

# VERMONT



## Opioid-Related Overdose Deaths

In 2016, there were 101 opioid-related overdose deaths in Vermont—a rate of 18.4 deaths per 100,000 persons and more than the national rate of 13.3 deaths per 100,000 persons. From 2013 to 2016 the number of heroin overdose deaths increased from 20 to 45 deaths. Like heroin, the trend of synthetic opioid-related deaths rose from 17 to 53 deaths during the same period.

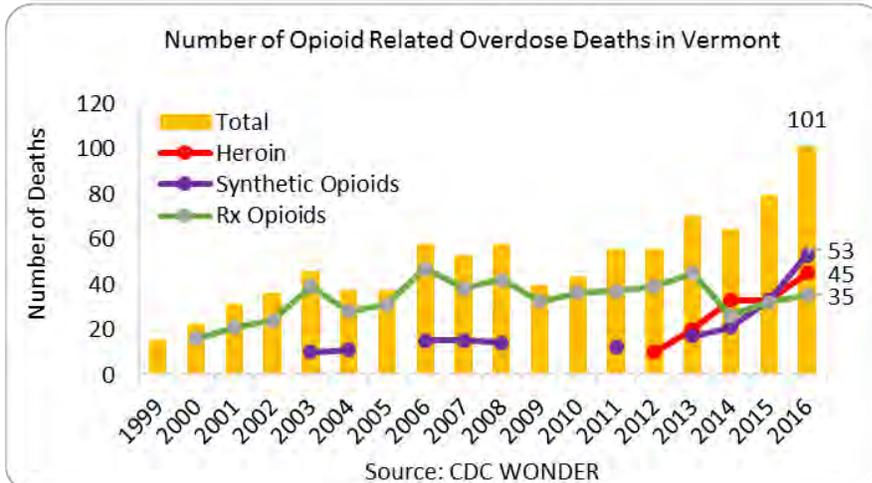
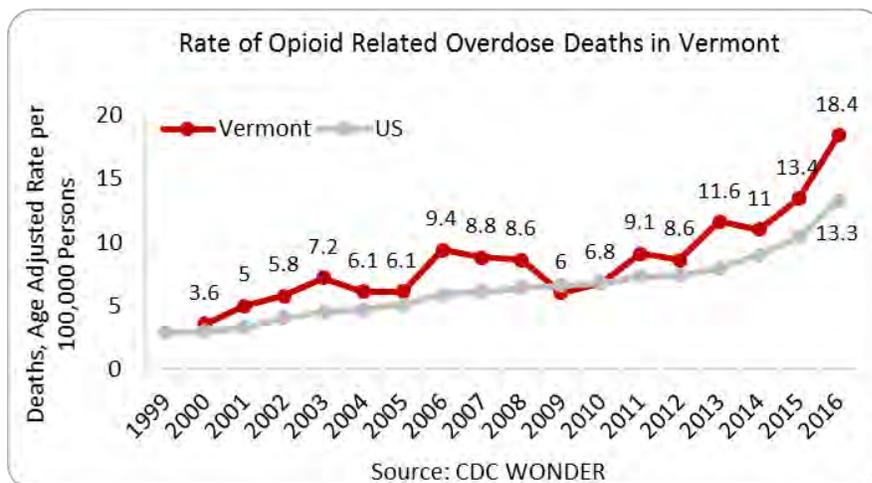
## Opioid Pain Reliever Prescriptions

In 2015, Vermont providers wrote 62.0 opioid prescriptions per 100 persons (approximately 388,100 opioid prescriptions). In the same year, the average U.S. rate was 70 opioid prescriptions per 100 persons ([IMS Health, 2016](#)).

## Neonatal Abstinence Syndrome (NAS)

According to a CDC study, the incidence of NAS in Vermont has increased from 0.7 cases per 1,000 births in 2001 to 33.3 cases per 1,000 in 2013, an almost forty-eightfold increase. The average across the 28 states included in the 2013 analysis was 6.0 cases per 1,000 births ([CDC, MMWR, 2014](#)). In a separate analysis using the Kid's Inpatient Database, the Vermont NAS rate was 34.3 or 49.4 in 2013 and increased to 34.0 or 50.6 in 2015. The range is based on the use of one diagnosis code (the lower rates) or on the inclusion of two diagnosis codes (the higher rates). Both estimates, however, are much higher than the national rate and may be due to an automatic diagnosis of NAS given to infants born to opioid-dependent mothers. This practice of diagnosis contrasts with the general practice of diagnosing only those infants that exhibit NAS symptoms ([Vermont Department of Health](#)).

## HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)



U.S. Incidence: In 2015, 9.1 percent (3,594<sup>1</sup>) of the 39,513 new diagnoses of HIV in the United States were attributed to IDU. Among new cases, 8.2 percent (2,614<sup>1</sup>) of cases among men and 13.2 percent (980) of cases among women were transmitted via IDU ([CDC](#)).

U.S. Prevalence: In 2014, 955,081 Americans were living with a diagnosed HIV infection—a rate of 299.5 per 100,000 persons. Of these, 18.1 percent (131,056<sup>1</sup>) of males and 22.6 percent (52,013) of females were living with HIV attributed to IDU ([CDC](#)).

State Incidence: Of the new HIV cases in 2015, 11 occurred in Vermont, with 26.7 percent<sup>1</sup> of new cases in males and 50.0 percent of new cases in females attributed to IDU ([AIDSVu](#)).

State Prevalence: In 2014, an estimated 662 persons were living with a diagnosed HIV infection in Vermont—a rate of 122 cases per 100,000 persons. Of these, 18.6 percent<sup>1</sup> of males and 34.5 percent of females were living with HIV attributed to IDU ([AIDSVu](#)).

## Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use

U.S. Incidence: In 2015, there were 181,871 reported cases of chronic HCV and 33,900 estimated cases of acute HCV<sup>2</sup> ([CDC](#)). Where data were available, 64.2 percent of acute cases reported IDU ([CDC](#)).

U.S. Prevalence: An estimated 3.5 million Americans are living with HCV, including approximately 2.7 million living with chronic infections ([CDC](#)).

State Incidence: In 2014, Vermont reported 4 cases of acute HCV and 903 cases of chronic HCV at rates of 0.64 cases per 100,000 persons and 144 cases per 100,000 persons, respectively. ([healthvermont.gov](#)).

State Prevalence: As of 2010, an estimated 7,200 persons were living with HCV antibodies in Vermont at a rate of 1,450 cases per 100,000 persons ([hepvu.org](#)).

## Additional Resources

- Vermont Department of Health, [Alcohol and Drug Abuse](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)
- Centers for Disease Control and Prevention, [Annual Surveillance Report of Drug-Related Risks and Outcomes](#) (2017)
- Substance Abuse and Mental Health Services Administration, [Behavioral Health Barometer Vermont, Volume 4](#) (2017)

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<sup>1</sup> Includes transmission to individuals with injection drug use as a risk factor.

<sup>2</sup> 2015 estimate after adjusting for under-ascertainment and under-reporting. Data for 2015 were unavailable for Alaska, Arizona, Connecticut, the District of Columbia, Hawaii, Iowa, Mississippi, New Hampshire, Rhode Island, and Wyoming.