

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

July 17-30, 2020

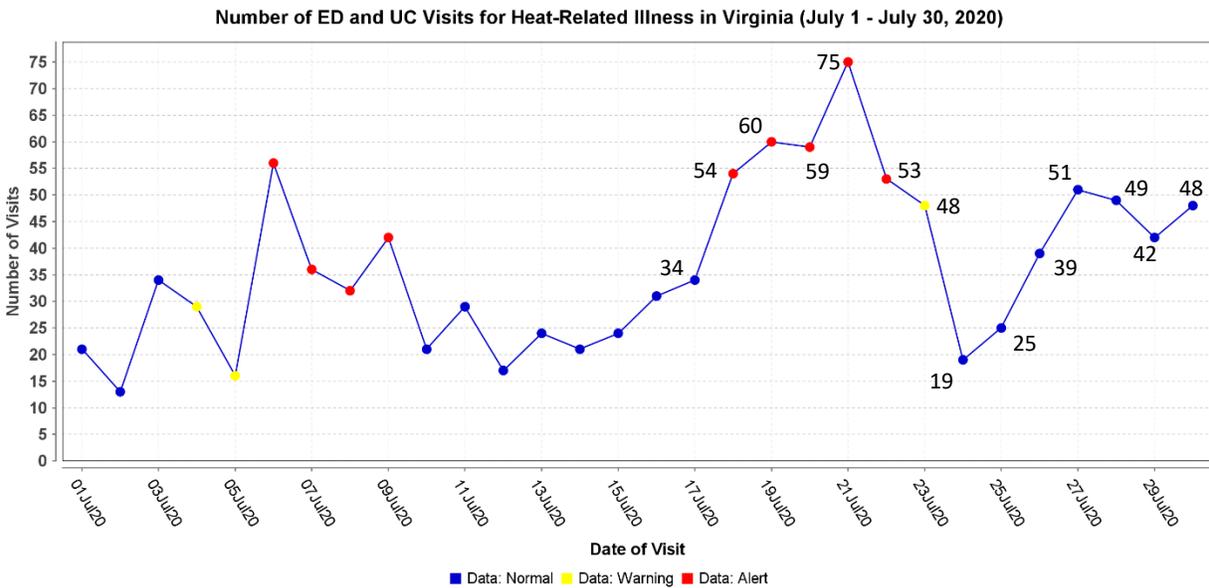
### Background

At the time of this report, the Virginia Department of Health (VDH) received data on visits to 84 acute care hospital emergency departments (EDs), 18 free-standing EDs, and 61 urgent care centers (UCs) in Virginia for purposes of public health surveillance. This report characterizes ED and UC visit trends for heat-related illness.

See page 3 for data sources and case definitions used in this report.

