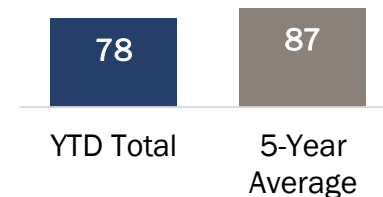


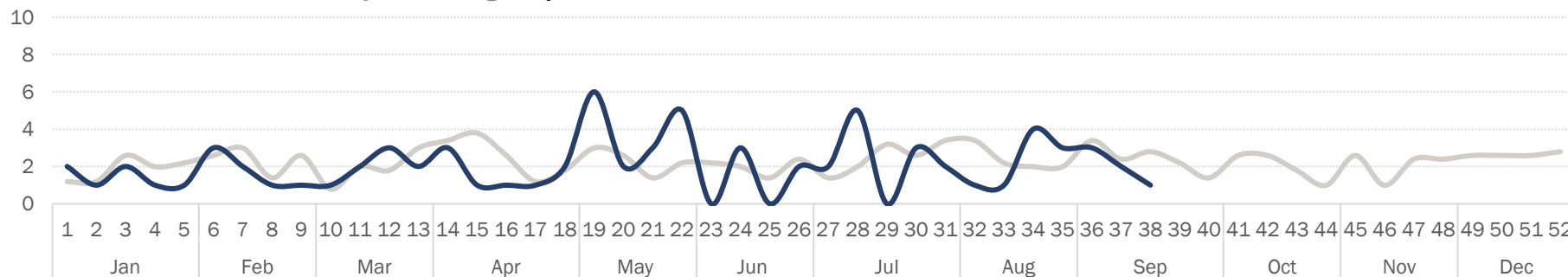
## Deaths

As of September 25<sup>th</sup> there have been 78 suicide deaths in Vermont this year. So far in September there have been 4 deaths. The number of suicide deaths in August and July was similar to previous years, June was lower, and in May numbers were higher. We cannot yet determine whether there has been a statistical increase or a decrease in suicide deaths this year or in the past few months. This data is preliminary and subject to change.

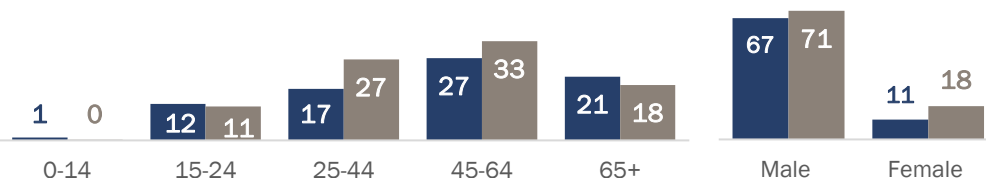


## Number of Deaths by Suicide in Vermont by Week

Suicide deaths in 2020 and 5-year averages by week\*



**The number of deaths by suicides by age and sex is similar to previous years. Older Vermonters may be disproportionately affected.**



Source: Vermont Vital Statistics, 2015-2020.

\*5-year averages are calculated using the years 2015 to 2019.

Manner of death is used to determine deaths by suicide.

All suicide deaths in Vermont are included. On average, 5% of suicides among Vermont residents occur out of state; 9% of suicides in Vermont are not Vermont residents.

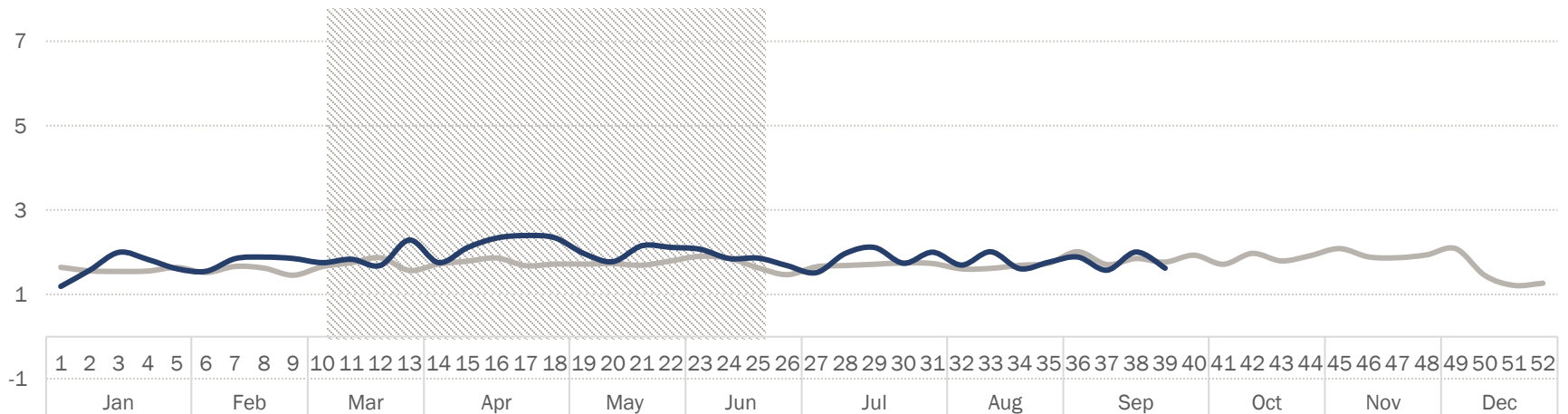
Please note Vermont Department of Health typically uses ICD-10 codes to capture suicide deaths, and focuses on Vermont resident deaths, therefore the number of suicide deaths may differ from results published elsewhere.

As of September 25<sup>th</sup>, 49 death certificates are pending. All data should be interpreted as preliminary.

## Syndromic Surveillance

As of September 25th, emergent care visits for suicidal ideation and/or self-directed violence account for less than 2% of all emergent care visits in September. This data is preliminary and subject to change.

### Percent of Emergent Care Visits for Suicidal Ideation and/or Self-Directed Violence by Week 2020 and 3-year averages of visits from 13 of 14 Vermont Hospitals and 2 Urgent Care Centers\*



Source: Electronic Notification for the Early Notification of Community-based Epidemics, 2017- 2019.

\*3-year averages are calculated using the years 2017 to 2019.

Suicidal ideation or self-directed violence is determined using the patient's chief complaint and/or discharge diagnosis.

Due COVID-19, there have been recommendations to stay home and only seek emergency room care for life threatening situations.

 From March 15 to the end of June, there was approximately a 50% reduction in ED and urgent care visits and a 43% reduction in visits for suicidal ideation and self-directed violence. Suicide related visits during this timeframe should not be compared to the 5-year average. Currently ED and urgent care visits are approximately 10% lower than previous years.

For more information about the data, contact: Caitlin Quinn, MPH, [Caitlin.jelinek@vermont.gov](mailto:Caitlin.jelinek@vermont.gov)

For more data on suicide morbidity and mortality in Vermont, see the annual: [Intentional Self-Harm and Death by Suicide data brief](#)

For more information on suicide prevention in Vermont, visit: <https://www.healthvermont.gov/emergency/injury/suicide-prevention>