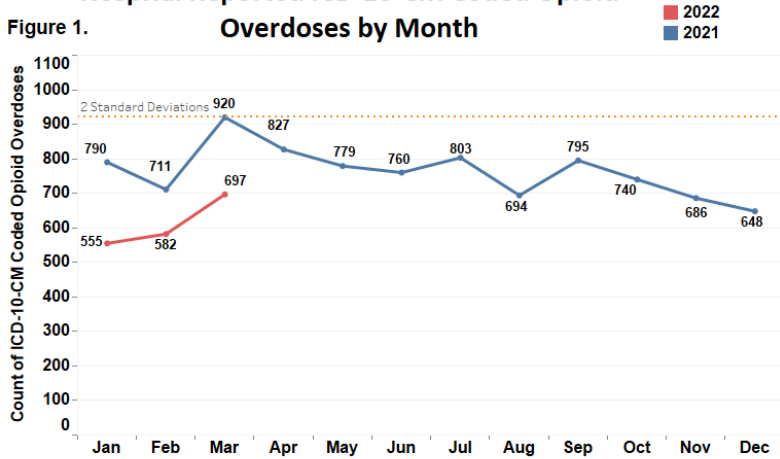


**March: 697**  
**2022 YTD: 1,834**  
**2021 YTD: 2,421**

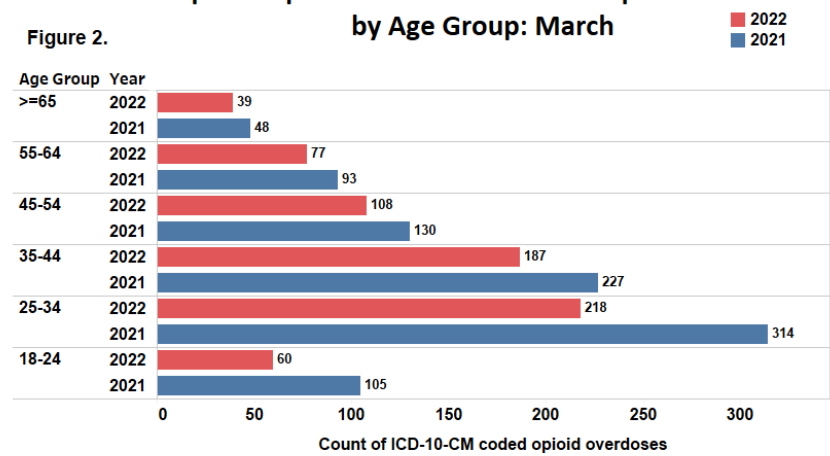
# Nonfatal Opioid Overdoses as Reported to the Tennessee Department of Health: March 2022



