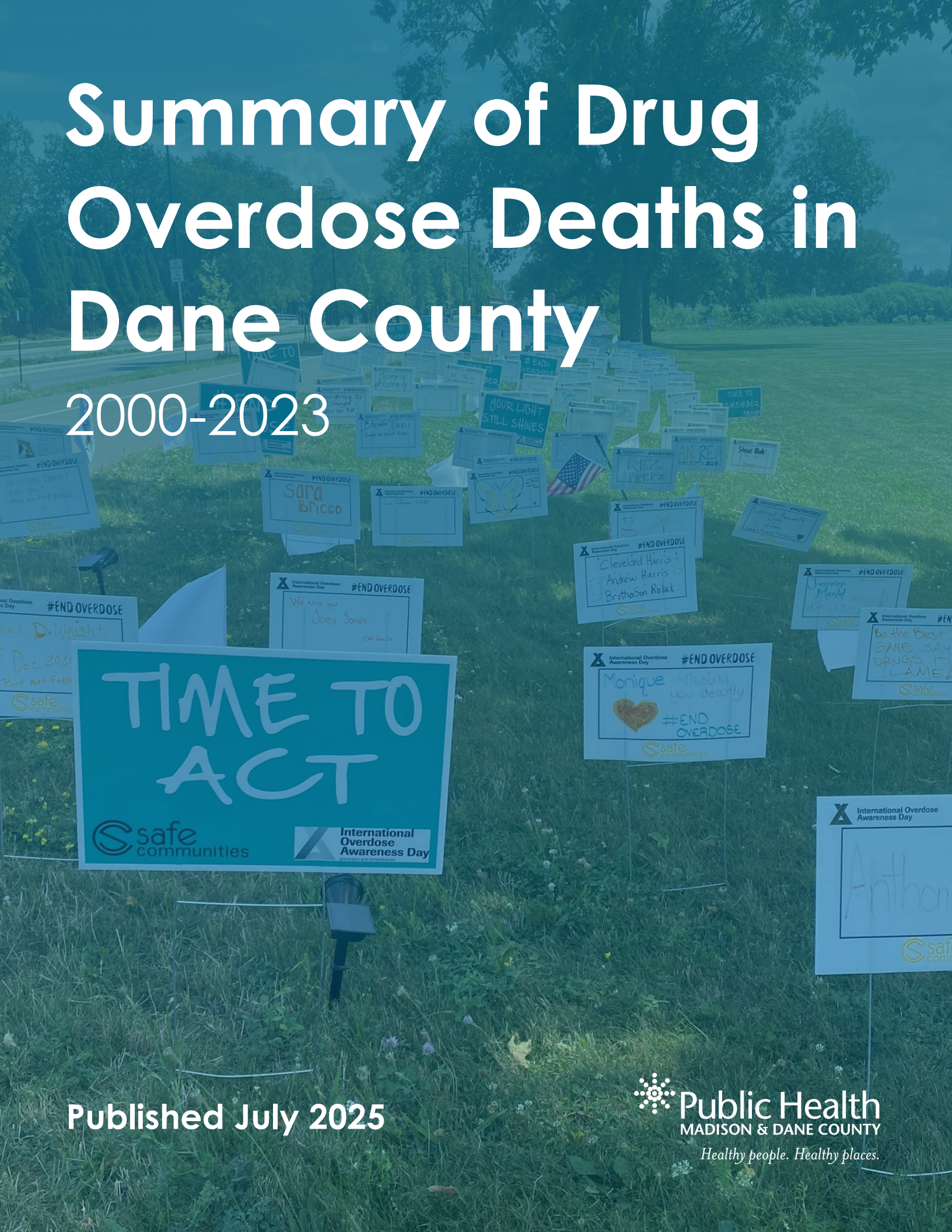
Summary of Drug Overdose Deaths in Dane County

2000-2023



Published July 2025

Public Health
MADISON & DANE COUNTY
Healthy people. Healthy places.

Introduction

Dane County has been experiencing an ongoing and preventable tragedy. Since 2016, the number of people who lost their lives to a drug overdose nearly doubled. Behind these numbers are real people who lived full lives. They are loved and missed. The following data brief provides information on people who died of a drug overdose in Dane County from 2000—2023. It covers a time where we saw the worst loss of life due to overdose in Dane County, to a glimmer of hope in recent years.

Key Takeaways

Trends in Overdose Deaths

- There were 144 deaths in Dane County due to a drug overdose during 2023. Provisional data from 2024 are showing an almost 20% decrease compared to 2023, although these data are subject to change.
- While this represents a significant decline from the peak in 2021, there is more work to be done in reducing the number of overdose deaths. Overdose is still the leading cause of death for people ages 18-54 in Dane County.

Trends in Substances Involved

- Opioids are still the main driver of overdose deaths in Dane County. Synthetic opioids, such as fentanyl, have replaced heroin and prescription drugs as the main contributor to overdose deaths.
- There has been an increase in overdose deaths involving cocaine, largely due to fentanyl being mixed in the cocaine supply.
- The drug supply is constantly changing, with new recreational, pharmaceutical and chemical substances being mixed together. These changes may cause fluctuations in potency, unexpected sensations and even death.

Characteristics of People who Died

- In recent years, the highest drug overdose death rates have been among those 35-54 years of age. However, the death rate among people ages 55 and older is the fastest growing.
- 32% of overdose deaths occurred among people who identify as BIPOC (Black, Indigenous, People of Color).
- Black people were 4 times more likely to die of an overdose compared with Dane County as a whole. This disparity is due to systemic inequities such as criminalization and over-policing, unequal access to healthcare and treatment, and a lack of culturally relevant approaches to providing resources and treatment.

Public Health Prevention & Harm Reduction Efforts

- There were over 14,500 participant visits to Public Health's Syringe Services Program in 2024. There is an urgent need to continue providing a full range of safer use and harm reduction services to reduce overdose deaths and harm to people who use drugs.
- The Dane County Overdose Fatality Review team is currently working on implementing recommendations developed in 2024, such as expanding access to low-barrier naloxone, enhancing team knowledge of intersecting systems, and strengthening collaboration among over 50 community partners to drive equitable, community-led strategies aimed at reducing overdose deaths and support drug user autonomy.

