

OCTOBER-DECEMBER 2024 SELF-INFLICTED INJURY UPDATE

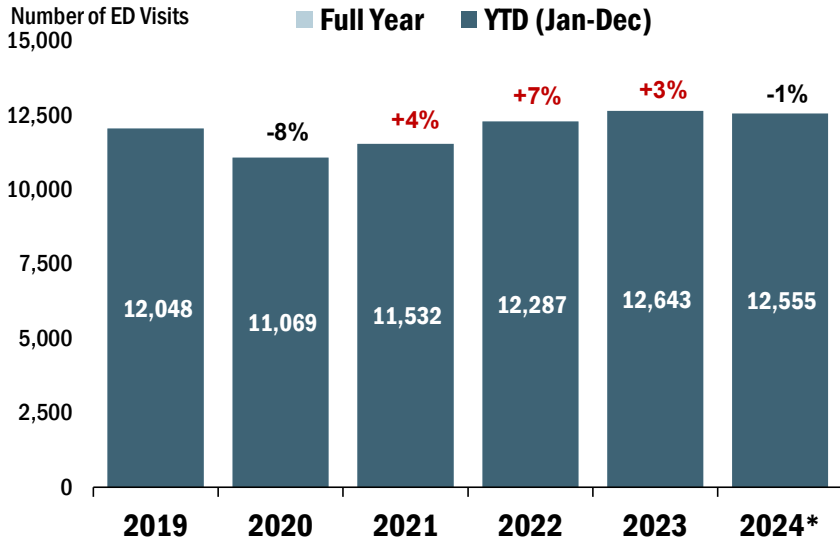
North Carolina Emergency Department (ED) Visits for Self-Inflicted Injury, Oct-Dec 2024 Update

2,979 Self-inflicted injury ED visits from **Oct-Dec 2024** compared to **2,984** from Oct-Dec 2023

^Report is based on initial encounter ICD-10-CM self-inflicted injury codes. See the [CSTE Self-Harm Indicator](#) for comprehensive list of codes.
Note: Report is restricted to NC residents ages 10 and older and does not exclude visits resulting in death.
Data Source: NC DETECT, ED visits; data as of 02/13/2025

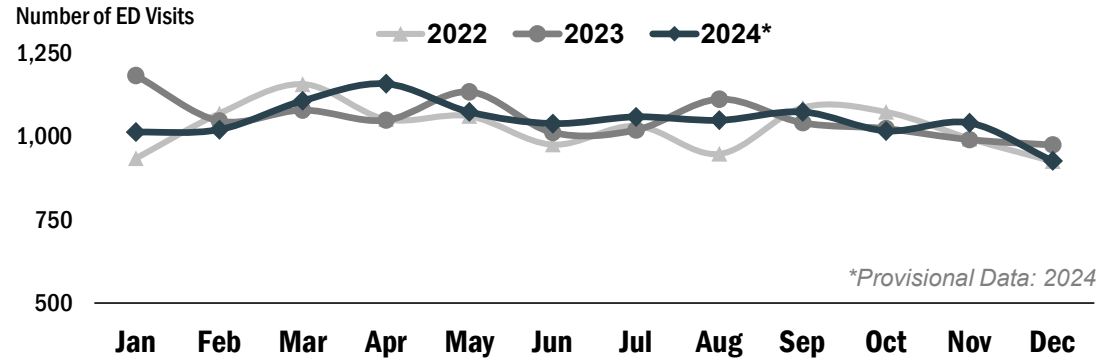
Total self-inflicted injury ED visits in 2024 decreased by 1% compared to 2023.