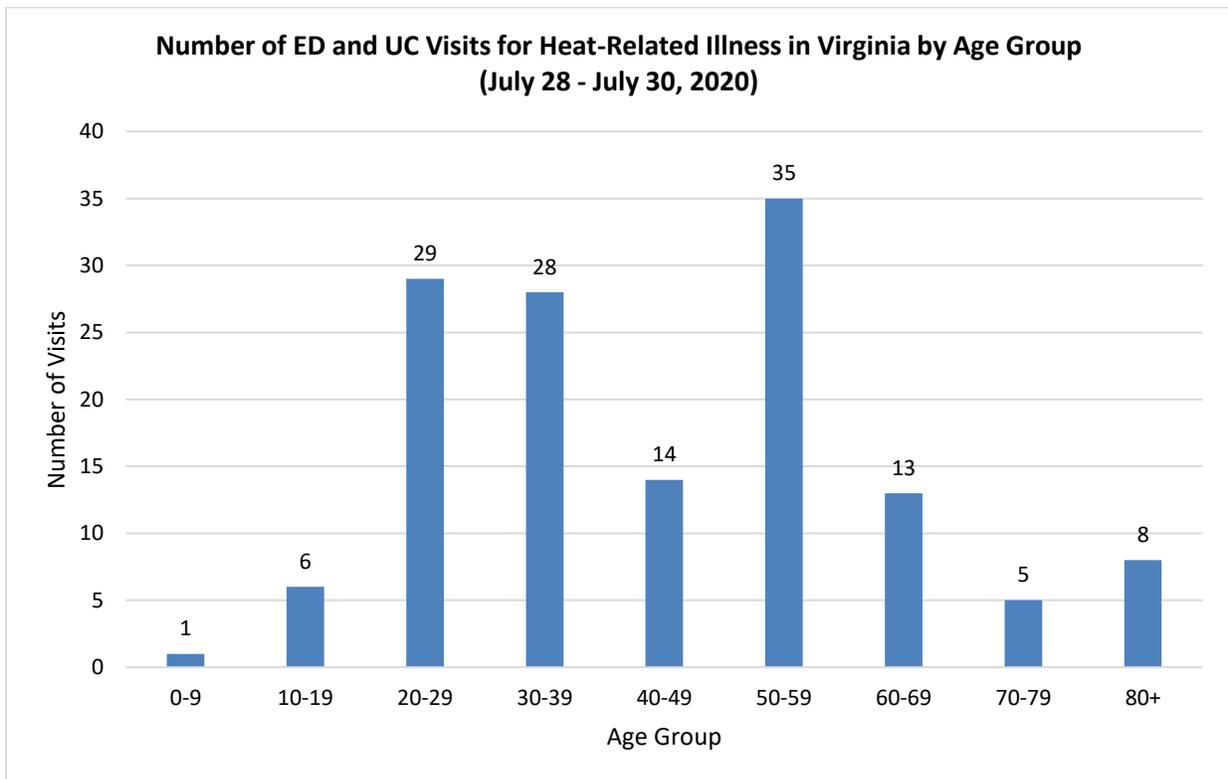
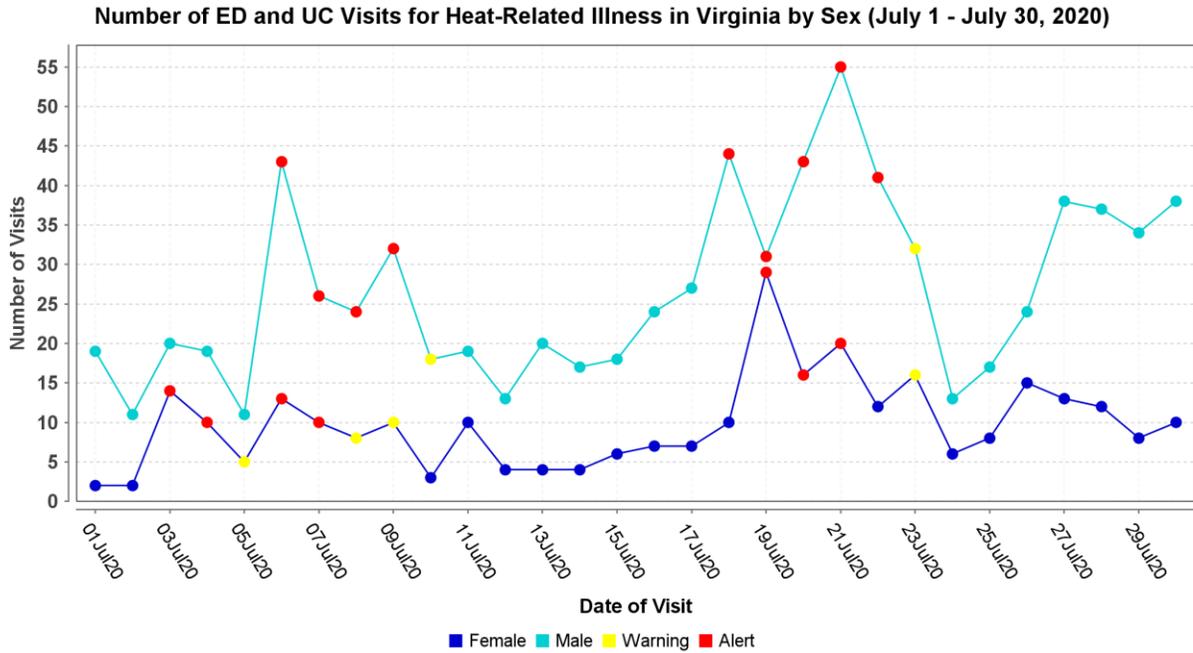
### Data Summary

A total of **656 ED and UC visits for heat-related illness** occurred between July 17 and 30, with 6% admitted to the hospital and 1 suspected heat-related death. The graph below displays the daily number of heat-related visits in Virginia between July 1 and July 30, 2020.

