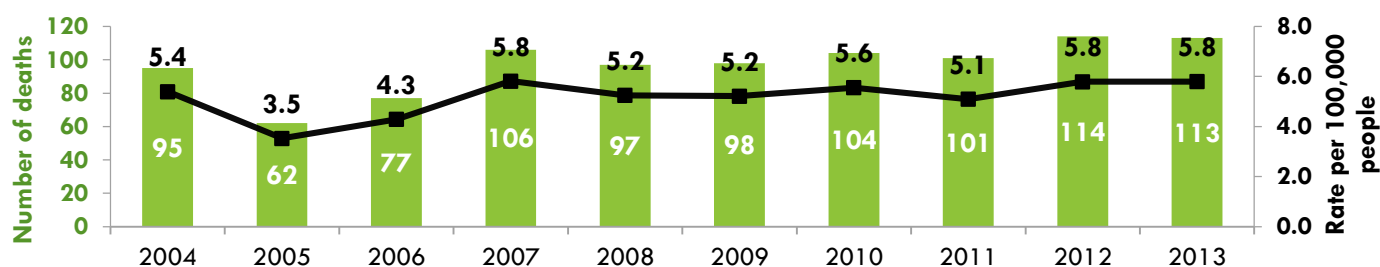# Santa Clara County: Unintentional poisoning
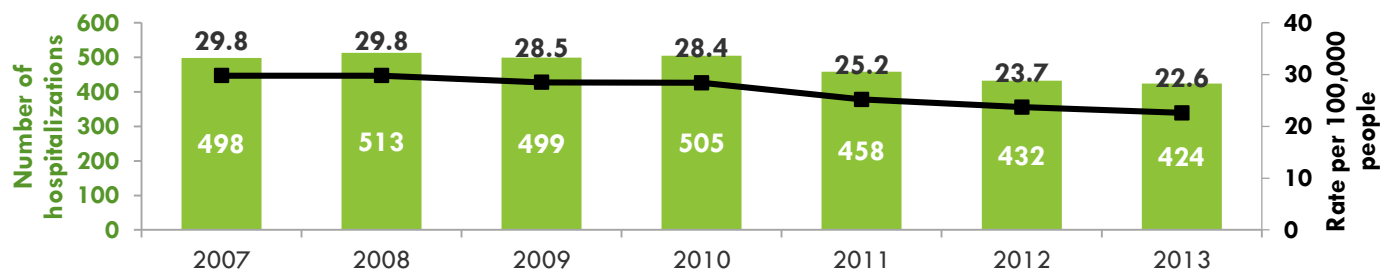
Key findings

- In 2013, unintentional poisoning was the 3rd leading cause of injury deaths and accounted for 17% of injury deaths.
- The death rate from poisoning has been stable since 2004, with some fluctuation in intervening years.
- The number and rate of hospitalizations for poisoning have decreased since 2007. The number and rate of emergency department (ED) visits increased from 2007, but decreased beginning in 2011.
- The rate of deaths, hospitalizations, and ED visits for poisoning is highest among African Americans.
- The death rate from poisoning is highest among residents ages 45 to 64. The rate of hospitalizations for poisoning is highest among adults ages 65 and older and the rate for ED visits is highest among those younger than age 18.
- The death rate from poisoning is higher for males than females, but rates for hospitalizations and ED visits are similar.

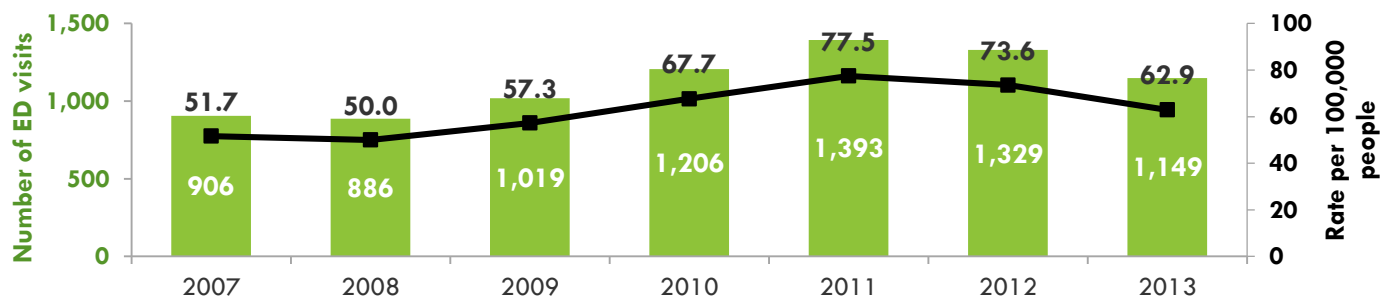## Number and age-adjusted rate of <u>deaths</u> from poisoning, 2004-2013

Source: Santa Clara County Public Health Department, 2004-2013 Death Statistical Master File[1]

Number and age-adjusted rate of <u>hospitalizations</u> for poisoning, 2007-2013

Source: Office of Statewide Health Planning and Development, 2007-2013 Patient Discharge Data[1]

Number and age-adjusted rate of <u>emergency department (ED) visits</u> for poisoning, 2007-2013

Source: Office of Statewide Health Planning and Development, 2007-2013 Emergency Department Data[1]

Note: In each graph above, the colored bars represent the number and the black line represents the age-adjusted rate per 100,000 people.

