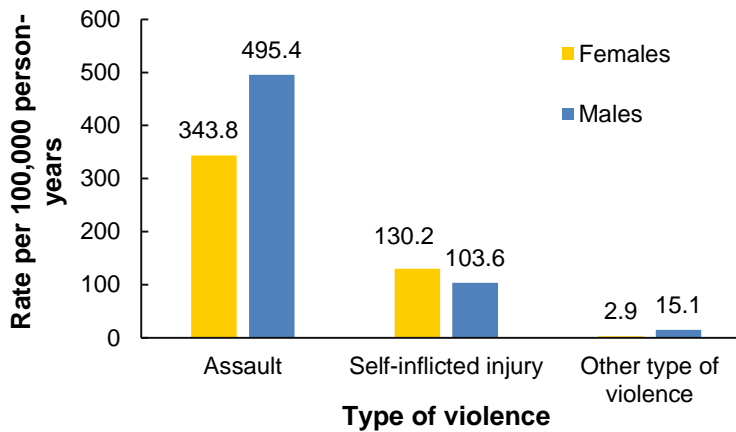


NORTH CAROLINA EMERGENCY DEPARTMENT VISITS FOR ASSAULT

The North Carolina Disease Event Tracking and Epidemiologic Collection tool (NC DETECT) provides public health officials and hospital users with the capacity for statewide early event detection and timely public health surveillance. Through NC DETECT, users can access near real-time data from North Carolina acute care emergency departments (EDs), the Carolinas Poison Center (CPC), and the Pre-Hospital Medical Information System (PreMIS). NC DETECT data from ED visits have become increasingly important for the surveillance of injury morbidity in North Carolina. NC DETECT is funded by the NC Division of Public Health (NC DPH). This document summarizes 2012 ED visits with an external cause of injury code (E-code) for assault.

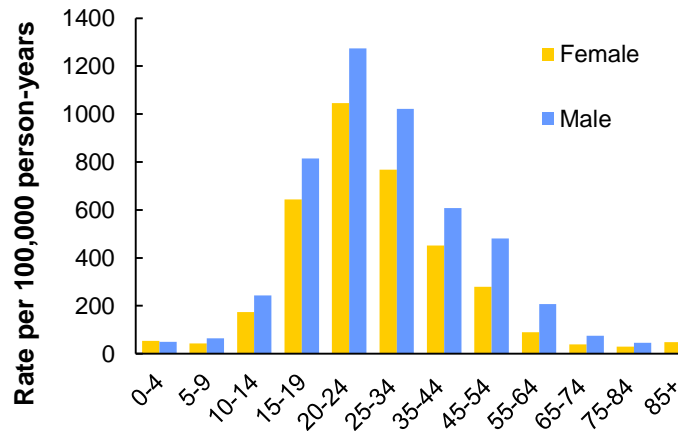
North Carolina ED visits for intentional injuries, 2012



- In 2012, there were 40,735 ED visits with an E-code for assault. Among the 1,118,434 total ED visits due to injury in NC, 3.6% were due to assault.
- In 2012, there were 417.7 ED visits for assault per 100,000 person-years in NC.
- The 2012 rate was comparable to the 2010 (418.0 visits per 100,000 person-years) and 2011 (413.0 visits per 100,000 person-years) rates.
- The number of ED visits for assault was higher than the number of ED visits due to self-inflicted injuries and the number of injuries due to other types of violence (e.g. legal intervention).