Self-Inflicted Injury ED Visits: 2019-2024*



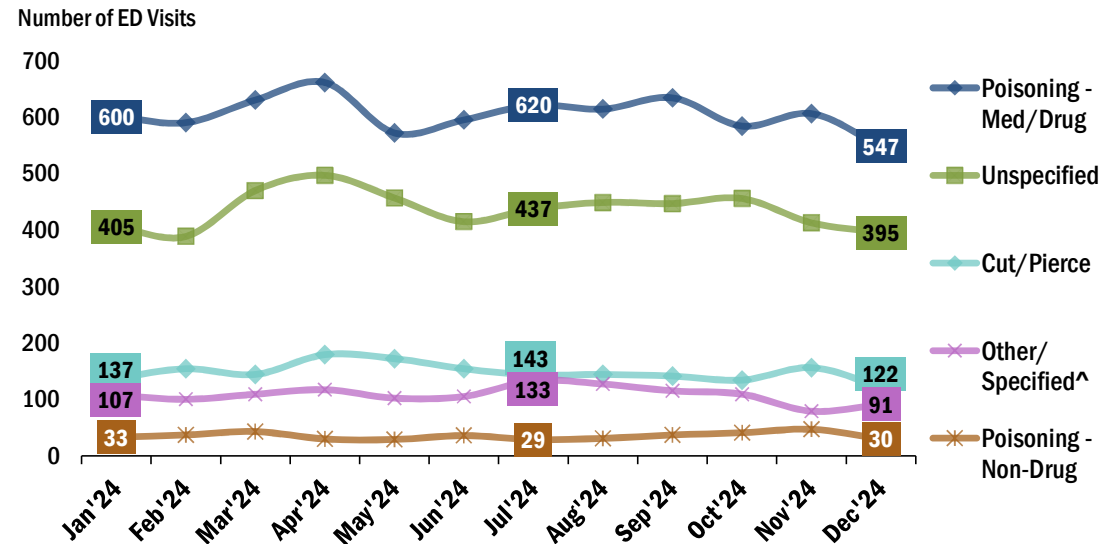
Note: There was an 18% decrease in overall ED utilization (for any cause) from 2019-2020. ED visits remained 11% lower in 2021 and 3% lower in 2022* compared to 2019.
 YTD: Year to Date
 Percent change: YTD total compared to YTD total of previous year
 *Provisional Data: 2024

Self-Inflicted Injury ED Visits by Month: 2022-2024*



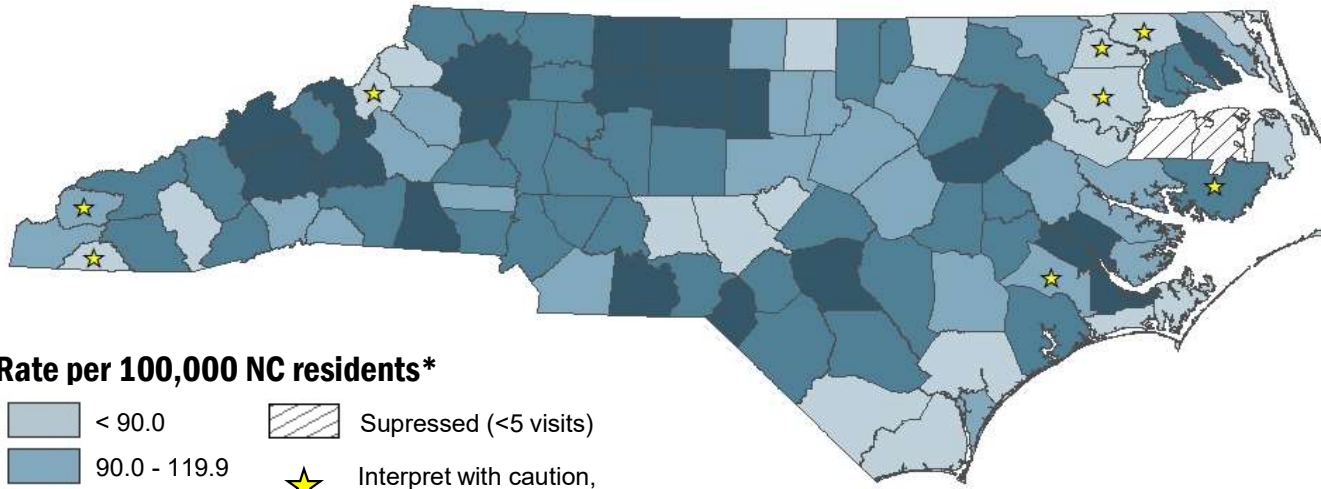
Most self-inflicted injury ED visits during Oct-Dec 2024* were due to medication/drug poisoning (58.2%).