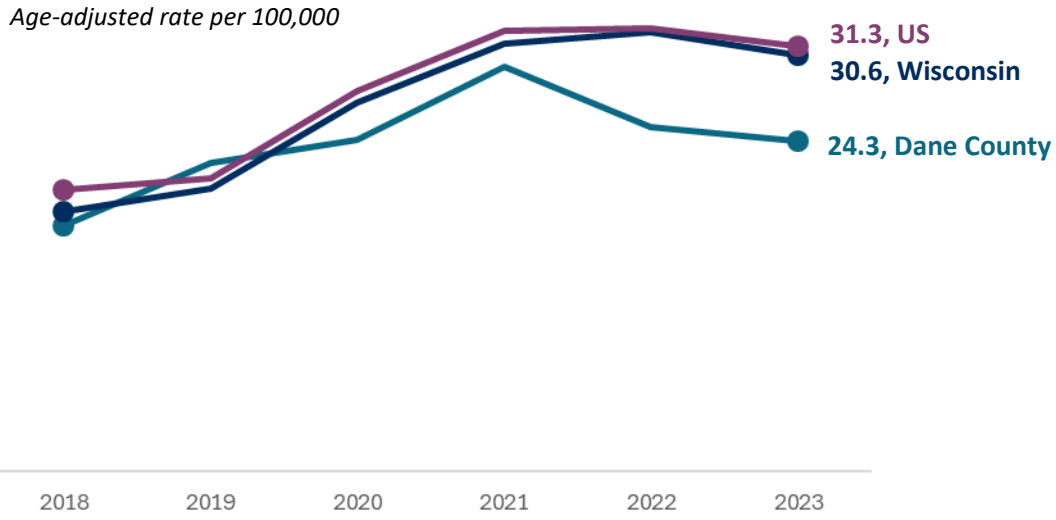
Trends in Drug Overdose Deaths

The drug overdose epidemic continues to be a public health crisis. Based on the mostly recently available data, the age -adjusted drug overdose death rate:

- Was 24.3 per 100,000 people in Dane County in 2023, which is lower than in Wisconsin or the nation,
- Has decreased by 18% in Dane County since the peak in 2021,
- Is still unacceptably high. Accidental overdose continues to be the leading cause of death for people ages 18-54 in Dane County. This is true regardless of sex, race or ethnicity.

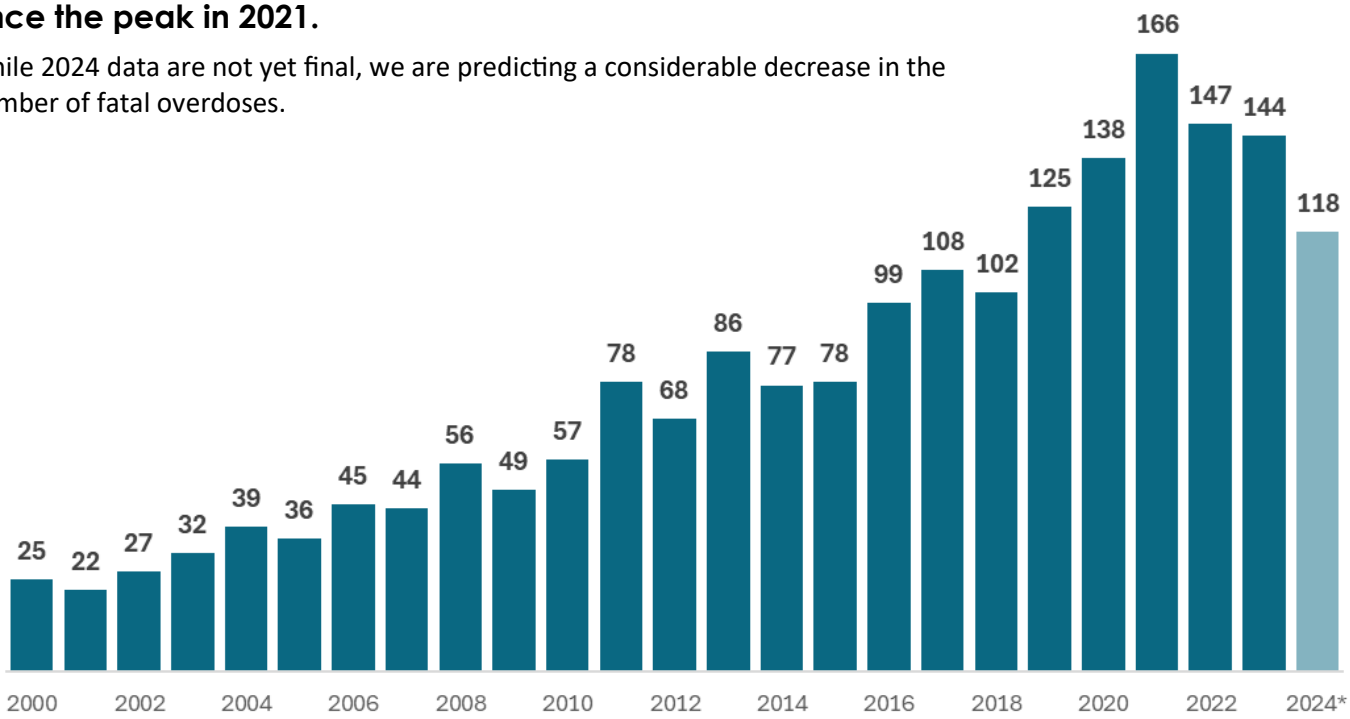
The overdose death rate in Dane County declined after a peak in 2021.

The rate in Dane County through 2023 remains lower than that of Wisconsin and the nation. However, provisional data released by the CDC predict a 27% decline in drug overdose deaths in the US for the 12 months ending in December 2024, compared to the previous year.



The number of people who died due to a drug overdose in Dane County has decreased since the peak in 2021.

While 2024 data are not yet final, we are predicting a considerable decrease in the number of fatal overdoses.



