New York State - County Opioid Quarterly Report
For Counties Outside of New York City
Published: October, 2016

New York State Department of Health
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Introduction

In response to the growing opioid public health crisis, Governor Andrew M. Cuomo convened a Heroin and Opioid Task Force. This group was charged with developing a comprehensive plan to fight against this epidemic in New York State. The Task Force gathered perspectives and information from communities across the state in order to produce a comprehensive report with actionable recommendations to target heroin and opioid abuse. One recommendation highlighted the need to improve the reporting and use of heroin and opioid data collected in order to help spot trends and respond to local needs. This recommendation was included in a comprehensive package of bills signed by Governor Cuomo, intended to combat opioid and heroin issues within the state by focusing on prevention, education, treatment, and recovery.

Prevention efforts include improving timely opioid overdose reporting to key stakeholders. This information is a valuable tool for planning and can help identify where communities are struggling, help tailor interventions, and show improvements.

In accordance with the recommendations and legislation, the New York State Department of Health (NYSDOH) is providing opioid overdose information (deaths, emergency department (ED) visits, and hospitalizations) by county in this quarterly report. The reported cases are based on the county of the resident. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. Please note that this report does not fully capture the burden of opioid abuse and dependence in New York State.

This report has some data limitations. Significant time lag in the electronic reporting of death certificates and patient information to the NYSDOH impact data completeness. For instance, due to factors like toxicology tests, overdose mortalities take time to be confirmed. As a result, the mortality numbers in this report may not reflect all deaths that have occurred within a given quarter. Therefore, data provided in this report are not considered complete by the NYSDOH and should be used and interpreted with caution. Mortality, hospitalization, and ED quarterly data may change as deaths, hospitalizations, and ED visits are confirmed and reported. Subsequent reports may contain frequencies for a quarter which differ from the previous report as they reflect additional confirmations and updates.

Additionally, due to the small frequencies, rates should be interpreted with caution. When rates are based on only a few cases, small changes in frequencies can produce large changes in the rates making it difficult to discern true changes from chance fluctuation.

For questions or requests for additional information, please contact opioidprevention@health.ny.gov.

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4 https://www.health.ny.gov/diseases/chronic/ratesmall.htm
## Albany County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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2. This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

3. Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
Allegany County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1 Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Cattaraugus County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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### Hospitalizations

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1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
Cayuga County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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### Chautauqua County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Chemung County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
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Hospitalizations

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Clinton County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
## Cortland County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
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### Dutchess County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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Erie County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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## Franklin County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Fulton County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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</table>

1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Jefferson County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

² This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

³ Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
Lewis County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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</table>

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# Livingston County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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**Outpatient Emergency Department Visits**

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**Hospitalizations**

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Madison County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

<sup>2</sup> This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

<sup>3</sup> Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Monroe County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

<sup>2</sup> This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

<sup>3</sup> Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
Montgomery County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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Outpatient Emergency Department Visits³

| All Opioid Overdoses | Montgomery | s | s | s | 7 | 14.1 | s | s | s | s | 14 | 28.2 | s | s |
| NYS Excl. NYC | 940 | 8.4 | 1,240 | 11.0 | 1,269 | 11.3 | 1,022 | 9.1 | 4,471 | 39.8 | 1,556 | 13.8 |
| Heroin Overdoses | Montgomery | s | s | s | s | 0 | 0.0 | s | s | 7 | 14.1 | s | s |
| NYS Excl. NYC | 626 | 5.6 | 922 | 8.2 | 897 | 8.0 | 779 | 6.9 | 3,224 | 28.7 | 1,246 | 11.1 |
| Opioid Overdoses Excluding Heroin² | Montgomery | s | s | s | s | s | s | s | 0 | 0.0 | 7 | 14.1 | 0 | 0.0 |
| NYS Excl. NYC | 314 | 2.8 | 318 | 2.8 | 372 | 3.3 | 243 | 2.2 | 1,247 | 11.1 | 310 | 2.8 |

Hospitalizations³

| All Opioid Overdoses | Montgomery | s | s | s | s | s | s | s | s | s | 13 | 26.2 | 0 | 0.0 |
| NYS Excl. NYC | 403 | 3.6 | 511 | 4.5 | 508 | 4.5 | 385 | 3.4 | 1,807 | 16.1 | 398 | 3.5 |
| Heroin Overdoses | Montgomery | s | s | s | s | s | s | 0 | 0.0 | s | s | 6 | 12.1 | 0 | 0.0 |
| NYS Excl. NYC | 141 | 1.3 | 158 | 1.4 | 156 | 1.4 | 161 | 1.4 | 616 | 5.5 | 193 | 1.7 |
| Opioid Overdoses Excluding Heroin² | Montgomery | s | s | s | s | s | s | s | s | s | 7 | 14.1 | 0 | 0.0 |
| NYS Excl. NYC | 262 | 2.3 | 353 | 3.1 | 352 | 3.1 | 224 | 2.0 | 1,191 | 10.6 | 205 | 1.8 |

¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

² This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

³ Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Nassau County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1 Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

2 This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
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¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

² This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
## Oneida County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1 Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
Onondaga County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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### Ontario County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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**Deaths**

- Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

**Outpatient Emergency Department Visits**

- This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

**Hospitalizations**

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1 Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
## Oswego County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Otsego County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

### Deaths

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## Putnam County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Rensselaer County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

² This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Saratoga County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.
2. This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.
3. Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
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#### Outpatient Emergency Department Visits ^3

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## Schoharie County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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### Seneca County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Steuben County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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Suffolk County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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### Sullivan County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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## Tioga County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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# Tompkins County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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### Ulster County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1 Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

2 This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
## Warren County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

² This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

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s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Washington County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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## Wayne County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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1 Indicates are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

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### Westchester County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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| **Outpatient Emergency Department Visits**<sup>3</sup> |                 |               |               |               |               |            |               |
| All Opioid Overdoses                           | Westchester     | 26            | 2.7           | 39            | 4.0           | 40         | 4.1           | 20            | 2.0           | 125           | 12.8          | 26            | 2.7           |
| NYS Excl. NYC                                  | 940             | 8.4           | 1,240         | 11.0          | 1,269         | 11.3       | 1,022         | 9.1           | 4,471         | 39.8          | 1,556         | 13.8          |
| Heroin Overdoses                               | Westchester     | 14            | 1.4           | 25            | 2.6           | 25         | 2.6           | 13            | 1.3           | 77            | 7.9           | 15            | 1.5           |
| NYS Excl. NYC                                  | 626             | 5.6           | 922           | 8.2           | 897           | 8.0        | 779           | 6.9           | 3,224         | 28.7          | 1,246         | 11.1          |
| Opioid Overdoses Excluding Heroin<sup>2</sup>   | Westchester     | 12            | 1.2           | 14            | 1.4           | 15         | 1.5           | 7             | 0.7           | 48            | 4.9           | 11            | 1.1           |
| NYS Excl. NYC                                  | 314             | 2.8           | 318           | 2.8           | 372           | 3.3        | 243           | 2.2           | 1,247         | 11.1          | 310           | 2.8           |

| **Hospitalizations**<sup>3</sup>                |                 |               |               |               |               |            |               |
| All Opioid Overdoses                           | Westchester     | 22            | 2.3           | 30            | 3.1           | 35         | 3.6           | 20            | 2.0           | 107           | 11.0          | 14            | 1.4           |
| NYS Excl. NYC                                  | 403             | 3.6           | 511           | 4.5           | 508           | 4.5        | 385           | 3.4           | 1,807         | 16.1          | 398           | 3.5           |
| Heroin Overdoses                               | Westchester     | 11            | 1.1           | 9             | 0.9           | 6          | 0.6           | 11            | 1.1           | 37            | 3.8           | 10            | 1.0           |
| NYS Excl. NYC                                  | 141             | 1.3           | 158           | 1.4           | 156           | 1.4        | 161           | 1.4           | 616           | 5.5           | 193           | 1.7           |
| Opioid Overdoses Excluding Heroin<sup>2</sup>   | Westchester     | 11            | 1.1           | 21            | 2.2           | 29         | 3.0           | 9             | 0.9           | 70            | 7.2           | s             | s             |
| NYS Excl. NYC                                  | 262             | 2.3           | 353           | 3.1           | 352           | 3.1        | 224           | 2.0           | 1,191         | 10.6          | 205           | 1.8           |

<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

<sup>2</sup> This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

<sup>3</sup> Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

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## Wyoming County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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## Yates County: Opioid overdoses and rates per 100,000 population (Data as of August, 2016)

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Data Sources

Vital Records (Vital Statistics):

Vital Event Registration:

New York State consists of two registration areas, New York City (NYC) and New York State Exclusive of New York City (also referred to as Rest of State). NYC includes the five counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens and Richmond (Staten Island); the remaining 57 counties comprise New York State Exclusive of NYC. The Bureau of Vital Records, NYSDOH, processes data from live birth, death, fetal death and marriage certificates recorded in New York State Exclusive of NYC. Through a cooperative agreement, the NYSDOH receives data on live births, deaths, and fetal deaths recorded in NYC from the New York City Department of Health and Mental Hygiene (NYCDOHMH) and on live births and deaths recorded outside of New York State to residents of New York State from other states and Canada.