Last 12 Months of Self-Inflicted Injury ED Visits by Injury Mechanism: Jan 2024-Dec 2024*

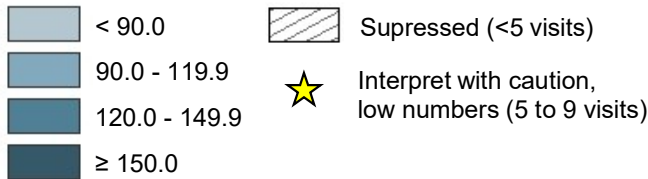


Injury mechanisms shown are not mutually exclusive and do not sum to the total number of self-inflicted injuries. For more information, see the IVPB [Injury Surveillance Technical Notes](#) Document.
 ^Other specified includes fire/burn (10%), suffocation (8%), and firearm (6%); no additional detail was available for 66% of self-inflicted injuries with a code for other specified mechanism.
 *Provisional Data: 2024

Last 12 Months Self-Inflicted Injury ED Visit Rates by County of Residence: Jan 2024-Dec 2024*



Rate per 100,000 NC residents*



*Provisional Data: 2024

Highest County Self-Inflicted Injury ED Visit Rates from the Last 12 Months, ≥10 visits: Jan 2024-Dec 2024*

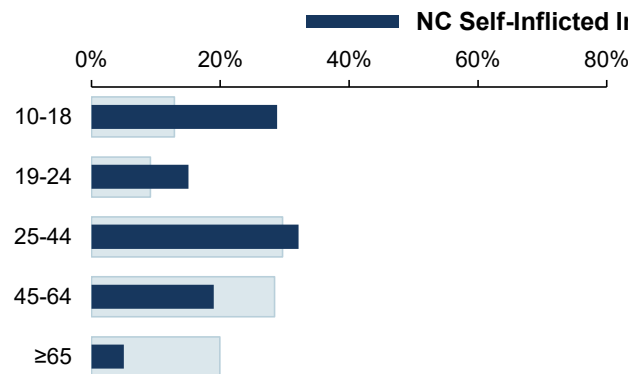
County	Count	Rate per 100,000†
Anson	52	266.9
McDowell	93	229.5
Alexander	73	222.5
Edgecombe	91	211.9
Scotland	62	205.9
Buncombe	498	198.8
Wilson	133	191.4
Forsyth	664	191.4
Cumberland	542	187.4
Pasquotank	66	179.7
Madison	35	174.1
Guilford	835	171.6
Statewide	12,555	130.9

†Please note that rates are calculated using the most recent 12 months of data and 2023 US Census population estimates. Counties listed in "Highest Monthly Rates of Self-Inflicted Injury^ ED visits" table will likely change each quarter.

Quarterly Demographics of Self-Inflicted Injury ED Visits Compared to Overall NC Population Estimates

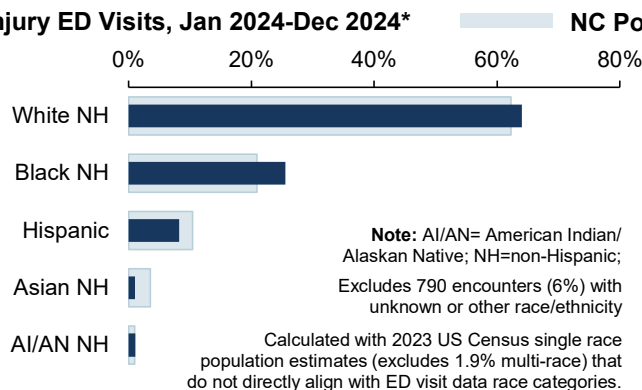
Most visits occurred among those ages 25-44 (32%) despite them making up only 30% of the population.