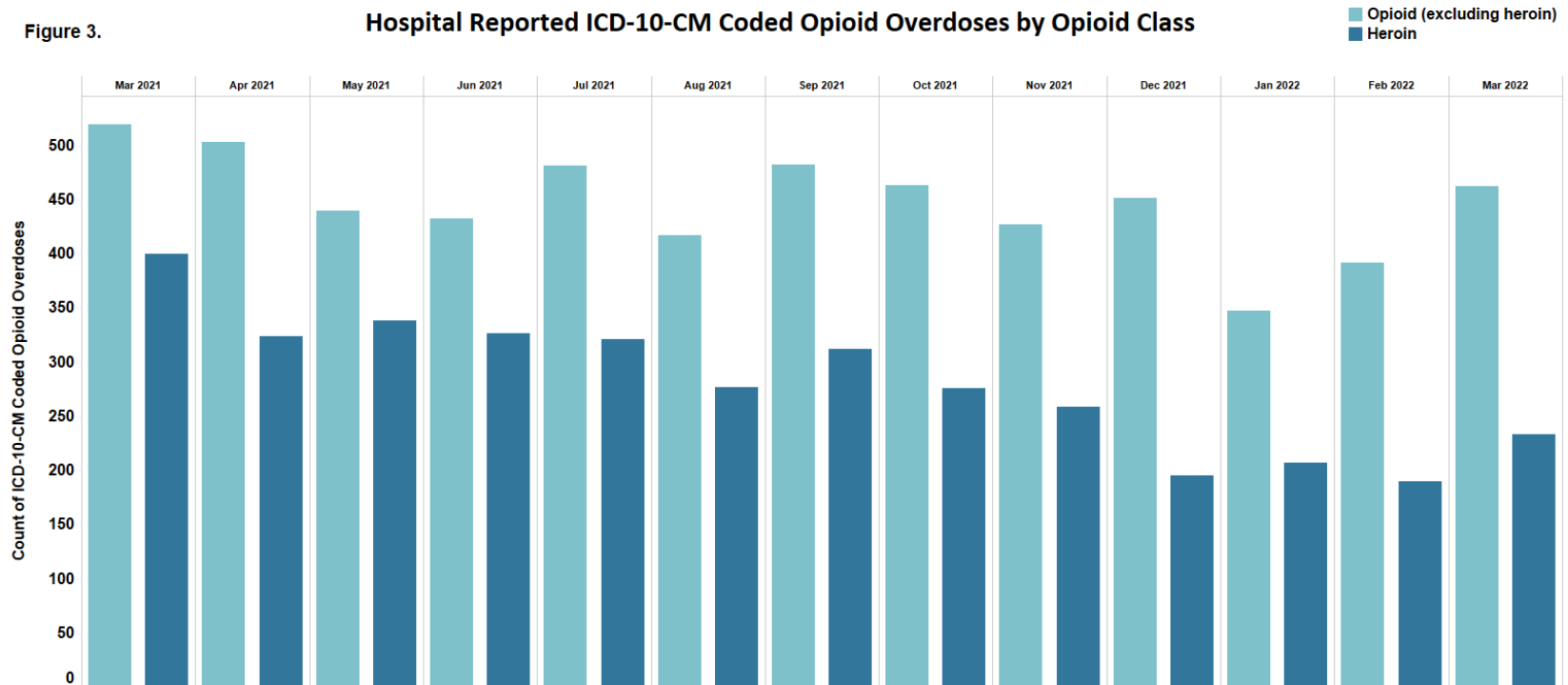
**Figure 1. Hospital Reported ICD-10-CM Coded Opioid Overdoses by Month**



**Figure 2. Hospital Reported ICD-10-CM Coded Opioid Overdoses by Age Group: March**



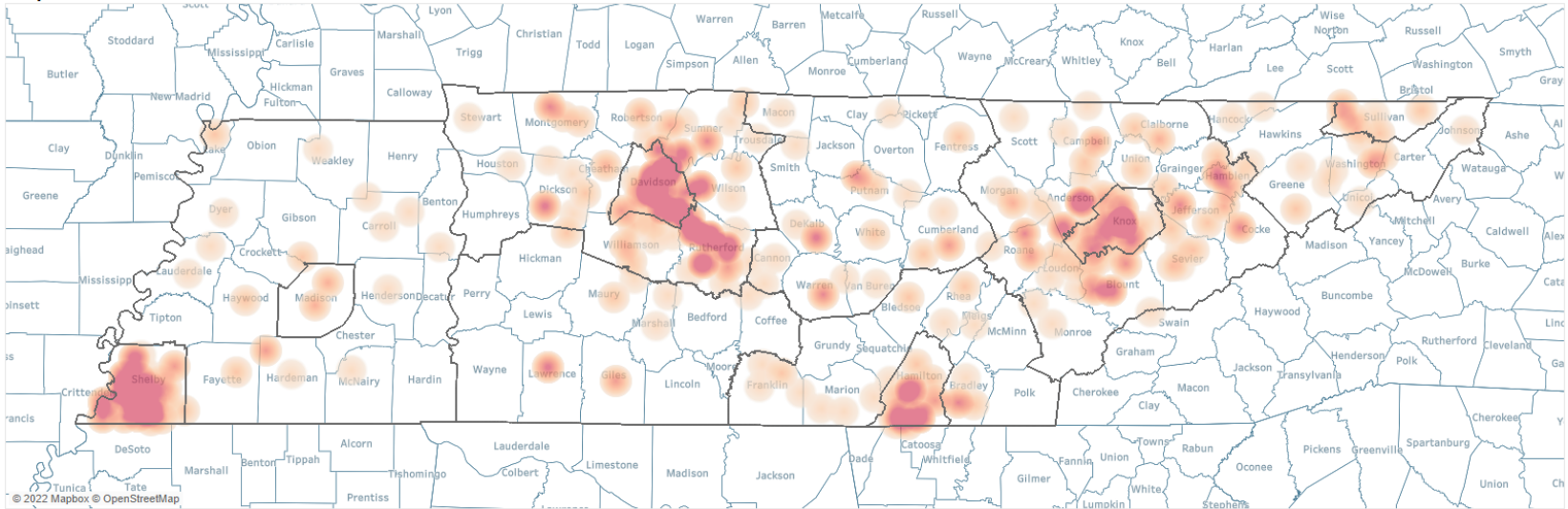
**Figure 3. Hospital Reported ICD-10-CM Coded Opioid Overdoses by Opioid Class**