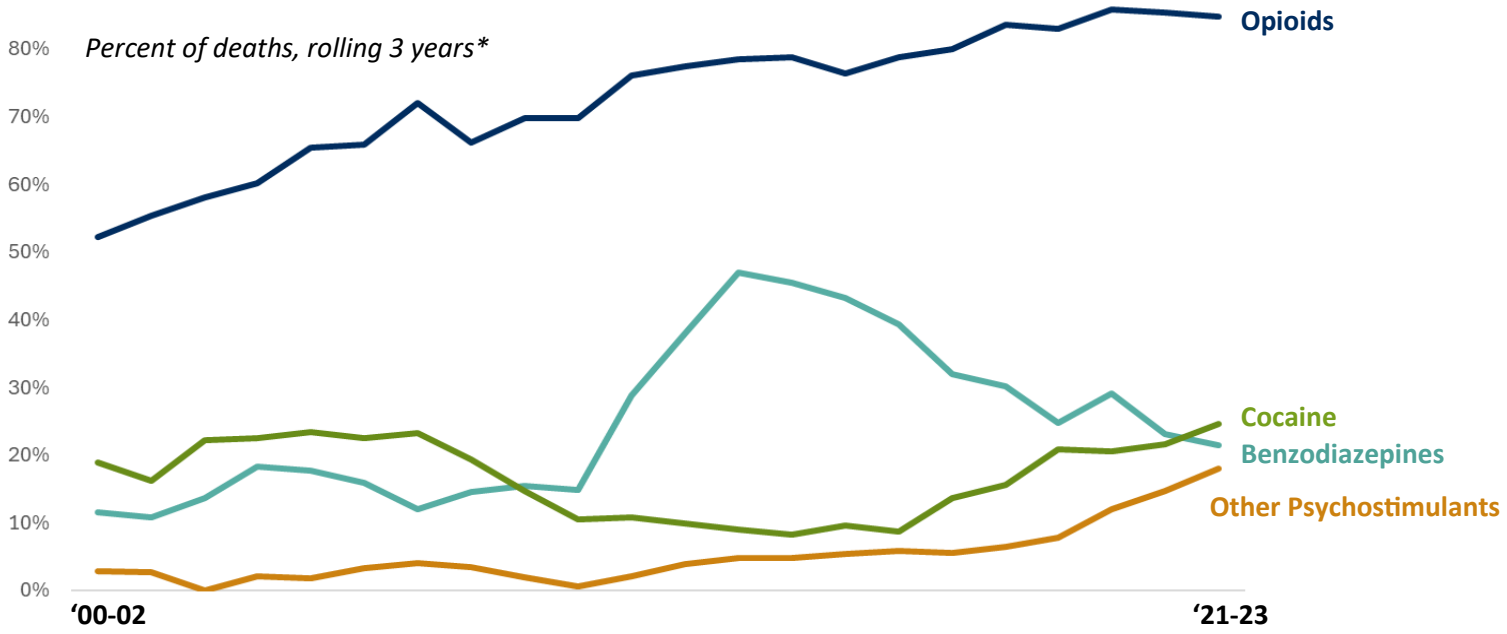
*2024 data are preliminary

Trends in Substances Involved

As highlighted in the graphs below, substances contributing to overdose deaths have changed over time. There has been a sharp rise of synthetic opioids contributing to overdose deaths since 2013, when fentanyl and its analogues became widely distributed.

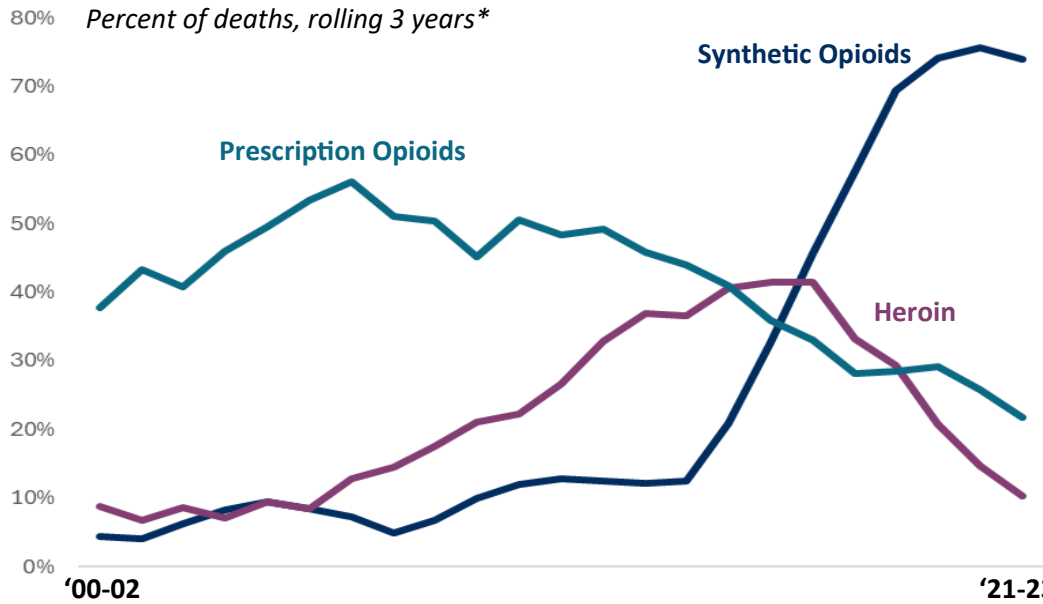
Opioids continue to be involved in about 80% of all overdose deaths. The percent of deaths involving cocaine and other psychostimulants has increased in recent years.

The substances shown below are not mutually exclusive; one or more may have been involved in a death. Many overdose deaths are due to a combination of multiple drugs or other substances.



Synthetic opioids continue to be the main contributor to opioid-related deaths.

Substances are not mutually exclusive; one or more may have been involved in a death.



Fentanyl is a synthetic opioid that is much cheaper to produce. It has largely replaced heroin in the drug supply, which explains the decrease in heroin-related overdoses in recent years.

**Rolling data smooths out the normal year-to-year fluctuation and allow the overall trend to be more easily visualized.*

Multiple Drugs

For many people, the interactions of multiple substances can cause an overdose. People may use more than one substance for a variety of reasons, including managing symptoms, enhancing effects, or coping with stress. Sometimes substances are combined intentionally. Other times, individuals may not be aware of everything in their supply because drug criminalization and lack of regulation can result in unintentional mixing or contamination. Interactions between multiple substances can affect how each substance feels in the body and may cause unexpected side effects or even an overdose. Access to timely information, such as what substances are present and in what amounts, can help people make informed decisions that are best for them. Community-based drug checking is one approach that can help increase transparency, lower the risk of harm and support safer use.

Mixing drugs can increase overdose risk.

Mixing stimulants (such as ecstasy, cocaine, methamphetamine) and depressants (such as opioids and benzodiazepines) can cause unpredictable results, often changing the effects of one or both drugs. This may make a person think that the drugs are not affecting them, which makes it easier to overdose. During 2021-2023, 37% of overdose deaths in Dane County had both a stimulant and depressant listed as a contributing cause of death.

Alcohol can be especially dangerous.

Alcohol is a depressant. Mixing alcohol with other drugs can increase the risk of overdose and cause serious damage to the brain, heart and other organs. During 2021-2023, 25% of overdose deaths in Dane County had alcohol listed as a contributing cause of death.

Anticonvulsants are becoming more common in overdose-related deaths.

Some anti-convulsant medications, such as Gabapentin, can be used to increase the effect of opioids. These drugs are being increasingly identified in toxicology tests among people who died of a drug overdose. During 2021-2023, 20% of overdose deaths in Dane County had an anti-convulsant listed as a contributing cause of death.

