

EMERGENCY DEPARTMENT AND URGENT CARE VISITS FOR HEAT-RELATED ILLNESS IN VIRGINIA

July 12-13, 2017

Background

The Virginia Department of Health (VDH) receives data on visits to 77 acute care hospital emergency departments (EDs), 13 free-standing EDs, and 58 urgent care centers (UCCs) in Virginia for purposes of public health surveillance. The purpose of this report is to characterize ED and UCC visit trends for heat-related illness.

Chief complaints and discharge diagnoses of ED visits are analyzed by VDH to identify and monitor issues of public health concern across Virginia. The chief complaint is a free-text field that captures the patient's primary reason for seeking medical care as interpreted by the ED registration staff. The discharge diagnosis is a coded field that uses standardized values outlined by the International Classification of Diseases (ICD) 9th and 10th Revision code sets.

Readers are strongly encouraged to review [syndromic surveillance data limitations](#) when interpreting this report.

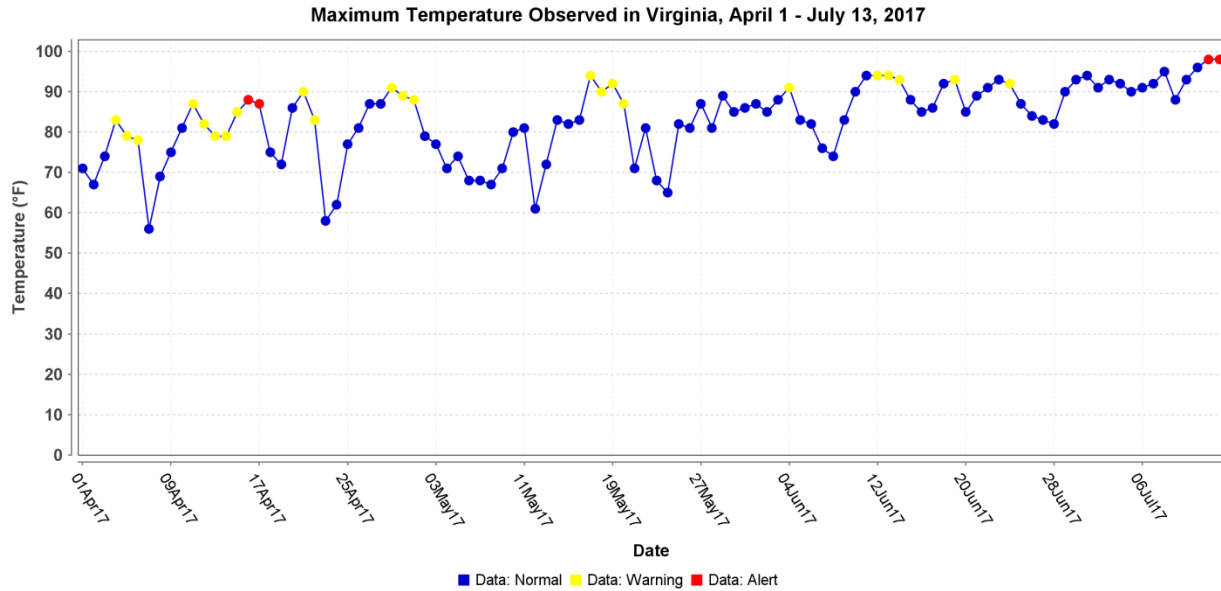
The National Syndromic Surveillance Program (NSSP) receives weather data from the National Oceanic and Atmospheric Administration (NOAA) for purposes of supplementing interpretation of syndromic surveillance data. These data are then made available to jurisdictions participating in the NSSP, including Virginia.

Methodology

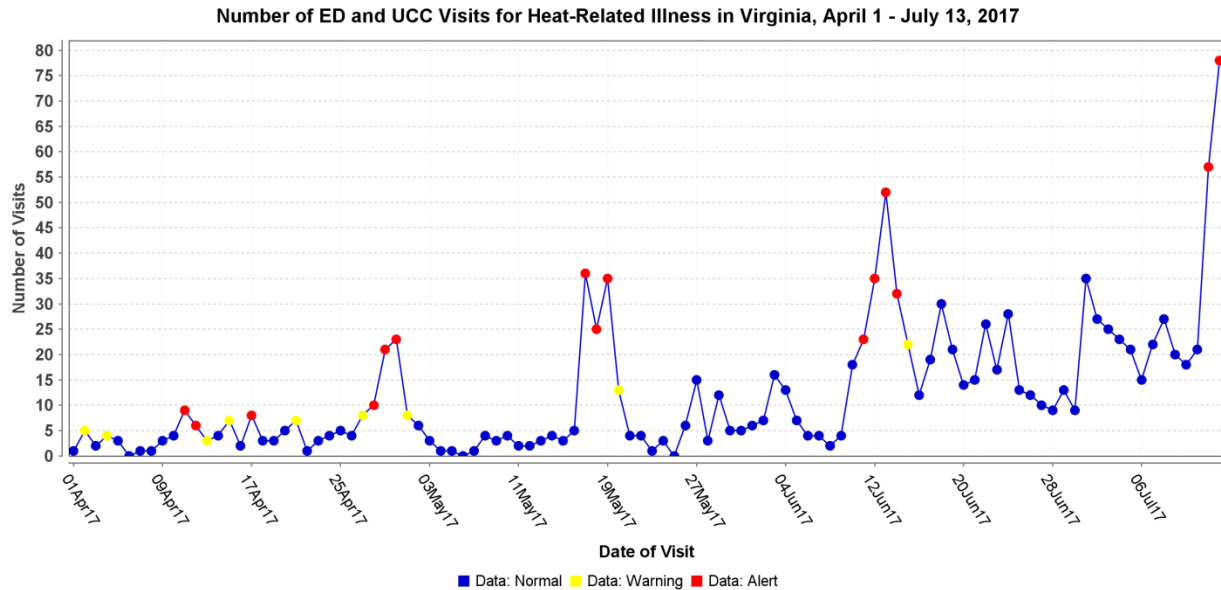
ED and UCC visits for **heat-related illness** were identified based on the [Heat-Related Illness Syndrome Query](#) definition published by the Council of State and Territorial Epidemiologists (CSTE).

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On July 12 and 13, all reporting NOAA weather stations in Virginia observed a higher than expected (p-value < 0.05) maximum temperature, ranging from 86°F in Blacksburg to 98°F in Charlottesville.



On July 12 and 13, 134 ED and UCC visits for heat-related illness were observed. Of these, 58 (43%) occurred on July 12 and 76 (57%) occurred on July 13.



Of the total 134 visits, 96 (72%) occurred among males with the largest proportion of visits (N=21, 22%) among those aged 40-49 years. Only three visits were observed among females in this same age group. Among females, eight visits (21%) were observed among both those aged 20-29 years and those aged 30-39 years.

