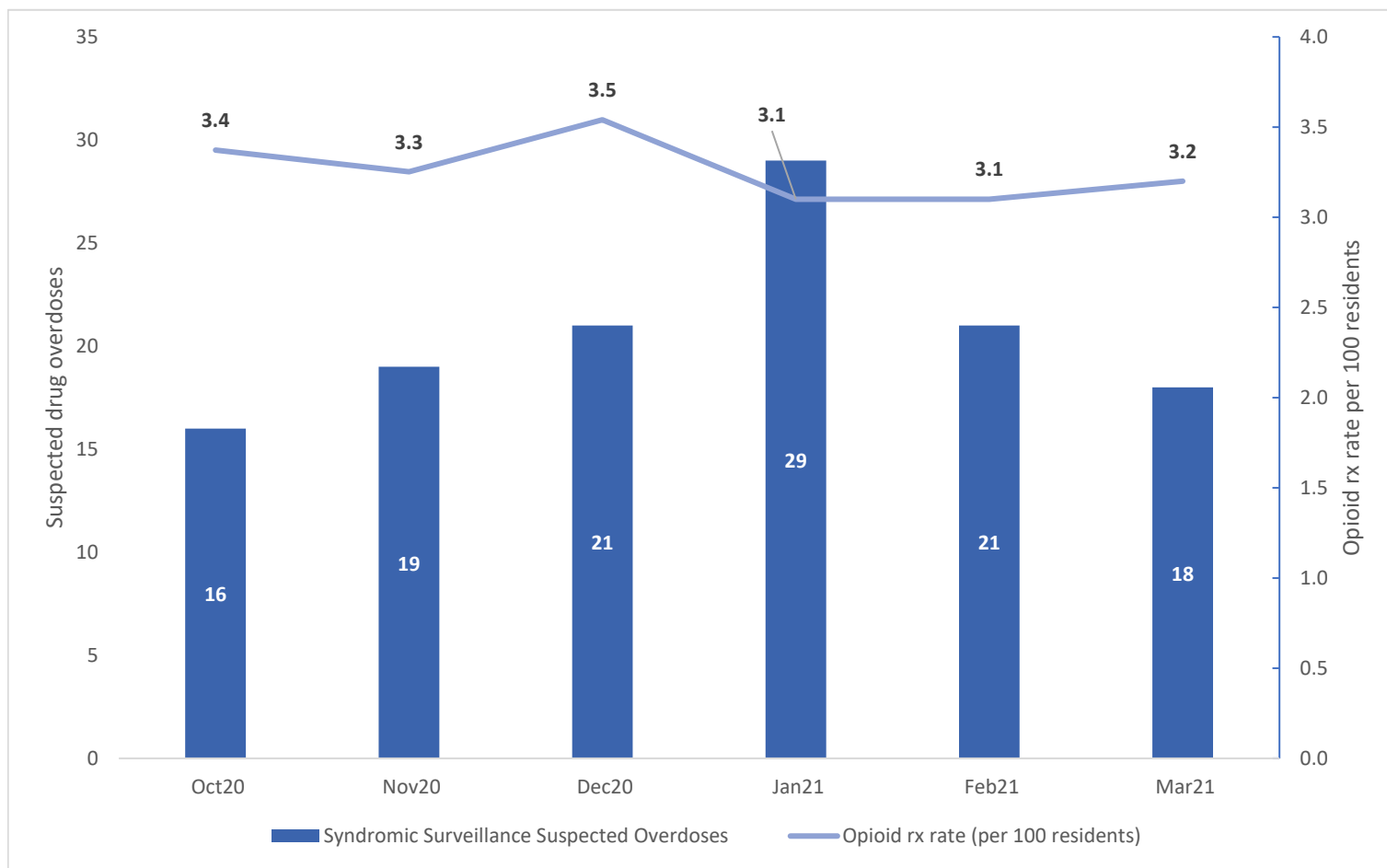
April 2021: Rural Region

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. This monthly report contains information on overdose within the 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 and data from the Prescription Drug Monitoring Program (PDMP) for the month of March 2021.