The drug supply is unpredictable.

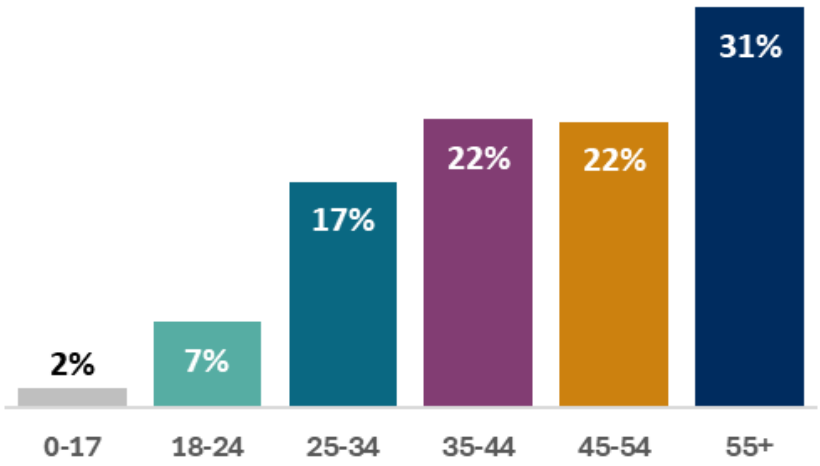
Five drug samples from Madison and Milwaukee that were assumed to be heroin (some also assumed to have fentanyl) were recently sent to an outside lab for drug checking. While these samples do not represent all results, they do provide examples of common additives. Only one of the samples actually tested positive for heroin. Another sample consisted of just one chemical, called BTMPS, that is often being detected as an additive in the opioid supply. The samples contained many substances, including methamphetamine, caffeine, morphine, quinine (a medication used to treat malaria), lidocaine (a medication that has numbing properties), tramadol, xylazine, ketamine, diphenhydramine (Benadryl), acetaminophen (Tylenol) and many forms of fentanyl. Some of these drugs may not cause any problems, while others may cause unexpected sensations, health issues or even death.

Characteristics of People Who Died

457 people lost their lives to a drug overdose in Dane County from 2021-2023. Below, we share demographic information about these individuals. Some data are shown as age-adjusted rates. These numbers are mathematically transformed to account for the different age distribution and size of the populations of interest. This allows for a more accurate comparison between groups.

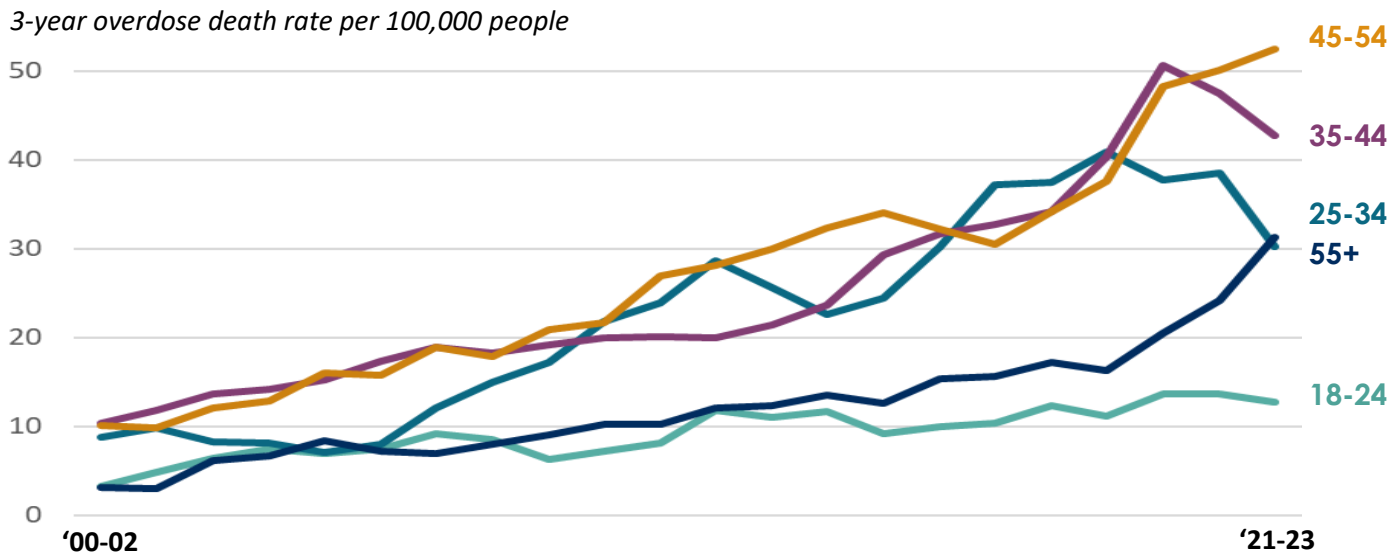
Age

In recent years (2021-2023), 75% of people who died of an overdose were ages 35 or older.



Fatal drug overdoses have increased over time among people of all ages.

In recent years, the increases have been the most steep among those ages 35 and older, and especially among those ages 55 and older.

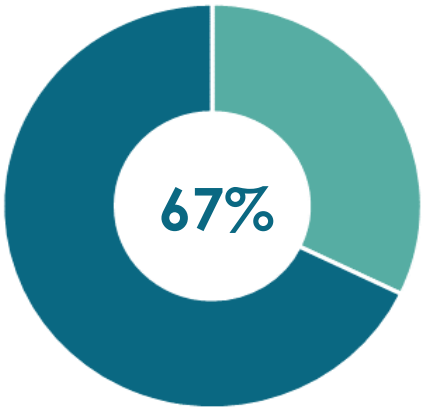


Note: Rates not shown for people < 18 years. A total of 22 Dane County children died from 2000-2023. Rates for many of the 3-year periods are based on a small number of deaths and may be unstable. See the Appendix for confidence intervals associated with each rate.

Characteristics of People Who Died (cont.)

