

Nevada Drug Overdose Surveillance Monthly Report

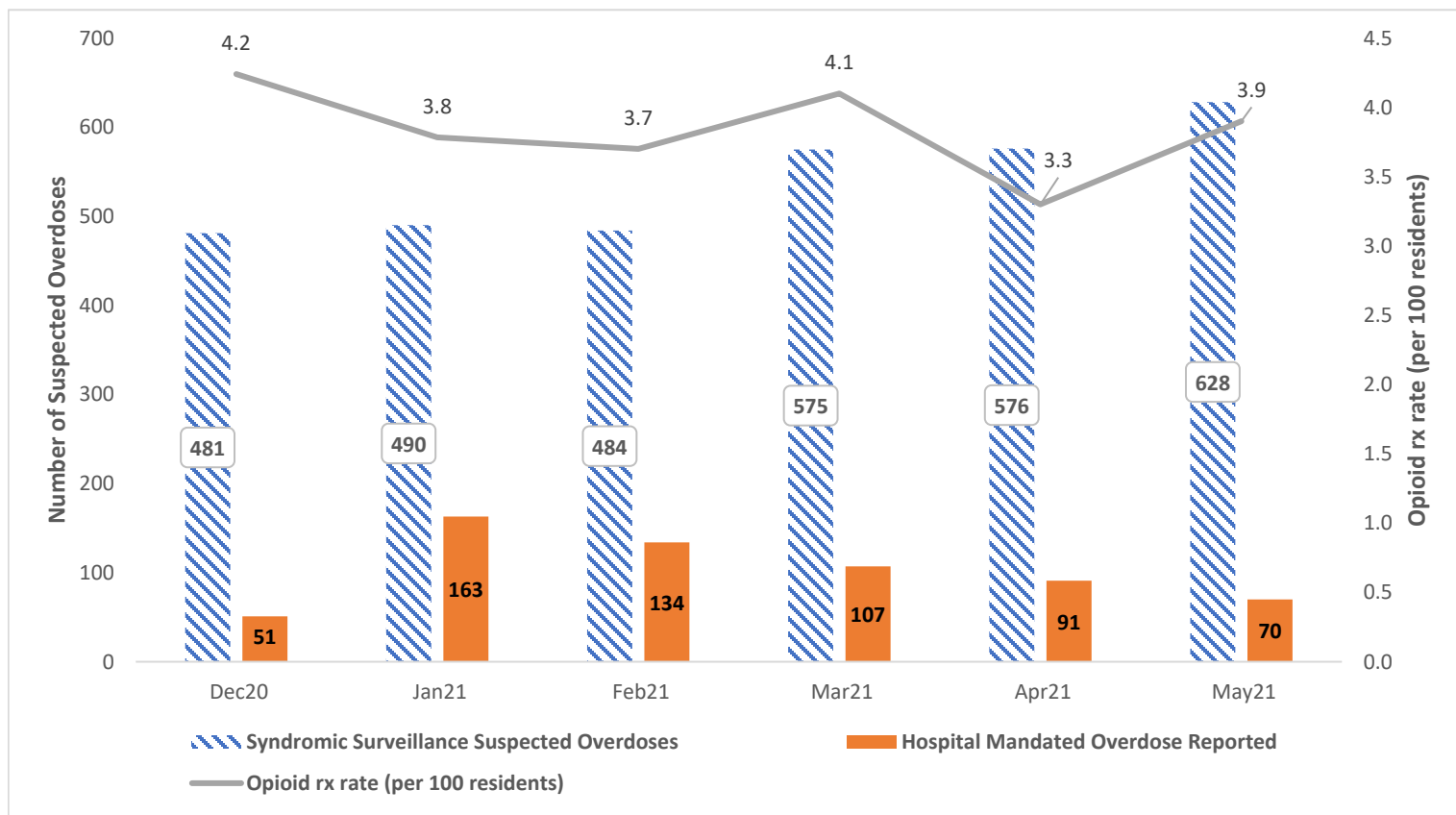
June 2021: *Clark County*

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 **Clark County** in Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program, mandated reporting of drug overdose from hospitals in Nevada (per NRS 441A.120), and data from the Prescription Drug Monitoring Program (PDMP) for the month of May 2021.