Number, percentage, and age-adjusted/age-specific rates of <u>deaths</u> from poisoning by demographic characteristics, 2009-2013

		Deaths		
		Average annual number of deaths	% of deaths from poisoning*	Rate per 100,000 people+
Santa Clara County		106	N\A	5.5
Gender	Male	70	66	7.2
	Female	36	34	3.7
Age group	<18	<1	<1	--
	18-44	38	36	5.3
	45-64	61	57	13.1
	65+	7	7	3.4
Race/ethnicity	African American	6	6	12.1
	Asian/Pacific Islander	8	7	1.2
	Latino	23	22	5.5
	White	66	62	9

Source: Santa Clara County Public Health Department, 2009-2013 Death Statistical Master File[1]

Number, percentage, and age-adjusted/age-specific rates of <u>hospitalizations</u> and <u>emergency department (ED) visits</u> for poisoning by demographic characteristics, 2009-2013

		Hospitalizations			ED visits		
		Average annual number of visits	% of hospitalizations for poisoning*	Rate per 100,000 people+	Average annual number of visits	% of visits for poisoning*	Rate per 100,000 people+
Santa Clara County		464	N/A	25.7	1,219	N/A	67.9
Gender	Male	224	48	25.5	614	50	67.9
	Female	240	52	25.8	605	50	67.7
Age group	<18	47	10	10.8	454	37	105.0
	18-44	107	23	15.2	416	34	58.8
	45-64	160	35	34.6	222	18	47.9
	65+	150	32	73.3	127	10	62.3
Race/ethnicity	African American	26	6	62.3	55	5	126.2
	Asian/Pacific Islander	64	14	12.3	143	12	25.3
	Latino	111	24	29.2	460	38	89.0
	White	239	52	32.2	489	41	87.7

Source: Office of Statewide Health Planning and Development, 2009-2013 Emergency Department Data and 2009-2013 Patient Discharge Data[1]

Note: *Represents the percentage of deaths, hospitalizations, or ED visits in each category, e.g., the percentage of deaths or visits for poisoning that were male or female. +Rates for age groups are reported as age-specific rates per 100,000 people. All other rates are age-adjusted rates per 100,000 people. Numbers and percentages may not sum to county totals or 100% because some categories are not presented (race/ethnicity), due to missing data, or due to rounding. N/A indicates fields where data are not applicable. (--) indicates not reportable due to small number of deaths, hospitalizations, or ED visits.

Annual economic cost of unintentional poisonings

Costs	Deaths (N=113)	Hospitalizations (N=415)	ED visits (N=1,148)
Medical	$588,000	$6,377,000	$1,921,000
Work loss	$140,027,000	$2,923,000	$810,000
Combined	$140,615,000	$9,300,000	$2,732,000

Source: Santa Clara County Public Health Department, 2013 Death Statistical Master File; Office of Statewide Health Planning and Development, 2013 Emergency Department Data and 2013 Patient Discharge Data; Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System, 2014

Note: For annual economic costs, data are for non-fatal hospitalizations and non-fatal treat and release ED visits only and so may not match numbers reported in other tables and graphs. Costs are indexed to 2013 U.S. prices for hospitalizations and ED visits and 2013 California prices for deaths.

Technical notes

Poisoning is defined as the ingestion, inhalation, or absorption through the skin, or injection of so much of a drug, toxin (biologic or non-biologic), or other chemical that a harmful effect results, such as drug overdoses. This category does not include harmful effects from normal therapeutic drugs (i.e., unexpected adverse effects to a drug administered correctly to treat a condition) or bacterial illnesses.[2] This fact sheet includes data only on unintentional poisoning, such as accidental drug overdoses. Intentional poisoning (e.g., intentional drug overdose, other intentional poisoning) is not included.

Injury data are presented as counts and rates:

- Counts represent the total number of events (e.g., deaths, hospitalizations) that occur in a defined period of time, such as one year.
- Rates consist of the count divided by the number of people in the population at risk (e.g., Latinos in Santa Clara County), multiplied by a standard number (e.g., 100,000). When comparing data over time or between different populations, rates are often used instead of counts to make it possible to compare outcomes between populations that differ in size.
- Rates are "age-adjusted" to account for differences in the age profiles in populations over time or between different populations, in this case using weights corresponding to the 2000 U.S. population.
- Age-specific rates are similar to overall rates. Age-specific rates represent the number of cases in a specific age group, divided by the number of people in Santa Clara County in that age group and multiplied by a standard number (e.g., 100,000) to enable comparison between age groups that differ in size.
- Trends are generally presented as single-year estimates over time. However, in some Quick Facts, a "moving average" is presented, which consists of combining data for overlapping three-year periods. Moving averages stabilize fluctuations that can be misleading when counts from a specific type of injury are low from year to year.

[1]Denominator is based on the following sources: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010. Sacramento, California, September 2012 (years 2000-2009); State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, January 31, 2013 (years 2010-2013)
[2]Centers for Disease Control and Prevention. Injury Center: 4.0 Definitions for WISQARS™ Nonfatal. http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm. Last modified 3/27/2007. Accessed 7/29/2014.