Sex*

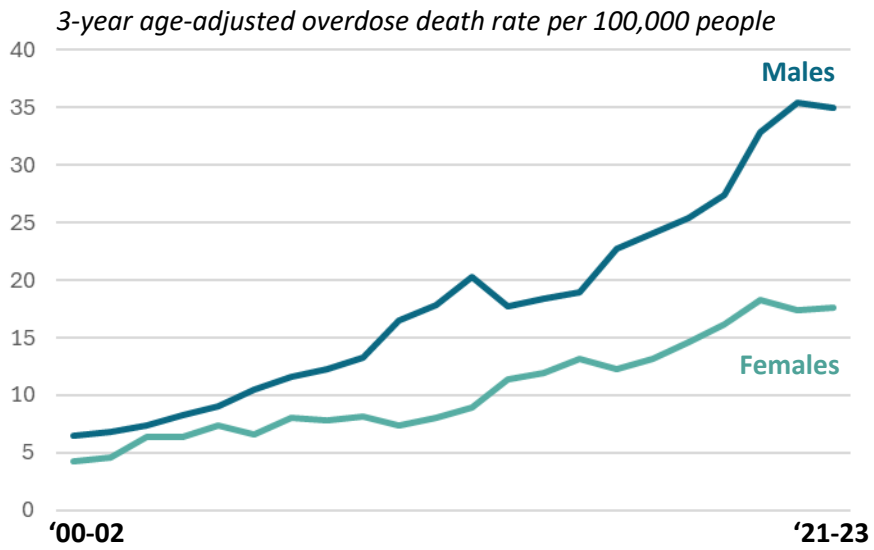
More than 2 in 3 people who died of a drug overdose death in 2021-2023 were male.



**Wisconsin does not collect gender identity information on death certificates. Therefore, people who are transgender or non-binary would be misgendered on their death certificate.*

Men experience higher rates of drug overdose deaths compared to women.

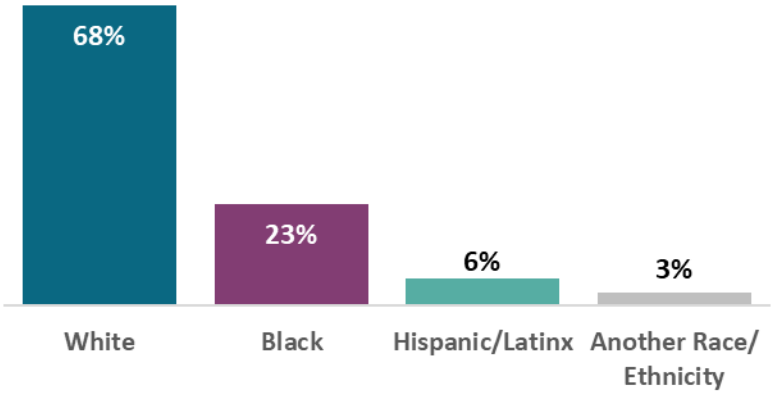
During 2021-2023, the age-adjusted drug overdose death rate was **two times higher among males** compared to females.



Race and Ethnicity

White people make up the largest number and percent (68%) of people who died of a drug overdose in Dane County during 2021-2023.

32% of people who died identified as being Black, Hispanic/Latinx or another race.

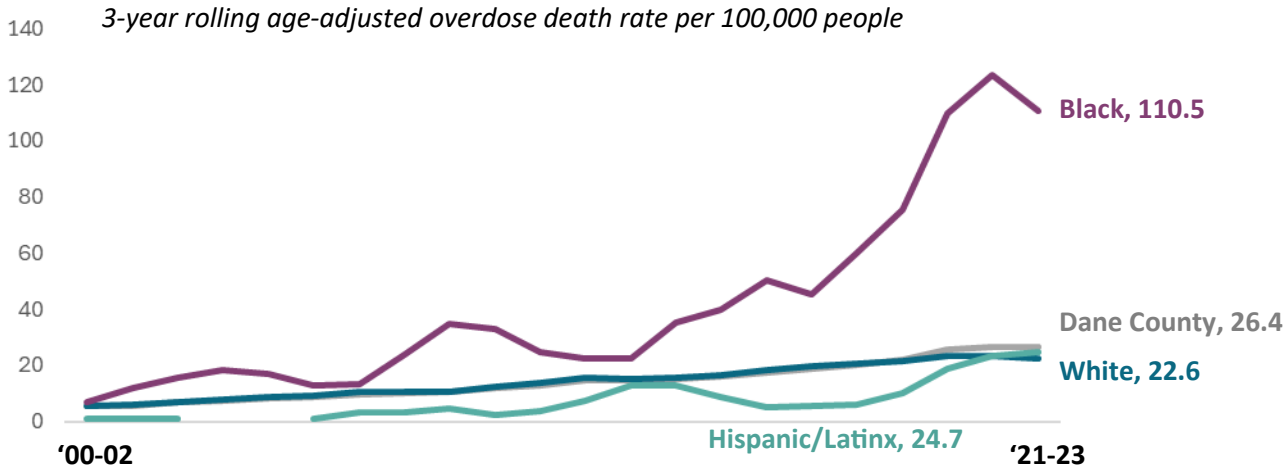


Looking at the percentage of people by race and ethnicity gives us information about groups that make up the bigger share of overdose deaths. White people make up the biggest share of overdose deaths in part because Dane County has a large white population. Rates (shown below) help us compare the impact of overdose deaths between groups of people.

Characteristics of People Who Died (cont.)

Black people have experienced the sharpest increases in drug overdose death rates in the past decade.

While fatal overdoses have increased among both Black men and women, the sharp increase over time is primarily driven by fatal overdoses among Black men. Despite positive changes in recent years, the age-adjusted drug overdose death rate among Black people is still 4 times the rate of Dane County as a whole.



Note: Rates for Black people & Hispanic/Latinx people are based on a small number of deaths for many 3-year periods, and may be unstable. See the Appendix for confidence intervals associated with each rate.

Factors Impacting Black People in Dane County

There are many factors that may contribute to higher overdose rates among Black people, most of which are rooted in racism and structural inequities. Some of these themes were discussed during a recent listening session with Black substance use service providers and community leaders in Dane County . Several solutions were identified during this listening session, which are noted **in the boxes below with the icon.**

Unequal Access to Healthcare & Treatment: Black people often have less access to substance use treatment and other preventive services. This may be due to unequal treatment within healthcare settings, a lack of resources in neighborhoods where Black people live, or a lack of health insurance. Studies show that Black people seeking addiction treatment face greater delays than white people, and are less likely to be prescribed buprenorphine, which reduces the risk of overdose death.

Address unequal access to treatment by centering Black voices in program design and investing in mobile or decentralized services to make strides toward service equity.

Factors Impacting Black People (cont.)

Lack of Culturally Relevant Approaches: Treatment and recovery initiatives have been built primarily around white people and do not take into account the unique experiences and racial trauma of Black people. This may lead to fewer Black people being offered or completing treatment, lower satisfaction, and recurrence of drug use.