Report Highlights:

- Suspected drug-related ED visit rates **increased by 9%** from April 2021 to May 2021 in Clark County.
- Suspected drug-related ED visit rates **increased by 3%** from May 2020 to May 2021 in Clark County.
- Compared to the previous month, opioid prescriptions per 100 residents **increased by 18%** in May 2021 in Clark County.

Figure 1. Suspected drug overdoses from Syndromic Surveillance and hospital reporting with prescription (Rx) opioid rates (per 100 residents) in Clark County, December 2020 – May 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. 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.

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 in hospitals. 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.

Please provide feedback about this report here: [Survey](#)

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I. Syndromic Surveillance:

Figure 2. Monthly rates for suspected all drug-related ED visits, NV vs Clark, December 2020 – May 2021 (per 100,000 population)

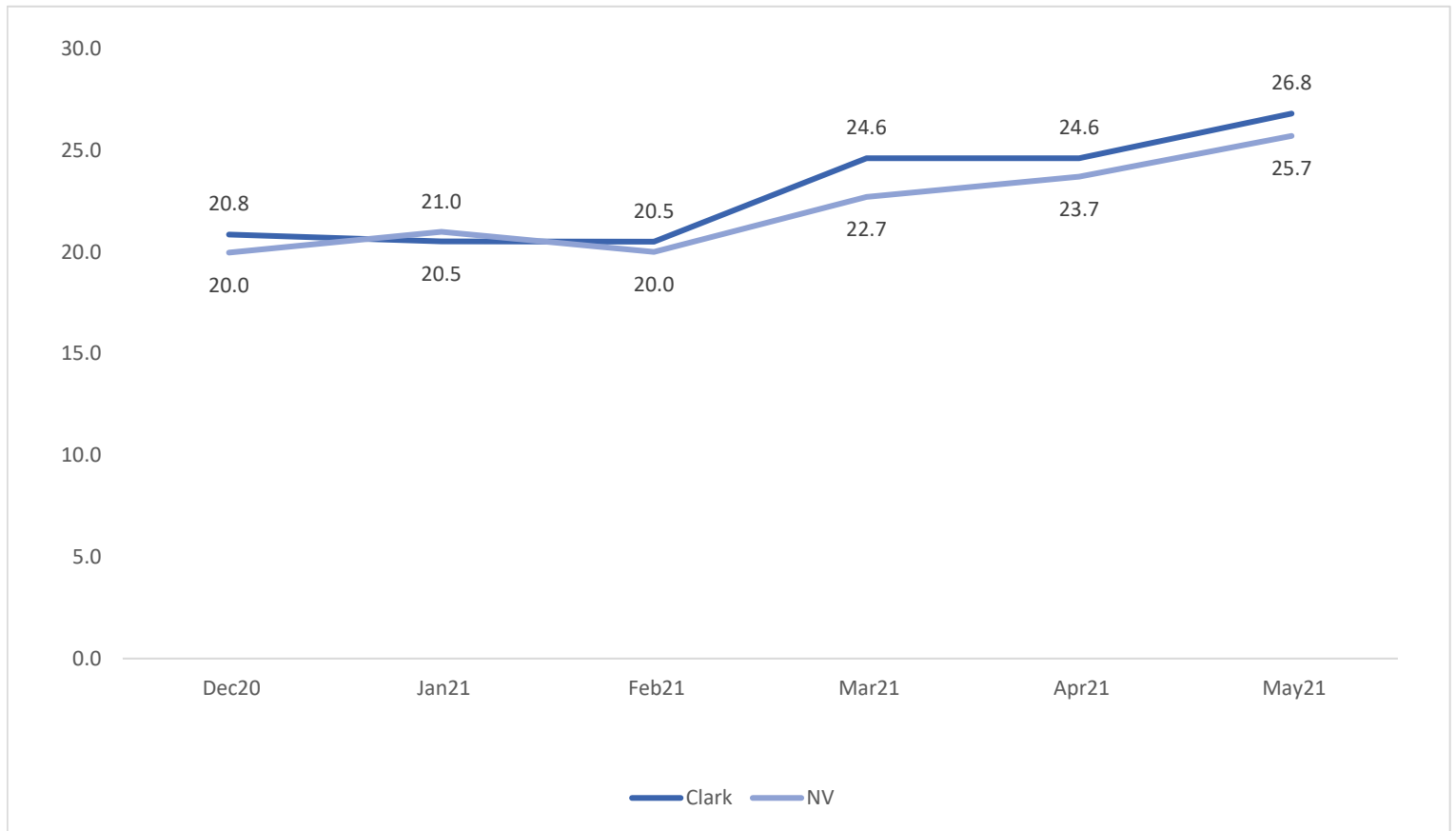
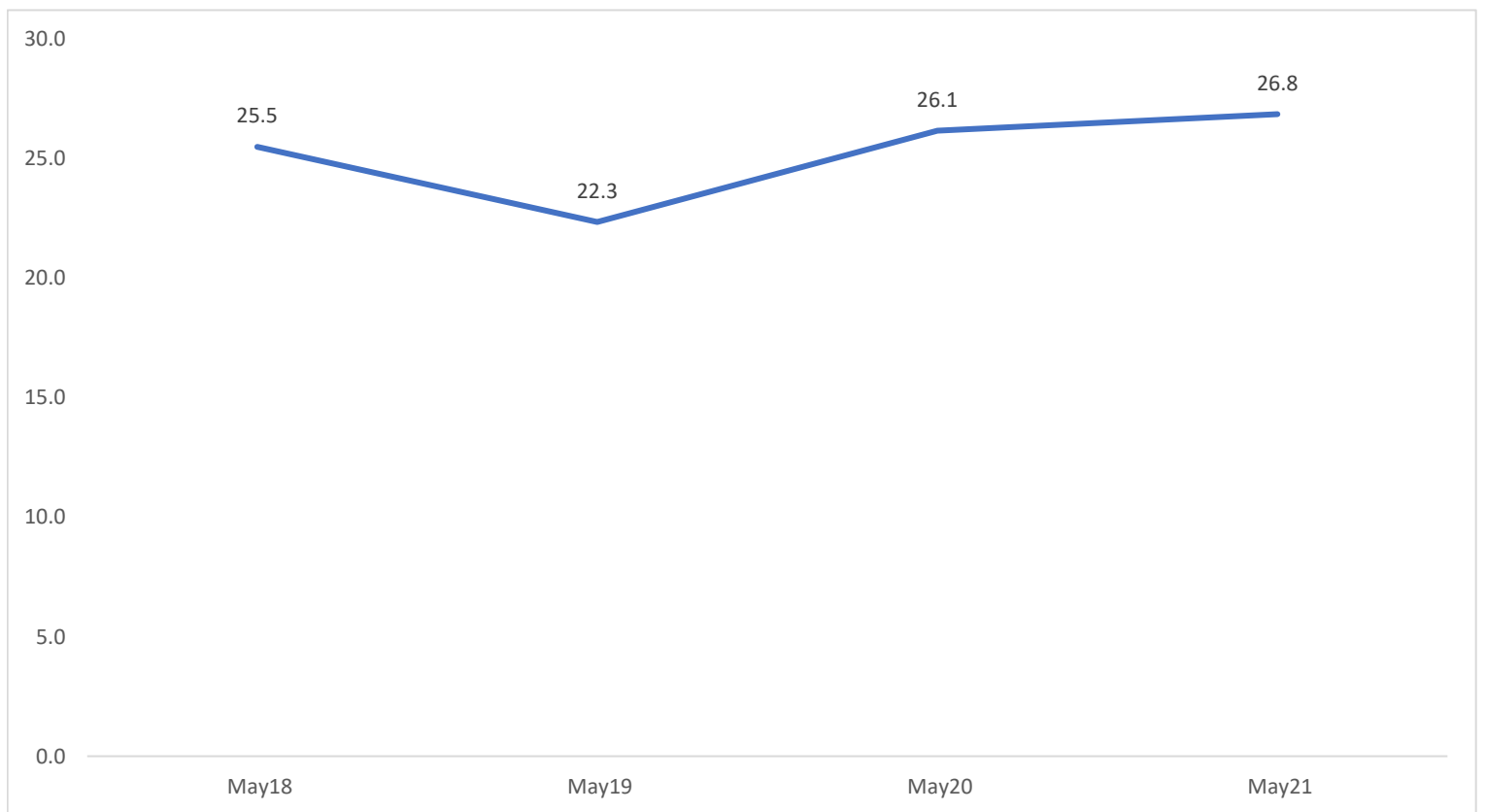
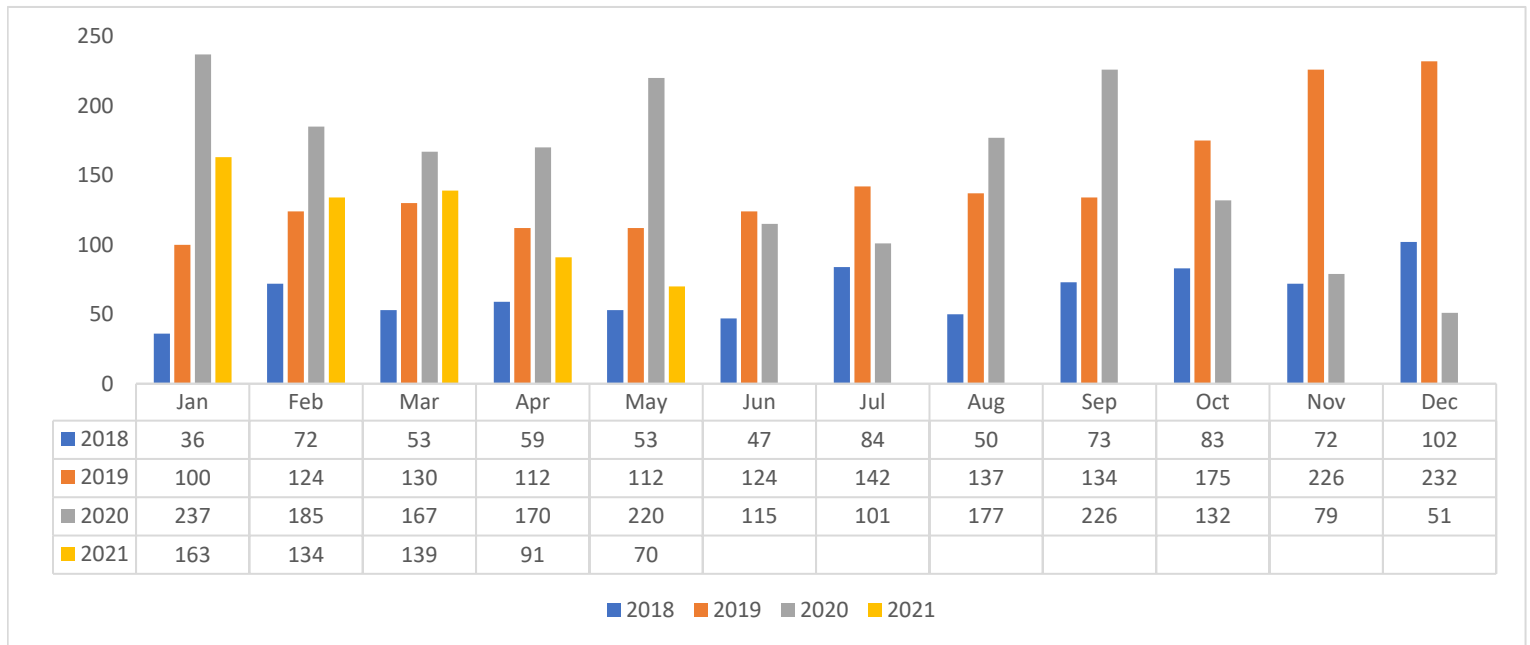