Source: Tennessee Department of Health, Office of Informatics & Analytics, Drug Overdose Reporting system | TDH.Analytics@tn.gov

# Heat map of hospital reported ICD-10-CM coded opioid overdoses by zip code: March 2022

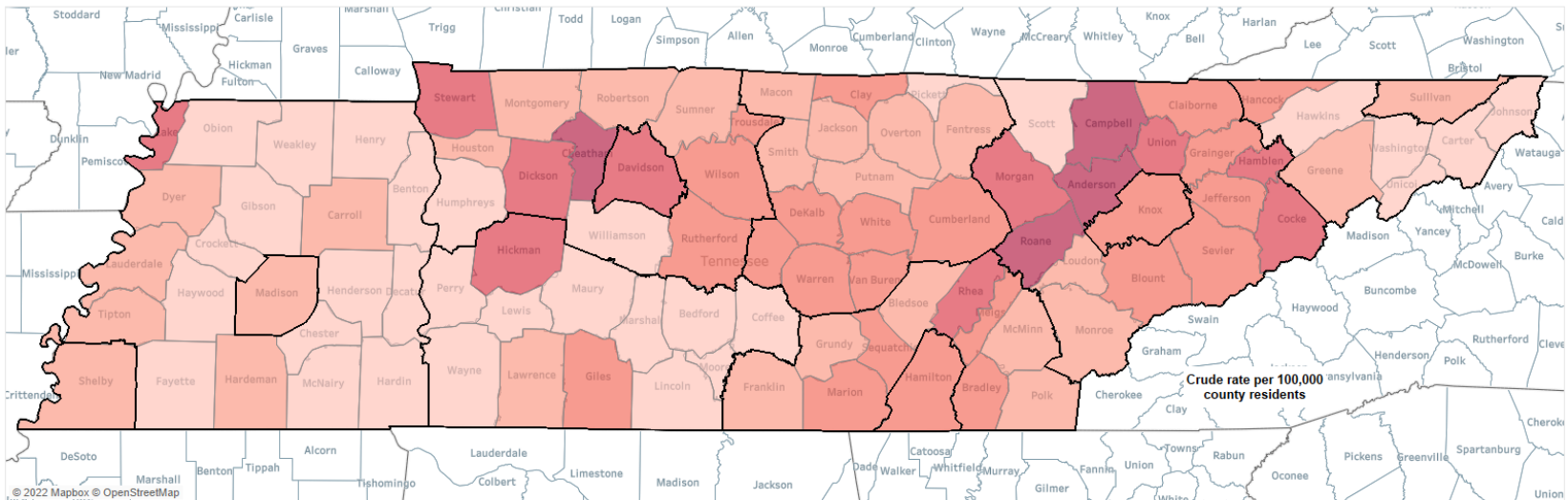
Map 1.



Counts are based on patient residence zip code as reported by the hospital facility to the Tennessee Department of Health Drug Overdose Reporting system.

# Crude rate\* (per 100,00 county residents) of hospital reported ICD-10-CM coded opioid overdoses: April 2021-March 2022

Map 2.



Counts are based on patient residence zip code as reported by the hospital facility to the Tennessee Department of Health Drug Overdose Reporting system.

\*Counties with a count of overdose fewer than 10 are not available. When the number of overdoses used to compute a rate is very small, the value is considered unstable.\*

## Nonfatal Opioid Overdose Monthly Report Footnotes

\*This is an updated version of the March 2022 brief posted on 04/26/2022 that corrects a small discrepancy on the heat map. Monthly totals are slightly higher in this brief because of additional March overdoses reported after the last brief was produced.\*

### How to interpret the Nonfatal Opioid Overdose Monthly Report

The goal of this report is to provide timely information to stakeholders who use these data and information to target resources (e.g. the distribution of naloxone) or activities for opioid overdose prevention and education. Data in this report from the DOR system allow for more timely analyses and closer to real-time responses for cases where data show opioid overdose increases.

