

# November 2024

This report encompasses data from the following counties: Colfax, Guadalupe, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, and Union.

This report was generated using data from NMDOH's syndromic surveillance database. Syndromic surveillance is a passive surveillance system of emergency department (ED) visits in New Mexico that provides the state with near real-time data about emergency department visits.

A few things to keep in mind regarding syndromic surveillance data:

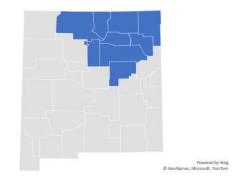
- 89% of non-federal hospitals in NM send ED data to NMDOH.
- All drug overdoses are suspected. Drug involvement is often based upon the chief complaint and discharge diagnosis fields, and drug categories are not exclusive.
- Indian Health Service and Veteran's Administration data are **not** included. This leads to undercounts of these particular populations.
- To protect the privacy of patients, this report conforms to NMDOH's Small Numbers Rule. This means that if the population from which the numerator is derived is less than 20, and the numerator itself is one to three, those numbers are not shown.
- · Location is based on facility location.
- Data drops in the first or last week of the graph are often because only part of the week belongs to the month in question.

Population estimates are from 2021.

## **Opioids**

This category includes both prescription and illicit opioids.

# Opioid Overdose ED Visits, November 2024 (n=36) 12.5 10.0 Year 2023 2024 2.5 0.0 43 44 44 45 Week





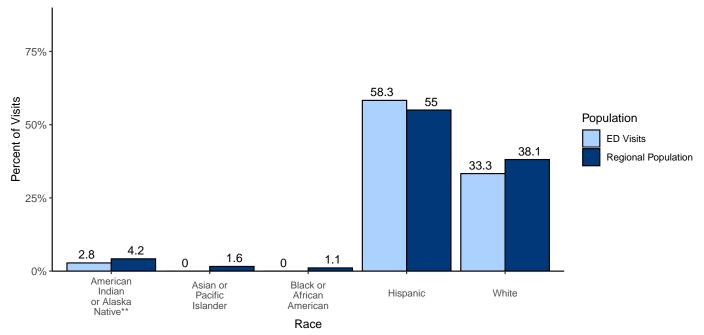
Opioid Overdose ED Visits by Age, November 2024 (n=36)

Age	Number of Visits
18-25	1
26-54	26
55-64	4
65-77	2
78+	0

Opioid Overdose ED Visits by Sex, November 2024 (n=36)

Sex	Number of Visits
Female	13
Male	23

Opioid Overdose ED Visits by Race/Ethnicity, November 2024 (n=36)



<sup>\*\*</sup>The number of American Indian/Alaska Natives are likely undercounted.

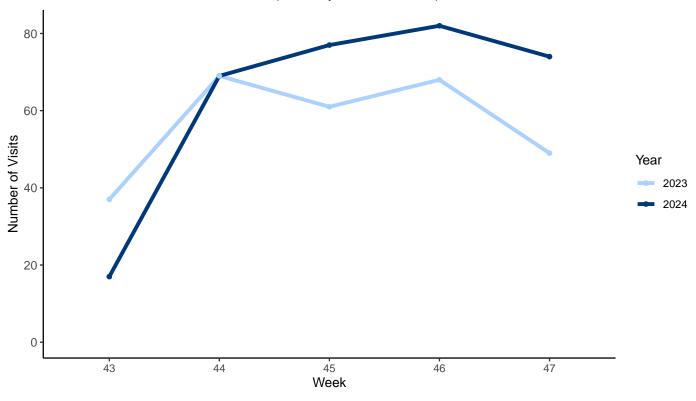
Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the benzodiazepine ED visits, and the dark blue bars represent the racial breakdown of the NE public health region overall. A small percentage of the ED visits for benzodiazepines were for people who had a missing value for race, or were coded as "Other Race". They are not represented on this graph.



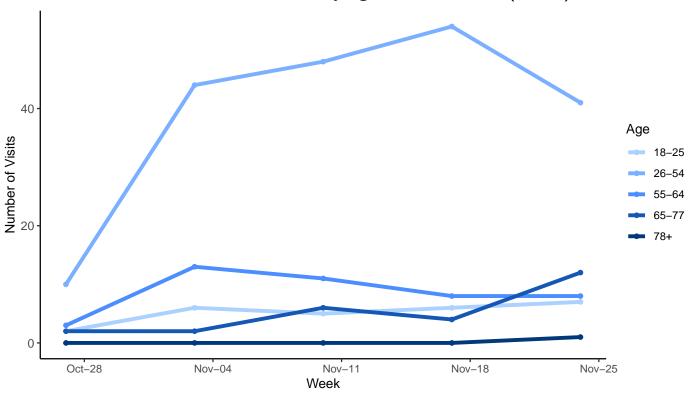
### **Alcohol**

### Alcohol-Involved ED Visits, November 2024 (n=319)

Week numbers are used in order to compare two years of data. Comparison data are from November 2023.



