3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for “Suspected Heroin Overdose” Syndrome in Connecticut, by County of Residence, March 2022

Data source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. Rates were not calculated for counties with fewer than 20 total visits over the 3-month period due to the instability of rates. Please note, these data are preliminary; caution should be used when interpreting these results. All of the 38 ED facilities participating in EpiCenter were sending data for 75% to 100% of the days in the specified three-month time frame. Rates were calculated using 2020 population data.
3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for “Suspected Heroin Overdose” Syndrome in Connecticut, by County of Residence, April 2022

Data source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. Rates were not calculated for counties with fewer than 20 total visits over the 3-month period due to the instability of rates. Please note, these data are preliminary; caution should be used when interpreting these results. All of the 38 ED facilities participating in EpiCenter were sending data for 75% to 100% of the days in the specified three-month time frame. Rates were calculated using 2020 population data.
3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for “Suspected Heroin Overdose” Syndrome in Connecticut, by County of Residence, May 2022

Data source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. Rates were not calculated for counties with fewer than 20 total visits over the 3-month period due to the instability of rates. Please note, these data are preliminary; caution should be used when interpreting these results. All of the 38 ED facilities participating in EpiCenter were sending data for 75% to 100% of the days in the specified three-month time frame. Rates were calculated using 2020 population data.