Additionally, this report is also used by TDH offices and state agencies to inform opioid overdose working groups and programs. Data in these reports contribute to informed decision making for response and prevention for tackling the overdose epidemic in Tennessee.

### Notes on figures and maps

Figure 1. Hospital reported nonfatal ICD-10-CM coded opioid overdoses (including heroin) by month of admission (Note: The orange dotted line represents a 2 standard deviation threshold above the mean number of overdoses from the previous and current year. In general, approximately 95% of the data fall below this threshold. Counts above this threshold signify that month's count is a potential outlier based on the value's distance (deviation) from the average.)

Figure 2. Hospital reported nonfatal ICD-10-CM coded opioid overdoses (including heroin) by age category for the month of admission. (Note: Overdoses among patients under 18 years of age are not included in this report due to low monthly numbers.)

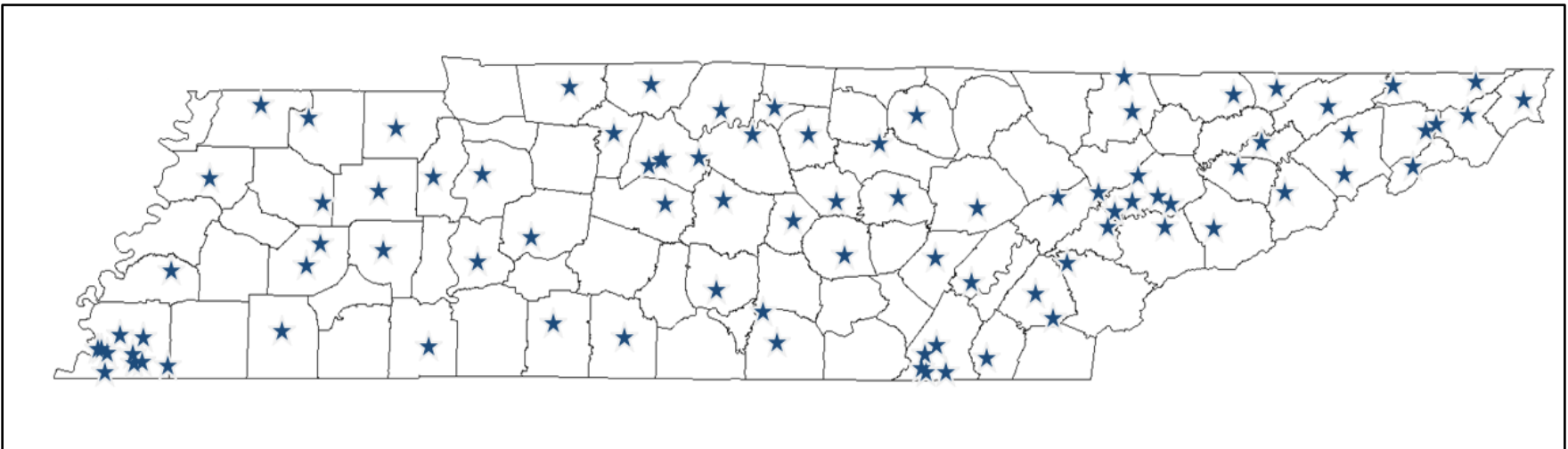
Figure 3. Hospital reported nonfatal ICD-10-CM coded opioid overdoses (including heroin) by opioid drug class for the month of admission.

Map 1. Heat map of hospital reported ICD-10-CM coded opioid overdoses (including heroin). Map depicts nonfatal overdoses by patient residence, and not necessarily the county where the overdose or hospital visit occurred. Map is for the current reporting month.

Map 2. Crude rate (per 100,000 county residents) of hospital reported IDC-10-CM coded opioid overdoses. When the number of overdoses used to compute a rate is very small, the value is considered unstable. Therefore, to discourage misinterpretation of the data, rates are not calculated if the count of overdoses are fewer than 10.

**Facilities reporting to DOR**

The map below shows the location of facilities currently submitting data to DOR. There are 118 facilities providing overdose data and TDH is currently in the process of onboarding missing facilities. Facilities required to report to DOR include emergency departments, acute care hospitals, rehabilitation facilities, and free-standing ambulatory surgical treatment centers.