ED Visits by Age Group



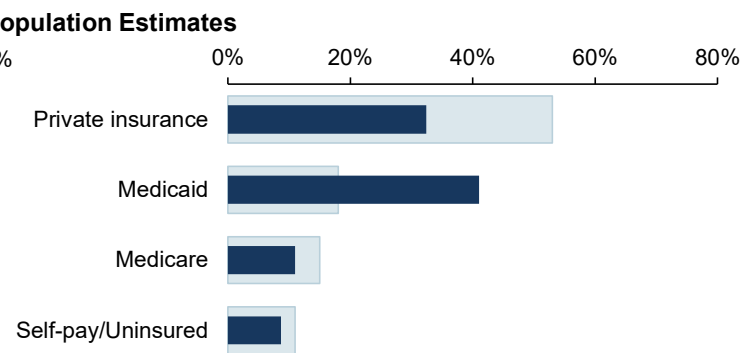
Most visits were among non-Hispanic (NH) White residents (64%) followed by NH Black residents (26%).

ED Visits by Race/Ethnicity



Most visits occurred among those with Medicaid (41%) followed by those with private insurance (32%).

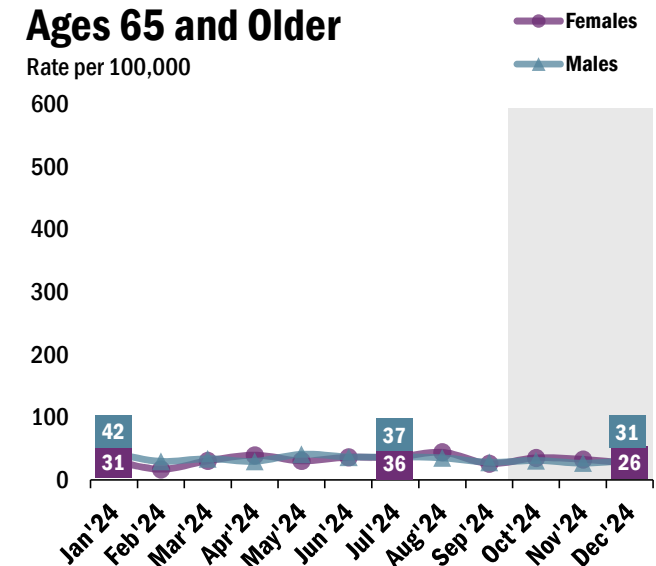
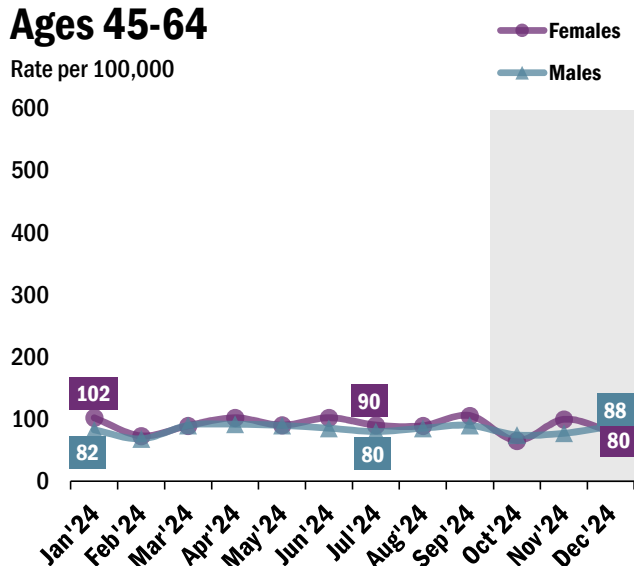
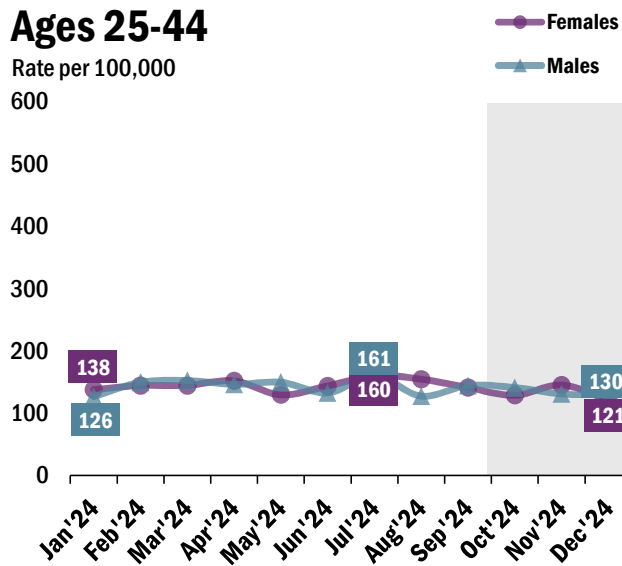
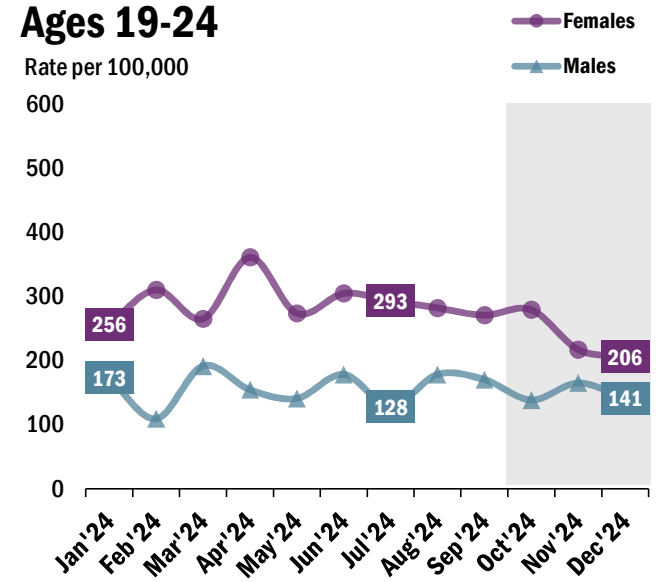
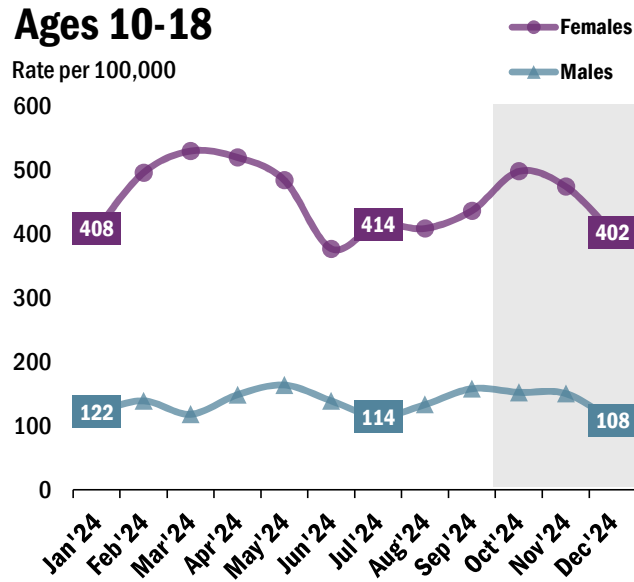
ED Visits by Insurance Coverage



*Provisional Data: 2024

Rates of self-inflicted injury ED visits from Oct-Dec 2024* were highest among females ages 10-18 (458.0 per 100,000) followed by females ages 19-24 (233.8 per 100,000).

Among males, rates of self-inflicted injury ED visits were highest among those ages 19-24 (148.0 per 100,000).

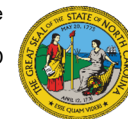


*Provisional Data: 2024

Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. For training on NC DETECT, contact ising@ad.unc.edu; Population Data-National Center for Health Statistics; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017, www.kff.org/other/state-indicator/total-population. Self-pay ED visits are compared to the uninsured overall population estimate category.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Injury and Violence Prevention Branch

