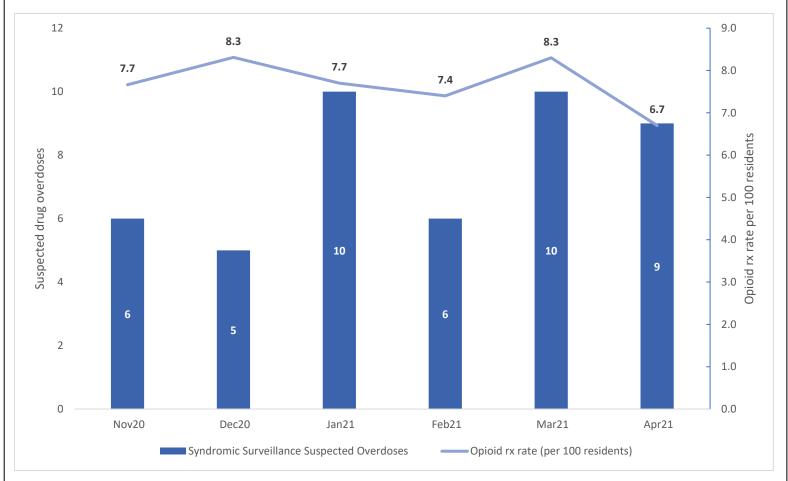
## **Nevada Drug Overdose Surveillance Monthly Report** *May 2021: Southern Region*

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 Southern Region counties (**Mineral, Esmeralda, Nye, and Lincoln**) 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 <u>April 2021</u>.

### Report Highlights:

- Suspected drug-related ED visits decreased by 7% from March 2021 to April 2021 in the Southern Region.
- Suspected drug-related ED visits did not change from April 2020 to April 2021 this year in the Southern Region.
- Compared to the previous quarter, the rate of opioid prescriptions per 100 residents decreased by 3% in Q1 of 2021 in the Southern region.

## Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates (per 100 residents) in the Southern Region, November 2020 – April 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.

<u>Case definitions</u>: 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 <u>Analysis</u>: 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

Analysis: LD visit counts with <> counts for any month were not included. Ine 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 Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses

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.

This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from 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.

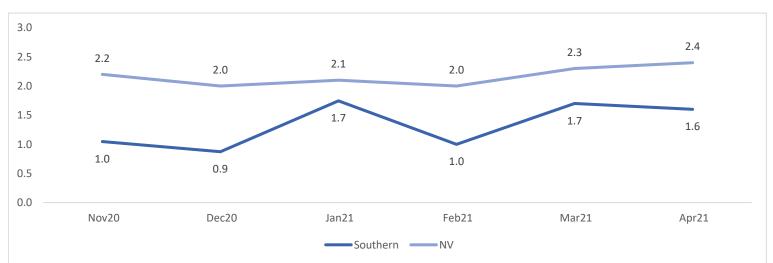




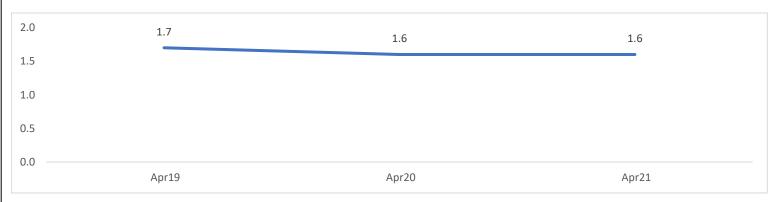


## I. Syndromic Surveillance:

Figure 2. Monthly rates for suspected all drug-related ED visits, NV vs Southern Region, November 2020 - April 2021 (per 10,000 population)



# Figure 3. Monthly rates for suspected all drug-related ED visits in Southern Region, April 2019-2021 (per 10,000 population)



### II. Prescription Drug Monitoring Program:

12.0 9.9 9.6 9.5 9.3 10.0 8.9 8.9 8.7 8.5 8.6 8.5 8.5 8.0 7.8 8.0 5.4 5.3 6.0 5.1 5.1 4.9 4.7 4.6 4.5 4.5 4.3 4.3 4.2 4.0 4.0 2.0 0.0 2018 Q1 2018 Q2 2018 Q3 2018 Q4 2019 Q1 2019 Q2 2019 Q3 2019 Q4 2020 Q1 2020 Q2 2020 Q3 2020 Q4 2021 Q1 NV — -Southern

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

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Nevada Public Health Training Center