**Identification of Overdose**

Nonfatal opioid overdose counts are based on ICD-10-CM diagnosis codes of a nonfatal opioid overdose of any intent (accidental, intentional, assault, and undetermined).and exclude adverse effects, underdosing, subsequent encounters, and sequela. Counts include Tennessee residents and address data are provided by DOR facilities. More information: [https://www.tn.gov/content/dam/tn/health/documents/pdo/DOR\\_Manual\\_2019.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/DOR_Manual_2019.pdf) and <https://resources.cste.org/ICD-10-CM/Drug%20Overdose%20Indicator/Drug%20Overdose%20Indicator.pdf>

Data presented in this report are provisional and should not be considered final. Data from DOR reporting facilities are submitted to TDH weekly. Records reported to DOR are triggered by hospital billing systems, which can have lags or updates that impact counts for previously reported weeks. For more information about DOR and the similarities and differences between this reporting system and other hospital-based public health surveillance systems, please refer to the TN Annual Overdose Report 2020, pages 48 and 76 of the PDF: <https://www.tn.gov/content/dam/tn/health/documents/pdo/Overdose%20Report%202020.pdf>

**Council for State and Territorial Epidemiologists (CSTE) Nonfatal Overdose Guidance** - CSTE recommends a distinct nonfatal opioid overdose event should be counted when a person experiences a subsequent overdose that is at least 24 hours after a previous overdose event, and the person experienced clinical improvement or recovery between the events. For the purposes of these reports, TDH counts only one case of opioid overdose per person per day. More information: [Council for State and Territorial Epidemiologists \(CSTE\) Interim –CC-19 guidance](#) (page 9)

Opioid drug classifications reported to DOR system are based on ICD-10-CM codes and include:

Graph Classification	Opioid Class	ICD-10-CM Description	ICD-10-CM Code	
Heroin	Heroin	Poisoning by heroin	T40.1	
Opioid Excluding Heroin	Synthetic Narcotics	Poisoning by methadone	T40.3	
		Poisoning by other synthetic narcotics	T40.4	
		Poisoning by opium	T40.0	
	Other Opioids	Poisoning by other opioids	T40.2	
		Unspecified Narcotics	Poisoning by unspecified narcotics	T40.6
			Poisoning by other narcotics	T40.69



## **Terms**

**Drug Overdose Reporting System (DOR)** - All hospitals licensed under Tennessee Code Annotated, Title 68, Chapter 11, Part 3 are required by Tennessee law to report patient-level drug overdose information to the Tennessee Department of Health (TDH) via the Drug Overdose Reporting system. TDH is currently concentrating DOR efforts with acute care hospitals and emergency departments. DOR does not collect information on mental and behavioral disorders due to psychoactive substance use. See above for a list of reportable opioid overdose ICD-10-CM codes.

On average, 118 facilities across Tennessee (out of approximately 125 facilities) regularly report to DOR. Because some TN facilities are still onboarding to the DOR system or have changes in hospital management and ownership, the number of reporting facilities can fluctuate. More information about DOR can be found on the TDH Drug Overdose Reporting site: <https://www.tn.gov/health/health-program-areas/pdo/pdo/drug-overdose-reporting.html>

**ICD-10-CM** - A system used by healthcare providers to classify and code diagnoses, symptoms, and procedures recorded in conjunction with hospital care.

**Nonfatal Drug Overdose** – A drug overdose that does not cause death.

**Opioid** – A class of drugs that include the illegal drugs heroin and fentanyl, as well as powerful pain relievers available legally by prescription [e.g., oxycodone (OxyContin)].

**Rate** – How many times something happens relative to the number of people in the population over a period of time.

**Synthetic Opioids** - Compounds that are manufactured chemicals (e.g. fentanyl) that act on the same targets in the brain as natural opioids (e.g., morphine and codeine) to produce analgesic (pain relief) effects.

## **More Information**

Additional data and reports on drug overdose created by the Tennessee Department of Health, Office of Informatics and Analytics can be found via this link: <https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html>

The Office of Informatics and Analytics works towards being a trusted leader in providing data-driven solutions for public health practice in Tennessee with the mission to develop, use, and promote best practices of informatics, data governance, and analytics that drive insightful public health decision-making for the Tennessee Department of Health and its partners.

Questions related to this report, TDH drug overdose surveillance, or the Office of Informatics and Analytics can be sent to [TDH.Analytics@tn.gov](mailto:TDH.Analytics@tn.gov).