Address the lack of culturally relevant services by expanding community-led support networks to combat isolation and provide culturally relevant guidance for recovery, developing trauma-informed mental health services designed by and for Black communities, and prioritizing trust-building and cultural humility.

Economic Stressors: Historic and ongoing racism has limited educational, employment, and earning opportunities for Black people. This in turn limits access to health insurance and income, and may increase vulnerability to substance use as a coping mechanism.

Address racialized wealth gaps by investing in job training, living-wage employment, and asset-building programs to foster upward mobility.

Rise in Fentanyl-Contaminated Drug Supply: Black people who historically used non-opioid substances (such as cocaine) may unknowingly consume fentanyl-laced drugs, leading to higher fatality rates.

Improve awareness by implementing evidence-based drug education in schools and community programs, including honest dialogue about risks like fentanyl contamination.

Criminalization and Over Policing: Black people are more likely to be monitored and arrested for drug-related offenses and less likely to receive diversion programs or treatment options compared to white counterparts.

Stigma & Mistrust in Medical Institutions: Historical and ongoing medical racism has led to deep mistrust of healthcare systems, potentially discouraging Black people from seeking treatment for addiction.

Public Health Harm Reduction & Prevention Efforts

Below is a summary of two main arms of our prevention and harm reduction work: syringe services and overdose fatality review. This isn't an exhaustive list of everything we do; for more information, visit our website.

Syringe Services Program

To reduce substance-use-related harms and prevent overdose deaths, Public Health provides a nonjudgemental space to access safer use supplies and community resources via the Syringe Services Program (SSP). The SSP serves all people who use drugs, and in 2022 added supplies to meet the needs of people who primarily snort or smoke drugs. This strategy has increased participation, diversified client demographics, and helped to reach more people at risk for an overdose. The SSP is also a space to provide risk reduction education, share information about overdose spikes occurring in the community, and provide linkages to care (for example, sexual health, medications for opioid use disorder, and behavioral health needs). There were over 14,500 participant visits to the SSP in 2024. Smoking supplies, naloxone, and fentanyl test strips were the most distributed items in 2024, in addition to the distribution and disposal of more than 495,000 syringes.

Overdose Fatality Review

The Overdose Fatality Review (OFR) is a multi-disciplinary team of over 50 community partners from more than 30 organizations, working together to reduce overdose deaths in Dane County. Meeting bi-monthly, the team identifies common themes among overdose cases and develops recommendations to reduce risk and improve access to critical services. After a pause due to the COVID-19 pandemic, the Dane County OFR resumed in February 2024.

Over the past year, the team has created several community-focused recommendations. Action teams are now implementing initiatives such as expanding access to low-barrier naloxone, hosting a listening session on culturally relevant drug education and harm reduction for Black individuals in Dane County, and enhancing members' knowledge of systems like unhoused services, community supervision, and overdose prevention centers.

These efforts reflect the OFR's commitment to drug user safety, autonomy, and reducing overdose deaths. The dedication of local partners and harm reduction advocates continues to drive meaningful, equitable change across the county.

Substance Descriptions

Benzodiazepine (Benzos, Downers): A depressant that can be given as a prescription for mental health concerns or can be purchased illicitly. It may cause drowsiness or respiratory depression when over-consumed.

Cocaine (Coke, Crack, Blow): A stimulant that can cause euphoria, insomnia, or paranoia. There has been a rise in cocaine-related deaths that may be attributed to the increase of fentanyl being cut into the cocaine supply.

Depressant: Depressants are any substances that reduce arousal. They may reduce anxiety, increase sleep, slow breathing, and impair mental functioning.

Fentanyl (Fire, TNT, Dragon's Breath): A synthetic opioid that can be prescribed for severe pain or purchased illicitly. Fentanyl is commonly used to bulk up other illicit drugs and can be found in most heroin and cocaine. It can cause confusion, sedation, and respiratory depression. It can have severe side effect (loss of consciousness, stopping breathing) when combined with other substances.

Heroin (Dope, Snow): An opioid that can cause euphoria, respiratory depression, and constricted pupils. Heroin is more often than not cut with fentanyl, and the combination of the two drugs has been a large contributor to the overdose death rates.

Opioids: Opioids are chemicals that occur naturally such as morphine or are made in a laboratory (synthetic & semi-synthetic) such as heroin, oxycodone, and fentanyl. They can be prescribed by a doctor as a pain reliever or obtained illegally. Opioids can cause drowsiness, confusion, and respiratory depression. Both prescription and illicit opioids are addictive and can lead to overdose when overconsumed, even accidentally.

Psychostimulant: Stimulants that particularly effect mood. The most commonly known psychostimulants are cocaine and methamphetamine.

Stimulant: Stimulants are any substances that increase arousal. They may increase anxiety, mood, paranoia, and productivity.

Appendix: Technical

Data sources

Dane County and Wisconsin. These data come from Vital Records at the Wisconsin Department of Health Services, and include information about the manner of death, underlying or primary cause of death, and contributing causes of death.

United States. These data come from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from URL: www.cdc.gov/injury/wisqars .

Population Denominators. These data come from the Population Module of the Wisconsin Department of Health Services' Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm. Population denominators are used for calculating rates, as described below.

Calculating rates

It's common to see two kinds of rates: crude rates and age-adjusted rates. Crude mortality rates are straightforward to calculate: it's the number of deaths divided by the total population and multiplied by 100,000.

Mortality rates are often adjusted for age because different age groups experience health outcomes, including drug overdose death, at different rates. Different geographic or demographic groups may have different age distributions, which impacts what types of health outcomes are common in those groups. We adjust for age and calculate age-adjusted rates so that we can make fair comparisons to state or national rates, and also between groups within Dane County. Confidence intervals for age adjusted rates were calculated based on methods developed by Fay & Feuer (gamma confidence intervals). Confidence intervals for age-specific rates were calculated using Fisher's Exact method.

Rates based on small numbers

It is common to label mortality rates based on fewer than 20 deaths as unreliable. We typically think about population health statistics as estimates—there is some uncertainty about the true value. Estimates based on small numbers of events, such as deaths, may be less accurate, or reliable, than estimates that are based on large numbers. When thinking about rates in any given year, we recommend looking at the 95% confidence intervals in the data tables, and interpreting the estimate with caution if the number of deaths is small.

