

Neonatal Abstinence Syndrome in Virginia: A Report on Current Findings and Trends from Hospital Discharge Data, 1999-2013

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Overview

- Review criteria for identifying NAS cases in discharge data
- Discuss trends in NAS data over time and present incidence data from 1999-2013
- Review data on hospital charges and length of stay associated with NAS
- Discuss regional trends and surveillance data from TN
- Questions

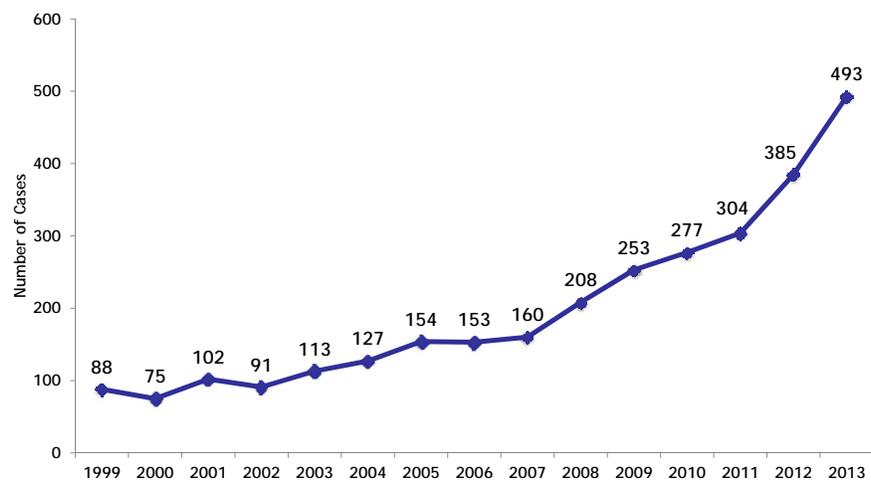


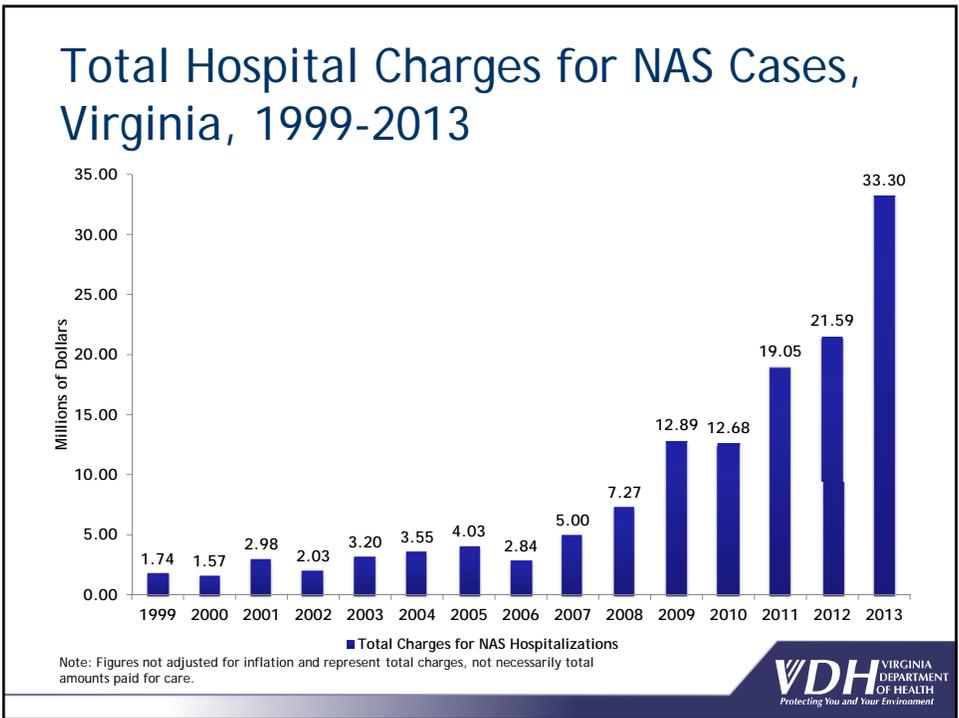
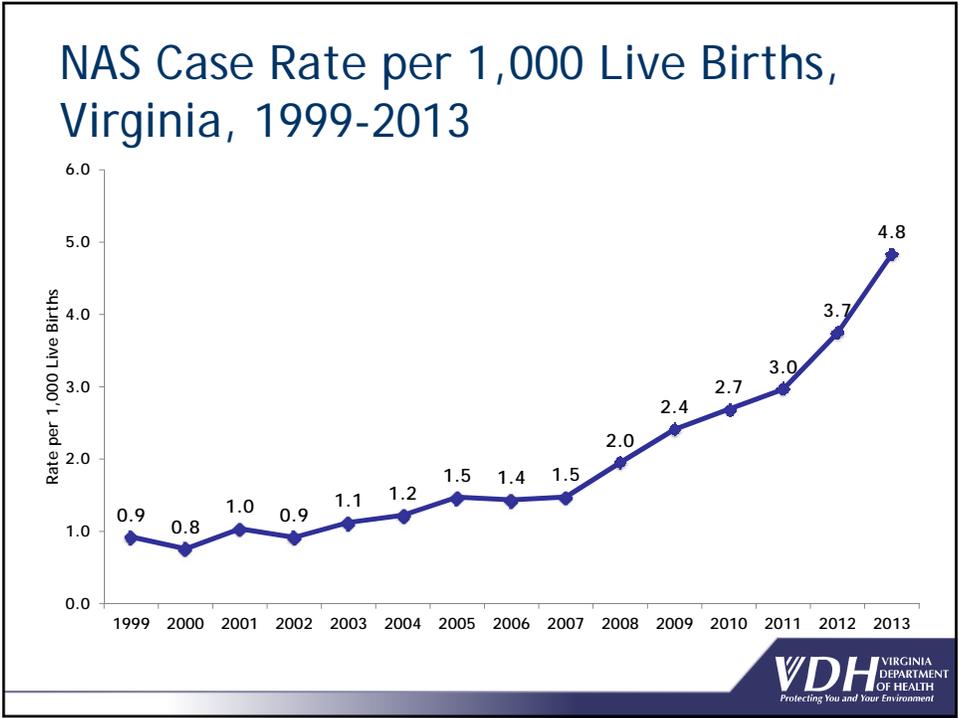
NAS Hospital Discharge Surveillance Criteria