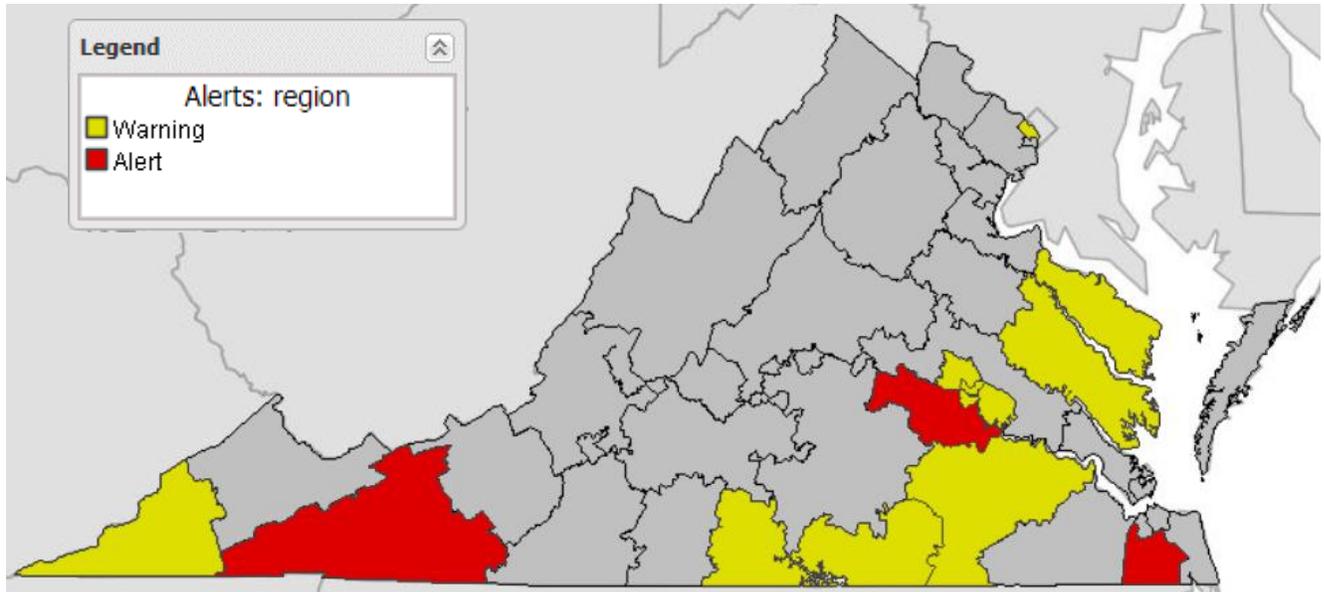


Number of ED and UC Visits for Heat-Related Illness in Virginia by Discharge Type (July 17-30, 2020)	
Discharge Type	Number of Visits (%)
Admitted	42 (6%)
Deceased	1 (0.1%)
Discharged to Home	592 (90%)
Not Reported	18 (3%)
Transferred Other	3 (0.5%)

Both male and female heat-related visits returned to baseline levels on July 28-30 though males still accounted for **78%** (N=109) of visits. The largest proportion of visits by age on July 28-30 were among adults **50-59 years old** (25%, N=35) followed by ages 20-29 (21%) and 30-39 (20%). The graphs below show ED and UC heat-related illness visits in Virginia by sex and age group.



The map below displays [VDH Health Districts](#) with significant increases in heat-related visits for July 28-30 compared to baseline levels. In total, 33 VDH Health Districts (out of 35) experienced elevated levels for heat-related illness during July 17-30, however, only **10 VDH Health Districts** remained at elevated levels (red alerts: p-value < 0.01; yellow warning: p-value < 0.05) between July 28-30.



Health Districts with elevated visits include 1 in the Northern Region (Arlington), 2 in the Eastern Region (Chesapeake, Three Rivers), 2 in the Southwest (Lenowisco, Mount Rogers), and 5 in Central (Chesterfield, Crater, Henrico, Richmond City, Southside).

### Data Sources

VDH analyzes chief complaints and discharge diagnoses of ED and UC visits to identify and monitor issues of public health concern across Virginia. The chief complaint is a free-text field capturing 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) 10<sup>th</sup> Revision and SNOMED Clinical Terms (CT) code sets. Readers are strongly encouraged to review [syndromic surveillance data limitations](#) when interpreting this report.

### Case Definitions

ED and UC 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) using the following terms for Chief Complaint and Discharge Diagnosis: *heat exhaustion; heat exposure; heat cramps; heat stroke; hyperthermia*; ICD-10 codes: *T67, X30.*; and SNOMED CT codes: *95868006, 95867001.*