Appendix: Technical notes

Identifying drug overdose deaths

We use cause and manner of death information from death certificates to identify drug overdose deaths among Dane County residents. We identify drug overdose deaths by using nationally established definitions:

- **Drug overdose death**. A death with drug poisoning listed as the single underling cause of death (ICD-10 codes: X40-X44 (accidental poisoning by drugs), X60-X64 (intentional self-poisoning by drugs), X85 (assault by drug poisoning), or Y10-Y14 (drug poisoning of undetermined intent))
- **Opioid-involved death**. A drug overdose death with one of the following listed as a contributing cause of death: T40.0-T40.4, T40.6
- **Prescription opioid-involved death**. A drug overdose death with one of the following listed as a contributing cause of death: T40.2, T40.3
- **Synthetic opioid-involved death.** A drug overdose death with the following listed as a contributing cause of death: T40.4
- **Heroin-involved death**. A drug overdose death with the following listed as a contributing cause of death: T40.1
- **Benzodiazepine-involved death**. A drug overdose death with the following listed as a contributing cause of death: T42.4
- **Cocaine-involved death**. A drug overdose death with the following listed as a contributing cause of death: T40.5
- **Psychostimulant-involved death (excluding cocaine)**. A drug overdose death with the following listed as a contributing cause of death: T43.6
- **Alcohol-involved death.** A drug overdose deaths with one of the following listed as a contributing cause of death: T51.0, T51.1, T51.9
- **Anti-convulsant-involved death.** A drug overdose death with one of the following listed as a contributing cause of death: T42.5, T42.6

Appendix: Data tables

Drug overdose deaths, Dane County residents, 2000-2023

3-year rates

2000-2002	74	5.4	4.2, 6.7
2001-2003	81	5.7	4.5, 7.1
2002-2004	98	6.9	5.6, 8.4
2003-2005	107	7.4	6.1, 9.0
2004-2006	120	8.3	6.8, 9.9
2005-2007	125	8.6	7.2, 10.3
2006-2008	145	9.8	8.3, 11.6
2007-2009	149	10.1	8.5, 11.8
2008-2010	162	10.7	9.1, 12.6
2009-2011	184	12.0	10.3, 13.9
2010-2012	203	12.9	11.2, 14.9
2011-2013	232	14.6	12.7, 16.6
2012-2014	231	14.5	12.7, 16.6
2013-2015	241	15.2	13.3, 17.2
2014-2016	254	16.1	14.1, 18.2
2015-2017	285	17.6	15.6, 19.8
2016-2018	309	18.7	16.6, 20.9
2017-2019	335	20.0	17.9, 22.3
2018-2020	365	21.8	19.6, 24.2
2019-2021	429	25.7	23.3, 28.3
2020-2022	451	26.5	24.1, 29.1
2021-2023	457	26.4	24.2, 29.0

Drug overdose deaths by sex, Dane County residents, 2000-2023

3-year rates

Year	Male			Female		
	3-Year Number of Deaths	Age-adjusted rate per 100,000		3-Year Number of Deaths	Age-adjusted rate per 100,000	
		Rate	95% CI		Rate	95% CI
2000-2002	44	6.5	4.7, 8.8	30	4.3	2.9, 6.2
2001-2003	48	6.8	5.0, 9.1	33	4.6	3.2, 6.5
2002-2004	53	7.3	5.5, 9.7	45	6.4	4.7, 8.6
2003-2005	61	8.3	6.3, 10.8	46	6.4	4.7, 8.6
2004-2006	67	9.1	7.0, 11.6	53	7.3	5.5, 9.6
2005-2007	77	10.5	8.3, 13.2	48	6.7	4.9, 8.9
2006-2008	87	11.7	9.3, 14.5	58	8	6.1, 10.4
2007-2009	91	12.3	9.8, 15.1	58	7.9	6.0, 10.2
2008-2010	100	13.3	10.7, 16.2	62	8.2	6.3, 10.6
2009-2011	126	16.5	13.7, 19.8	58	7.4	5.6, 9.6
2010-2012	139	17.8	14.9, 21.1	64	8	6.1, 10.3
2011-2013	160	20.3	17.2, 23.8	72	8.9	6.9, 11.3
2012-2014	141	17.7	14.8, 20.9	90	11.4	9.1, 14.1
2013-2015	148	18.4	15.5, 21.7	93	11.9	9.6, 14.7
2014-2016	151	18.9	16.0, 22.3	103	13.2	10.7, 16
2015-2017	185	22.8	19.5, 26.4	100	12.3	9.9, 15.0
2016-2018	199	24.0	20.8, 27.7	110	13.2	10.8, 16.0
2017-2019	215	25.3	22.0, 29.0	120	14.6	12.0 17.5
2018-2020	234	27.4	23.9, 31.2	131	16.1	13.4, 19.2
2019-2021	281	32.9	29.1, 37.0	148	18.2	15.3, 21.5
2020-2022	306	35.3	31.4, 39.6	145	17.3	14.6, 20.5
2021-2023	304	34.9	21.0, 39.1	153	17.6	14.9, 20.7

CI=Confidence interval

Appendix: Data tables

Drug overdose deaths by race and ethnicity, Dane County residents, 2000-2023

3-year rates

Year	Non-Hispanic White			Non-Hispanic Black			Hispanic/Latino		
	3-Year Number of Deaths	Age-adjusted rate per 100,000		3-Year Number of Deaths	Age-adjusted rate per 100,000		3-Year Number of Deaths	Age-adjusted rate per 100,000	
		Rate	95% CI		Rate	95% CI		Rate	95% CI
2000-2002	68	5.5	4.3, 7.0	4^	7	1.8, 27.2	1^	1.1	0, 32.4
2001-2003	72	5.8	4.5, 7.3	8^	12.1	5.1, 31.4	1^	1	0, 29.8
2002-2004	88	7.0	5.6, 8.7	9^	15.5	6.6, 35.7	1^	1	0, 28.1
2003-2005	96	7.6	6.1, 9.3	11^	18.2	8.7, 38.3	0	0	0, 0
2004-2006	110	8.6	7.1, 10.4	10^	17	7.9, 36.3	0	0	0, 0
2005-2007	115	9.1	7.5, 10.9	9^	13	5.8, 30.1	1^	1	0, 23.9
2006-2008	132	10.4	8.7, 12.4	10^	13.5	6.3, 30.2	2^	3.4	0.3, 25.0
2007-2009	130	10.4	8.7, 12.4	16^	23.9	13.4, 43.4	2^	3.2	0.3, 23.5
2008-2010	135	10.7	9.0, 12.8	23	34.8	21.8, 56.5	3^	4.4	0.8, 23.2
2009-2011	160	12.6	10.7, 14.7	22	32.7	20.3, 53.6	2^	2.2	0.2, 19.5
2010-2012	181	13.9	11.9, 16.2	17^	24.8	14.3, 43.9	4^	3.6	0.9, 19.1
2011-2013	207	15.7	13.6, 18.1	16^	22.3	12.6, 40.3	6^	7.2	2.4, 22.7
2012-2014	200	15.2	13.2, 17.6	16^	22.5	12.7, 40.0	10^	12.8	5.6, 28.9
2013-2015	200	15.4	13.3, 17.7	25	35.1	22.5, 54.5	10^	12.8	5.8, 28.1
2014-2016	213	16.6	14.4, 19.0	27	40	26.1, 60.5	8^	8.6	3.4, 21.8
2015-2017	237	18.2	15.9, 20.7	36	50.3	35.0, 71.8	6^	5.2	1.9, 16.3
2016-2018	264	19.8	17.5, 22.4	33	45.5	30.8, 66.1	6^	5.4	2.0, 16.0
2017-2019	272	20.4	18.0, 23.1	45	60.1	43.2, 82.5	7^	6.2	2.4, 16.4
2018-2020	284	21.4	18.9, 24.1	59	75.4	56.9, 99.1	12^	9.9	5.1, 20.4
2019-2021	309	23.3	20.7, 26.1	87	109.6	87.2, 136.9	22	18.7	11.5, 30.9
2020-2022	313	23.2	20.6, 26.0	102	123.7	100.4, 151.7	26	23.2	14.6, 36.4
2021-2023	310	22.6	21.1, 25.3	106	127.9	104.3, 156.0	27	24.7	15.7, 38.1