- Data source: Virginia Health Information (VHI) dataset
- Case definition:
 - ICD 9 CM code 779.5 in any of 18 diagnosis fields
 - Age <1 year
- Included both Virginia residents and out-of-state cases
- Discharges, not unique individuals; an individual may be discharged more than once, and therefore would be counted more than once
- Passive, not active, surveillance

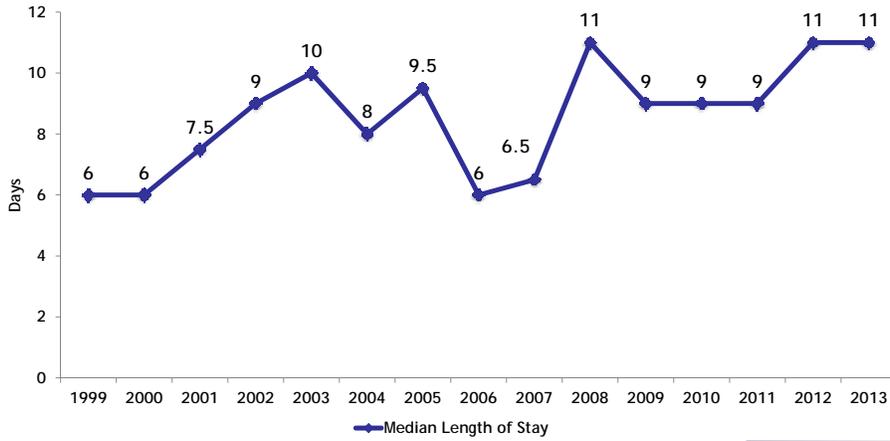


NAS Cases by Year, Virginia, 1999-2013

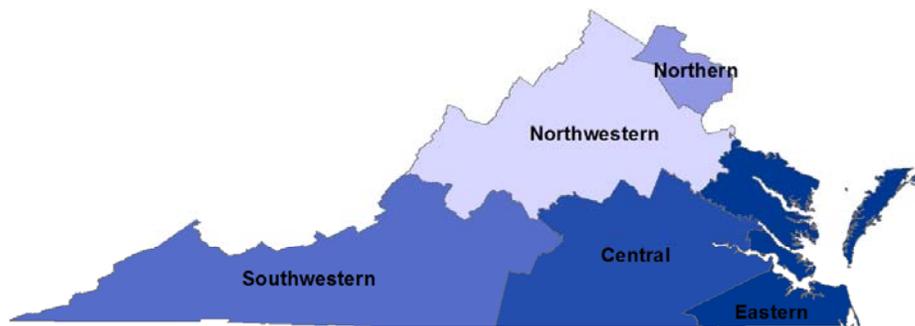


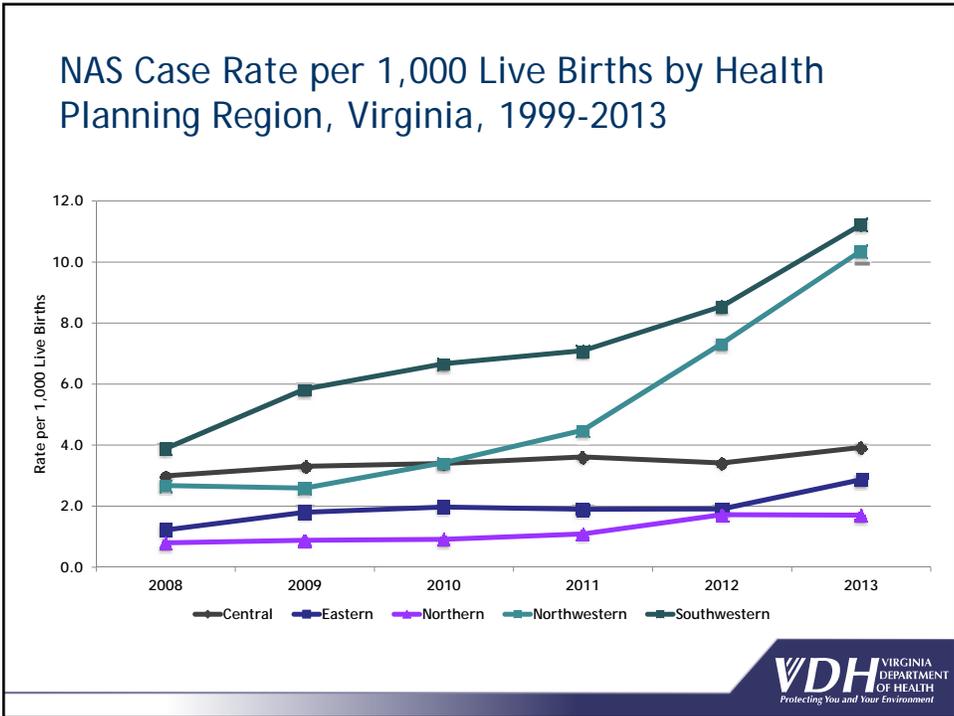
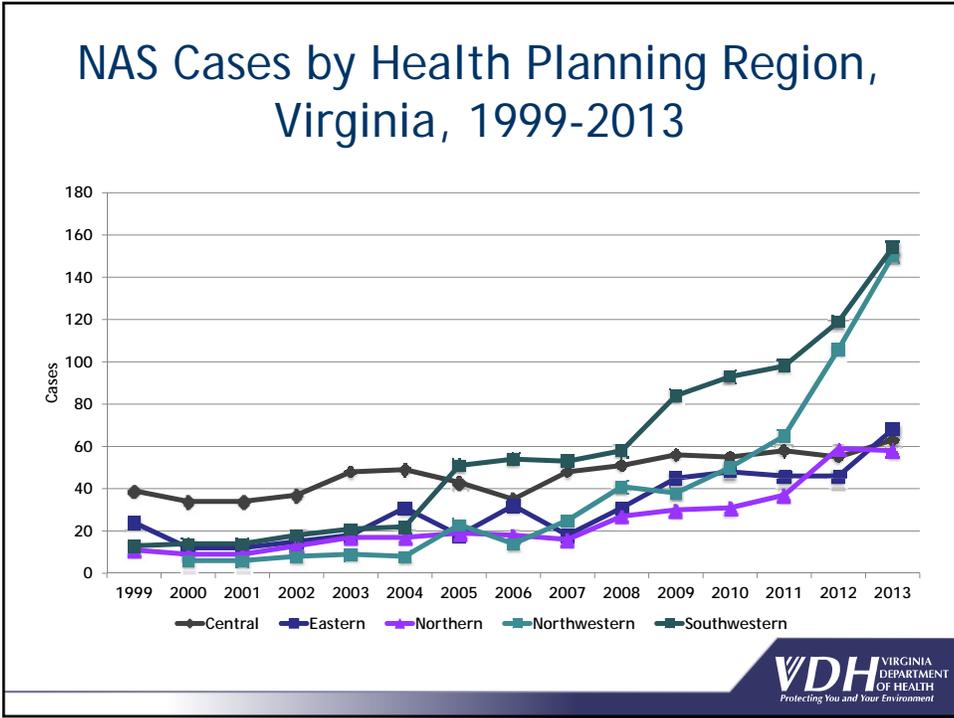