### Alcohol-Involved ED Visits by Age, November 2024 (n=319)

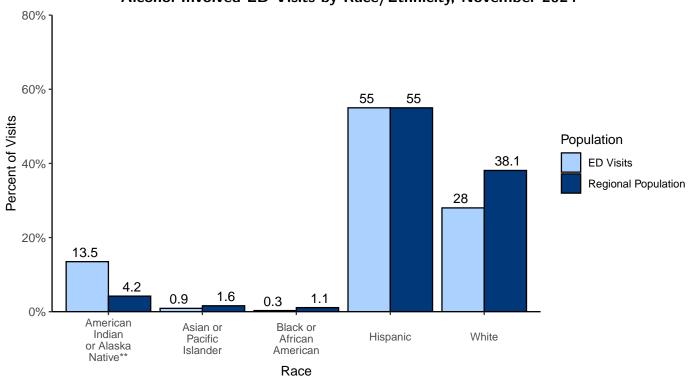




### Alcohol-Involved ED Visits by Sex, November 2024 (n=319)

Sex	Number of Visits
Female	119
Male	200

### Alcohol-Involved ED Visits by Race/Ethnicity, November 2024



<sup>\*\*</sup>The number of American Indian/Alaska Natives are likely undercounted.

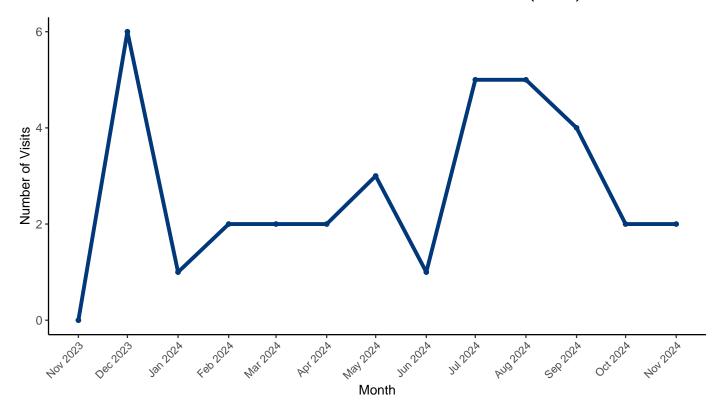
Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the alcohol ED visits, and the dark blue bars represent the racial breakdown of the NE public health region overall. A small percentage of the ED visits for alcohol were for people who had a missing value for race, or were coded as "Other Race". They are not represented on this graph.



### Stimulants

This category includes substances like methamphetamine, cocaine, MDMA, crack cocaine, and ecstasy (not exhaustive). Due to the small number of stimulant-related ED visits in the region, data for the past year have been aggregated.

### Stimulant-Involved ED Visits, November 2023-2024 (n=35)



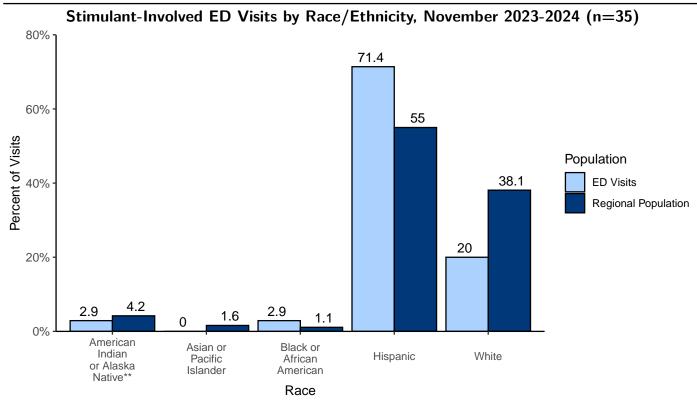
### Stimulant-Involved ED Visits by Age, November 2023-2024 (n=35)

Age	Number of Visits
0-18	1
19-30	11
31-64	22
65+	1

### Stimulant-Involved ED Visits by Sex, November 2023-2024 (n=35)

Sex	Number of Visits
Female	11
Male	24





\*\*The number of American Indian/Alaska Natives are likely undercounted.

Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the alcohol ED visits, and the dark blue bars represent the racial breakdown of the NE public health region overall. A small percentage of the ED visits for alcohol were for people who had a missing value for race, or were coded as "Other Race". They are not represented on this graph.



# **Benzodiazepines**

Due to the small number of benzodiazepine overdose visits in the region, data for the past year have been aggregated.

### Benzodiazepine Overdose ED Visits, November 2023-2024 (n=15)

Substance	Number of Visits
Benzodiazepines	15

### Benzodiazepine Overdose ED Visits by Age, November 2023-2024 (n=15)

Age	Number of Visits
0-18	*
19-30	*
31-64	5
65+	4

### Benzodiazepine Overdose ED Visits by Sex, November 2023-2024 (n=15)

Sex	Number of Visits
Female	5
Male	10



### Benzodiazepine Overdose ED Visits by Race/Ethnicity, November 2023-2024

Race	Number of Visits
American Indian or Alaska Native**	*
Asian or Pacific Islander	*
Black or African American	*
Hispanic	8
White	7

Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this table. A small percentage of the ED visits for benzodiazepines were for people who had a missing value for race, or were coded as "Other Race". They are not represented in this table.



# Polysubstance Use

Polysubstance use is the intentional or unintentional consumption of one or more drugs either at the same time or within a short period of time. The drug categories presented here are not mutually exclusive. There are **0 visits** where polysubstance use was indicated.

This report includes data from the following hospitals:

- Alta Vista Regional Hospital
- Christus St. Vincent Regional Medical Center
- Presbyterian Española Hospital
- Guadalupe County Hospital
- Los Alamos Medical Center
- Presbyterian Santa Fe Medical Center
- Holy Cross Hospital
- Miners' Colfax Medical Center
- Union County General Hospital

For questions, contact Percis Drew, DrPH at percis.drew@doh.nm.gov.