Report Highlights:

- Suspected drug-related ED visit rates **increased by 15%** from February 2021 to March 2021 in the Rural Region.
- Suspected drug-related ED visit rates **increased by 38%** from March 2020 to March 2021 in the Rural Region.
- Compared to the previous quarter, opioid prescriptions per 100 residents decreased by 6% in Q1 of 2021 in the Rural region.

Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates (per 100 residents) in the Northern Region, October 2020 – March 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. 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 <5 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. 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.



I. Syndromic Surveillance:

Figure 2. Monthly rates for suspected all drug-related ED visits, NV vs Rural Region (per 10,000 population)

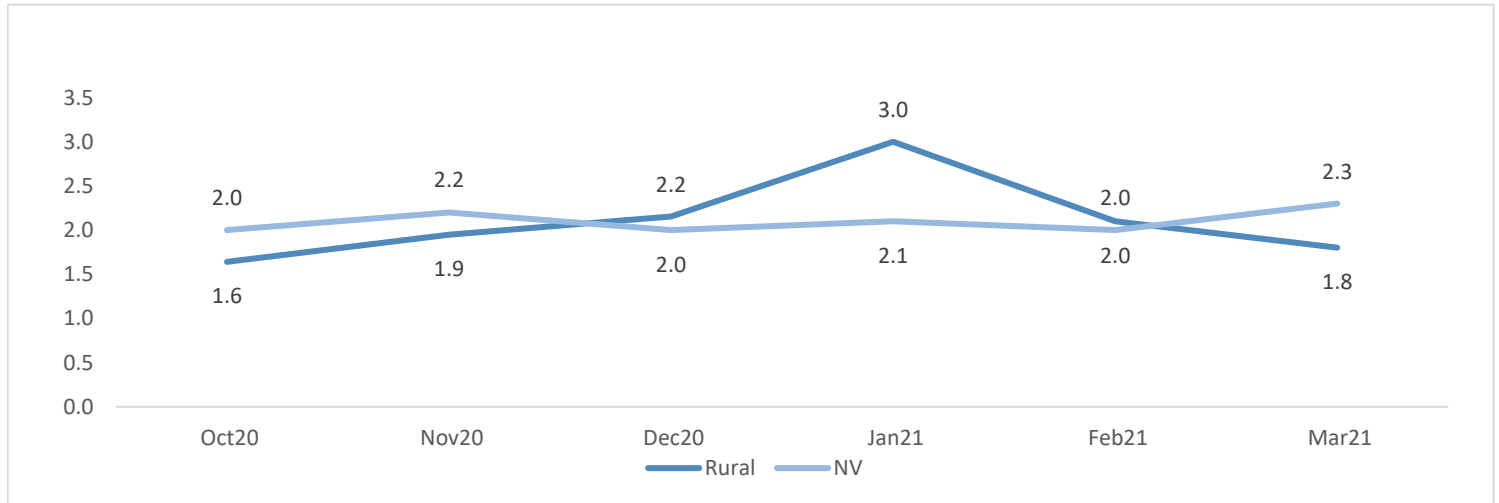
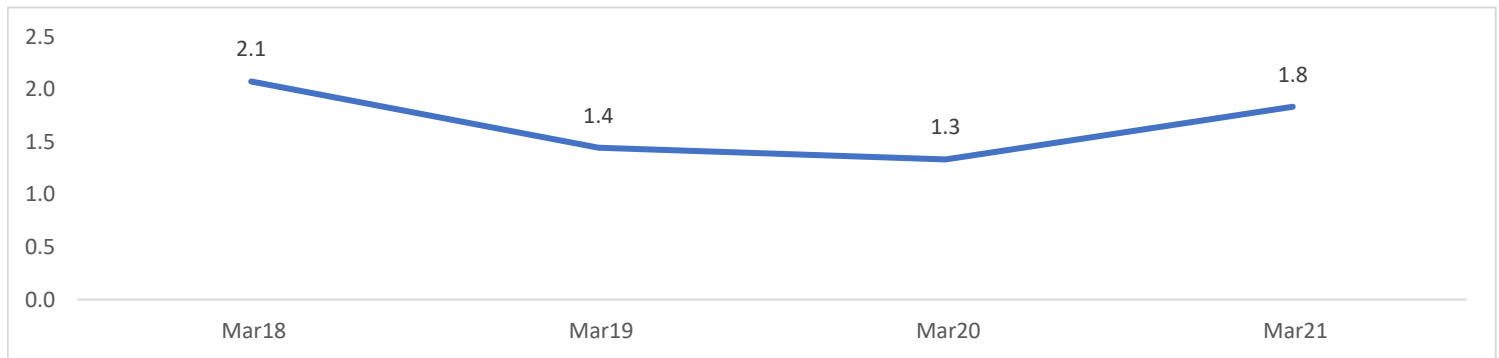
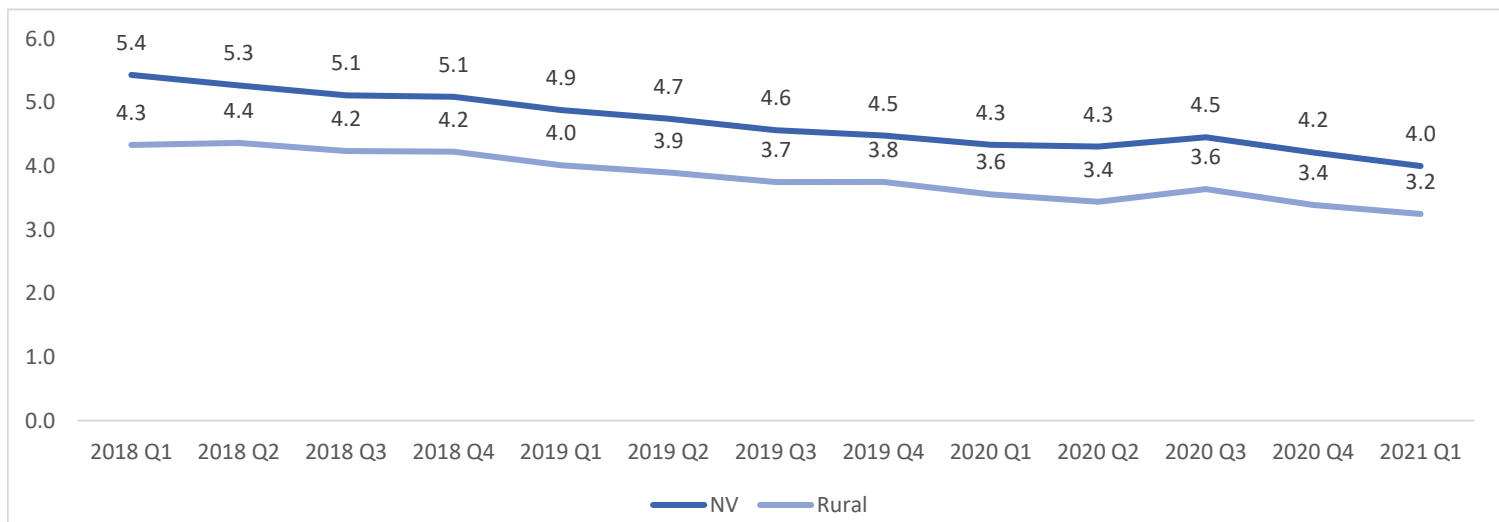


Figure 3. Monthly rates for suspected all drug-related ED visits in Rural Region, Mar 2018-2021 (per 10,000 population)



II. Prescription Drug Monitoring Program:

Figure 5. Average quarterly opioid prescription rates per 100 residents in NV and Rural Region, 2018-2021



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