Figure 3. Monthly rates for suspected all drug-related ED visits in Clark, May 2018-2021 (per 100,000 population)



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

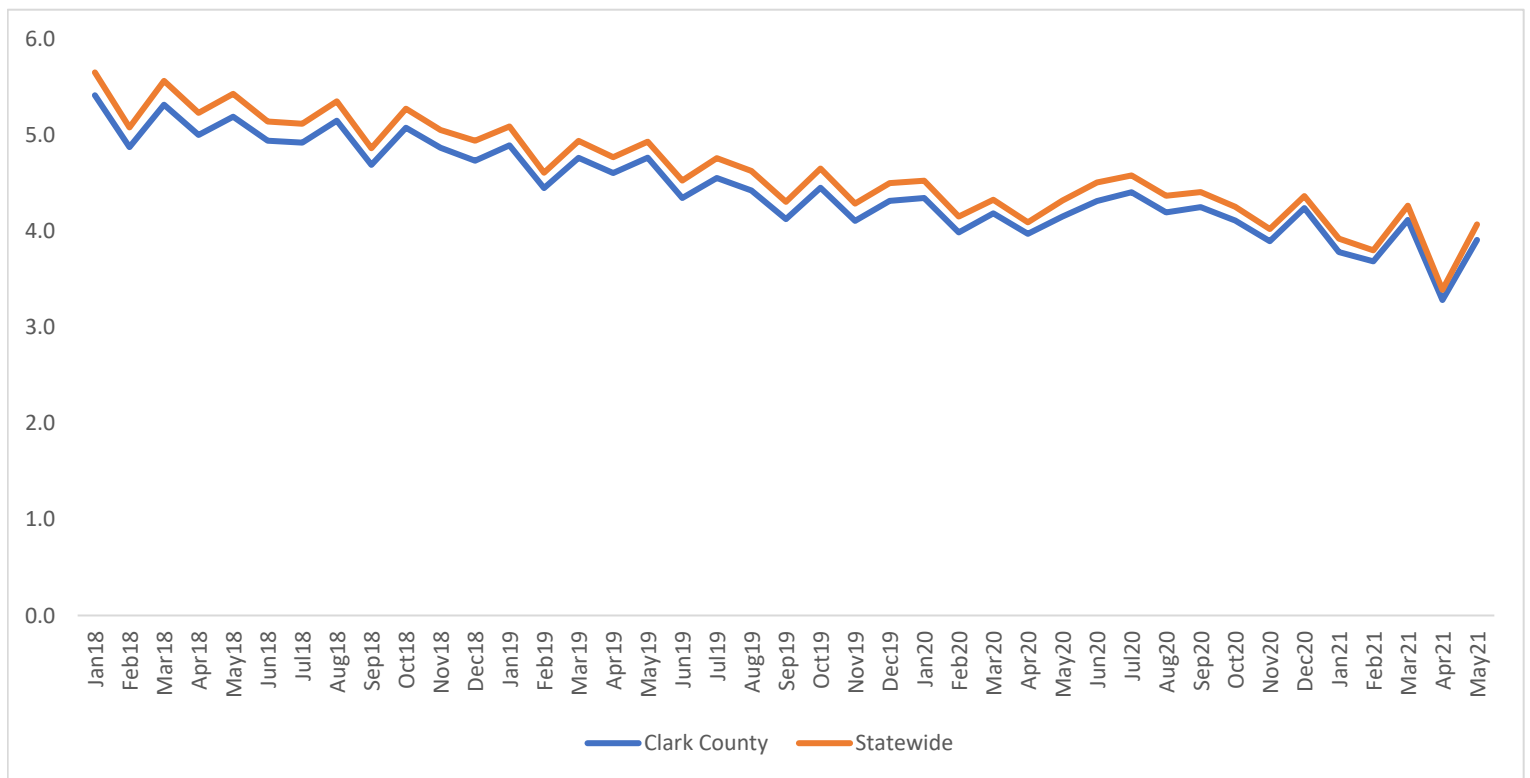
Figure 4. Statewide count of overdoses reported by hospitals in Clark County among NV residents. 2018-2021



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. In addition, some reporting to hospitals may be lagged, so data is preliminary and subject to change.

III. Prescription Drug Monitoring Program:

Figure 5. Monthly opioid prescription rates per 100 residents in NV and Clark, 2018-2021



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