Rates of North Carolina ED visits for assault, 2012

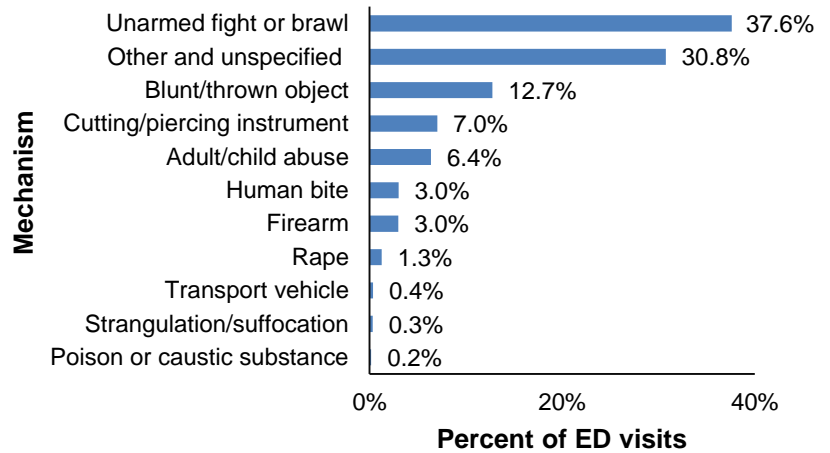
- Rates of ED visits for assault were higher among men (495.4 visits per 100,000 person-years) than among women (343.8 visits per 100,000 person-years).
- Rates of assault peaked at 20-24 years of age for both men (1,273.4 visits per 100,000 person-years) and women (1,045.8 visits per 100,000 person-years). Men had higher rates of assault for all age groups except for children 0-4 years of age and seniors ≥ 85 years of age.



Source: Carolina Center for Health Informatics, Department of Emergency Medicine, University of North Carolina at Chapel Hill, 2014.
 NC Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit/ 919-707-5425
 NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) / www.ncdetect.org / 919-843-2361
 State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov
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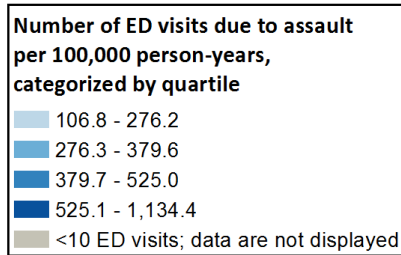
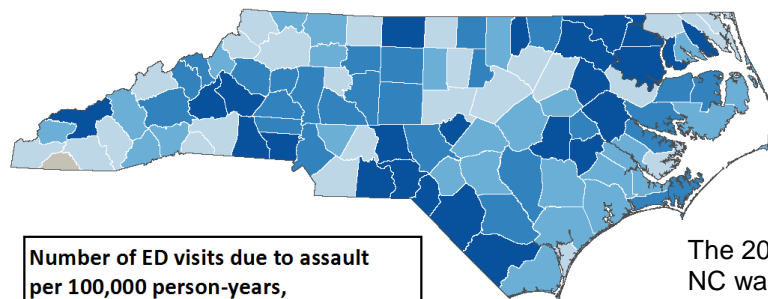
Common mechanisms of assault in North Carolina, 2012¹

- Among ED visits that were due to assault, 37.6% of visits had an E-code for an unarmed fight or brawl, 12.7% of visits had an E-code for an assault due to being struck by a blunt or thrown object, and 7.0% of visits had an E-code for an assault due to a cutting/piercing instrument (e.g. knife).
- 1,216 ED visits (3.0%) were due to assault by a firearm.
- The majority of people who visited the ED due to an assault were discharged home from the ED (89.8%). Only 4.2% of ED visits due to an assault were admitted to the hospital or placed in an observation unit.



¹Categories are not mutually exclusive; ED visits may have more than one code for assault mechanism and so percentages will not add to 100%.

Population-based rates of assault by North Carolina county, 2012



The 2012 rate for the state of NC was 417.7 ED visits per 100,000 person-years.

- In 2012, 96.9% of ED visits due to assault were made by NC residents (39,484 visits).
- The NC counties with the five highest rates of assault were Robeson (1,134.4 visits per 100,000 person-years), Richmond (1,027.3 visits per 100,000 person-years), Scotland (972.5 visits per 100,000 person-years), Cleveland (863.8 visits per 100,000 person-years), and Bertie Counties (861.9 visits per 100,000 person-years).

For additional data and prevention strategies for assault, please visit the North Carolina Injury and Violence Prevention Branch (NC IVPB) website at www.injuryfreenc.ncdhhs.gov.



Source: Carolina Center for Health Informatics, Department of Emergency Medicine, University of North Carolina at Chapel Hill, 2014.
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