CI=Confidence interval

^Rates based on counts with less than 20 deaths are unstable. Interpret with caution.

Appendix: Data tables

Drug overdose deaths by age, Dane County residents, 2000-2023

3-year rates

Year	18-24 Years			25-34 Years			35-44 Years			45-54 Years			55+ Years		
	3-Year Number of Deaths	Rate per 100,000		3-Year Number of Deaths	Rate per 100,000		3-Year Number of Deaths	Rate per 100,000		3-Year Number of Deaths	Rate per 100,000		3-Year Number of Deaths	Rate per 100,000	
		Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI
2000-2002	6^	3.3	1.2, 7.1	18^	8.8	5.2, 13.9	22	10.4	6.5, 15.7	19^	10.1	6.1, 15.8	7^	3.2	1.3, 6.5
2001-2003	9^	4.9	2.2, 9.3	20	9.8	6.0, 15.1	25	11.8	7.6, 17.4	19^	9.8	5.9, 15.3	7^	3.0	1.2, 6.2
2002-2004	12^	6.5	3.3, 11.3	17^	8.3	4.8, 13.2	29	13.7	9.2, 19.7	24	12.1	7.8, 18.0	15^	6.2	3.5, 10.2
2003-2005	14^	7.5	4.1, 12.6	17^	8.2	4.8, 13.1	30	14.3	9.6, 20.3	26	12.8	8.4, 18.8	17^	6.7	3.9, 10.8
2004-2006	13^	7.0	3.7, 11.9	15^	7.1	4.0, 11.7	32	15.3	10.4, 21.6	33	16.0	11.0, 22.5	22	8.4	5.2, 12.7
2005-2007	14^	7.5	4.1, 12.7	17^	8.0	4.6, 12.8	36	17.3	12.1, 23.9	33	15.7	10.8, 22.1	20	7.3	4.4, 11.2
2006-2008	17^	9.2	5.4, 14.8	26	12.1	7.9, 17.8	39	18.9	13.5, 25.9	40	18.9	13.5, 25.7	20	7.0	4.3, 10.8
2007-2009	16^	8.6	4.9, 13.9	32	15.0	10.3, 21.2	37	18.3	12.9, 25.2	38	17.9	12.7, 24.6	24	8.0	5.2, 12.0
2008-2010	12^	6.3	3.3, 11.1	38	17.2	12.2, 23.6	38	19.2	13.6, 26.3	44	20.9	15.2, 28.1	28	9.0	6.0, 13.0
2009-2011	14^	7.2	4.0, 12.1	50	21.9	16.2, 28.8	39	20.0	14.2, 27.4	45	21.7	15.8, 29.0	33	10.3	7.1, 14.4
2010-2012	16^	8.2	4.7, 13.2	57	23.9	18.1, 30.9	39	20.1	14.3, 27.5	55	26.9	20.3, 35.0	34	10.2	7.1, 14.2
2011-2013	24	11.9	7.6, 17.7	69	28.7	22.3, 36.3	39	20.0	14.2, 27.4	57	28.1	21.3, 36.5	42	12.2	8.8, 16.4
2012-2014	23	11.1	7.0, 16.6	62	25.6	19.6, 32.8	42	21.4	15.4, 28.9	60	30.0	22.9, 38.6	44	12.3	8.9, 16.5
2013-2015	25	11.7	7.6, 17.3	55	22.6	17.0, 29.4	47	23.7	17.4, 31.5	64	32.3	24.9, 41.2	50	13.5	10.1, 17.9
2014-2016	20	9.2	5.6, 14.2	60	24.5	18.7, 31.5	59	29.3	22.3, 37.8	67	34.0	26.3, 43.2	48	12.6	9.3, 16.7
2015-2017	22	10.0	6.2, 15.1	75	30.2	23.8, 37.9	65	31.6	24.4, 40.3	63	32.2	24.8, 41.2	60	15.3	11.7, 19.7
2016-2018	23	10.4	6.6, 15.6	94	37.2	30.1, 45.5	69	32.8	25.5, 41.5	59	30.5	23.2, 39.4	63	15.6	12.0, 20.0
2017-2019	27	12.3	8.1, 17.9	96	37.4	30.3, 45.7	74	34.2	26.9, 42.9	65	34.2	26.4, 43.6	71	17.2	13.4, 21.7
2018-2020	25	11.2	7.2, 16.5	106	40.9	33.5, 49.5	90	40.3	32.4, 49.5	71	37.5	29.3, 47.4	69	16.3	12.7, 20.6
2019-2021	31	13.6	9.3, 19.4	98	37.7	30.6, 46.0	116	50.6	41.8, 60.7	91	48.2	38.8, 59.2	89	20.5	16.5, 25.3
2020-2022	32	13.7	9.3, 19.3	100	38.5	31.3, 46.9	111	47.5	39.1, 57.2	95	50.1	40.6, 61.3	107	24.2	19.8, 29.3
2021-2023	30	12.7	8.6, 18.2	79	30.2	23.9, 37.7	101	42.7	34.8, 51.9	100	52.4	42.7, 63.8	140	31.2	26.3, 36.9

CI=Confidence interval

^Rates based on counts with less than 20 deaths. Interpret with caution.

Rates not shown for people < 18 years. A total of 22 Dane County children died from 2000-2023.