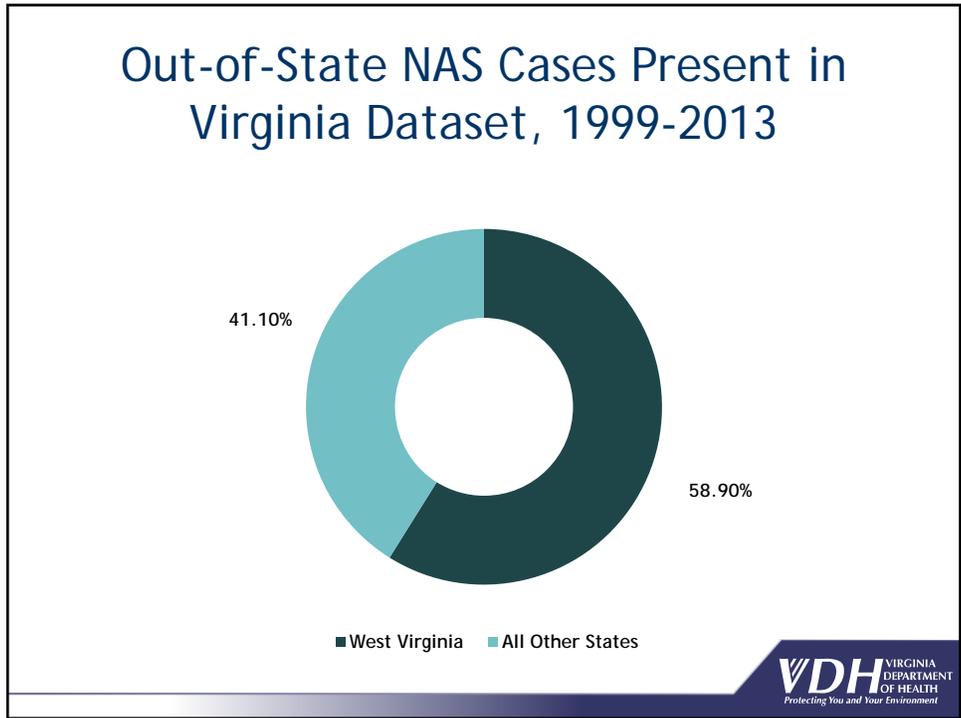
Median Length of Stay, NAS Cases, Virginia, 1999-2013



Virginia's Health Planning Regions







Active Virginia NAS Case Surveillance Data from Tennessee, July 2014 to February 2015

Birthplace	Cases
Born in Virginia and Transferred to TN	23
Born in TN	16
Source of Exposure*	
Replacement Therapy	30
Supervised Pain Tx	5
Psychiatric/Neurologic Drug Tx	7
Use of Prescription Substance w/o Prescription	4

*May have more than one source of exposure, so counts do not total to 100% of cases. Total number of cases reported by TN for period was 39.

Limitations

- Discharges, not individual infants
- Not active case surveillance:
 - Data lag
 - Incomplete reporting possible
 - No identifiers
- In VA data, no indications of type of maternal exposure, so no ability to further classify risk to infant

Questions?