Vital statistics mortality data include up to 20 causes of death. Morality indicators in this report reflect all manners and all causes of death. Frequencies are based on decedents' county of residence, not the county where death occurred. Vital Event indicators for NYC geographical areas reported by the NYSDOH and the NYCDOHMH are different since the former includes possibly all NYC residents’ events, regardless of where they took place, and the latter reports events to NYC residents that took place in NYC. The indicators may also differ due to timing and/or completeness of data.

Statewide Planning and Research Cooperative System (SPARCS):

SPARCS collects information about hospitalizations and ED visits. Data is collected through the patient discharge data system. Outpatient ED visits include events that did not result in admission to the hospital. Each hospitalization and outpatient ED visit receives an ICD-9-CM code (ICD-10-CM codes beginning on Oct 1st, 2015) at discharge that indicates the primary reason for the occurrence. There are also a first-listed cause, external cause of injury, and up to 24 other diagnosis codes recorded to further describe the hospitalization or ED visits.

Statistics presented in these tables are based on the primary diagnosis and first-listed cause of injury unless otherwise noted. An individual can have more than one hospitalization or ED visit. Numbers and rates are based on the number of discharges and not on the number of individuals seen. The frequencies are based on patients’ county of residence, not the county where the incident occurred. For indicators related to the ED data, the numbers represent ED visits for opioid overdose patients, who are not subsequently admitted into the hospital.
Data Suppression Rules for Confidentiality

In many instances, results are not shown (i.e., suppressed) to protect individuals’ confidentiality. Suppression rules vary depending on the data source. An ‘s’ notation indicates that the data did not meet reporting criteria.

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Suppression Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Statistics - Death Records</td>
<td>Denominator population &lt;50</td>
</tr>
<tr>
<td>Statewide Planning and Research Cooperative System (SPARCS) - ED and hospital records</td>
<td>Numerator 1-5 cases</td>
</tr>
</tbody>
</table>

Data Limitations
Summary of Limitations for Data Presented:

**SPARCS**

The recent data may be incomplete and should be interpreted with caution. Health Care Facilities licensed in New York State, under Article 28 of the Public Health Law, are required to submit their inpatient and/or outpatient data to the Statewide Planning and Research Cooperative System (SPARCS). SPARCS is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for hospitals, ambulatory surgical centers, and clinics; both hospital extension and diagnosis and treatment centers.

Per NYS Rules and Regulations, Section 400.18 of Title 10, this data is required to be submitted: (1) on a monthly basis, (2) 95% within 60 days following the end of the month of patients discharge/visit, and (3) 100% are due 180 days following the end of the month of the patient discharge/visit. Failure to comply may result in the issuance of Statement of Deficiencies (SODs) and facilities may be subject to a reimbursement rate penalty.

The accuracy of indicators, which are based on diagnosis codes (ICD-9-CM codes prior to Oct. 1, 2015 and ICD-10-CM on/after Oct. 1, 2015) reported in the data by the facilities, is limited by the completeness and quality of reporting and coding by the facilities. The indicators are defined based on the principal diagnosis code or first-listed valid external cause code only. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type. Changes should be interpreted with caution due to the change in codes used for the definition.

**Vital Records**

The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of reporting and coding. Death investigations may require weeks or months to complete; while investigations are being conducted, deaths may be assigned a pending status on the death certificate (ICD-10-CM underlying cause code of R99, "other ill-defined and unspecified causes of mortality"). Analysis of the percentage of death certificates with an underlying cause of death of R99 by age, over time, and by jurisdiction should be conducted to determine potential impact of incomplete underlying causes of death on drug overdose death indicators.

The percentage of death certificates with information on the specific drug(s) involved in drug overdose deaths varies substantially by state and local jurisdiction and may vary over time. The substances tested for, the circumstances under which the tests are performed, and how information is reported on death certificates may also vary. Drug overdose deaths that lack information about the specific drugs may have involved opioids. Even after a death is ruled as caused by a drug overdose, information on the specific drug might not be subsequently added to the certificate. Therefore, estimates of fatal drug overdoses involving opioids may be underestimated from lack of drug specificity. Additionally, deaths involving heroin might be misclassified as involving morphine (a natural opioid), because morphine is a metabolite of heroin.

Please note, the indicator: “Overdose deaths involving opioid pain relievers” includes overdose deaths due to pharmaceutically and illicitly produced opioids such as fentanyl.