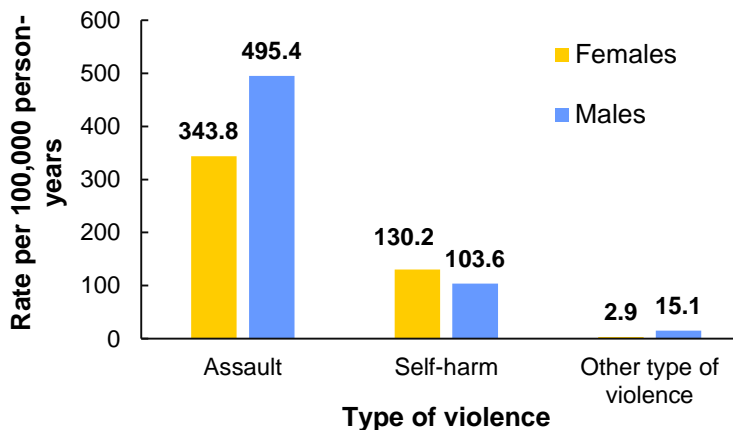


NORTH CAROLINA EMERGENCY DEPARTMENT VISITS FOR SELF-HARM

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 injuries due to self-harm. According to the CDC, self-harm refers to injuries that are the result of intentional acts inflicted on oneself with the intent to harm oneself. This category of injury includes suicides, suicide attempts, and other forms of self-harm.

North Carolina ED visits for intentional injuries, 2012



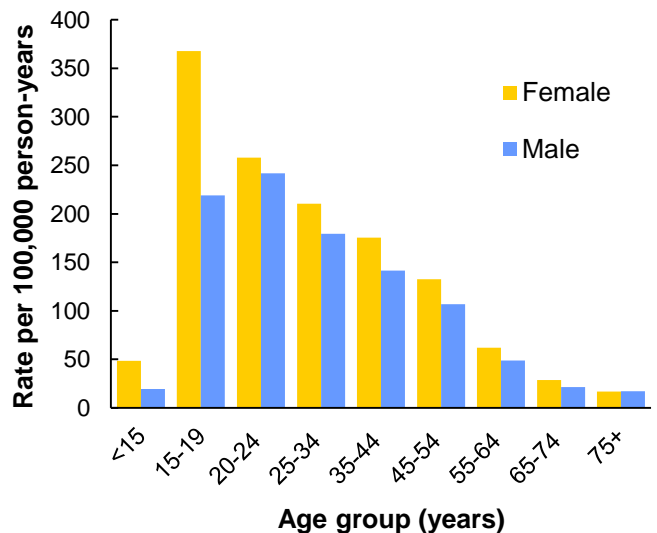
- In 2012, there were 11,438 ED visits with an E-code for self-harm. Among the 1,118,434 total ED visits due to injury in NC, 1.0% were due to self-harm.

- In 2012, there were 117.3 ED visits for self-harm per 100,000 person-years in NC.

- The rate of ED visits due to self-harm was lower than the rate of injuries due to assault, but the rate of self-harm was considerably higher than the rate of injuries due to other types of violence (e.g. legal intervention).

Rates of North Carolina ED visits for self-harm, 2012

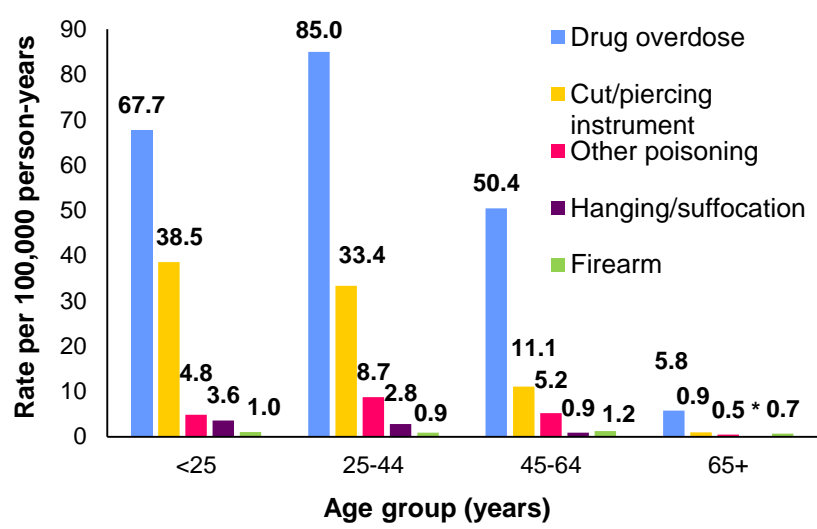
- Rates of ED visits due to self-harm were higher among women (130.2 visits per 100,000 person-years) than among men (103.6 visits per 100,000 person-years).
- Rates of ED visits due to self-harm peaked at 15-19 years of age for women (367.8 visits per 100,000 person-years) and at 20-24 years of age for men (241.7 visits per 100,000 person-years).
- Women had higher rates of injuries due to self-harm for all age groups except for seniors ≥ 75 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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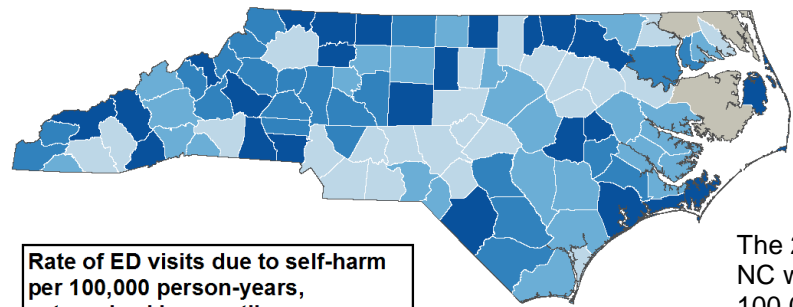
Common mechanisms of self-harm in North Carolina. 2012^{1,2}

- Among ED visits with an E-code for an injury due to self-harm, 59.5% had an E-code for a drug overdose. Another 5.5% had an E-code for a self-inflicted poisoning by some other liquid, solid, or gaseous substance.
- Rates of self-inflicted drug overdoses and other poisoning peaked among adults 25-44 years of age. Rates of self-inflicted lacerations due to cutting/piercing instruments and rates of self-inflicted injuries due to hanging/suffocation were highest for those under 25 years of age.



¹Categories are not mutually exclusive; ED visits may have more than one code for self-harm mechanism
²Categories with counts of <10 ED visits demarcated with a “**”

Population-based rates of ED visits due to self-harm by North Carolina county, 2012



Rate of ED visits due to self-harm per 100,000 person-years, categorized by quartile

- 26.4 - 86.7
- 86.8 - 122.7
- 122.8 - 153.6
- 153.7 - 219.2
- <10 ED visits; data are not displayed

The 2012 rate for the state of NC was 117.3 ED visits per 100,000 person-years.

- In 2012, 97.4% of ED visits due to self-harm were made by NC residents (11,139 visits).
- The NC counties with the highest rates of ED visits due to self-harm (visits per 100,000 person-years in parentheses) were Transylvania (219.2), Carteret (214.4), Wayne (212.5), Mitchell (201.7), and Cleveland counties (195.9).

For more information on preventing injuries due to falls please visit the NC Injury and Violence Prevention Branch website at www.injuryfreenc.ncdhhs.gov or visit www.injuryfreenc.org.



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