

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

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August 16-18, 2017

### Background

At the time of this report, the Virginia Department of Health (VDH) received 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) 9<sup>th</sup> and 10<sup>th</sup> Revision code sets.

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

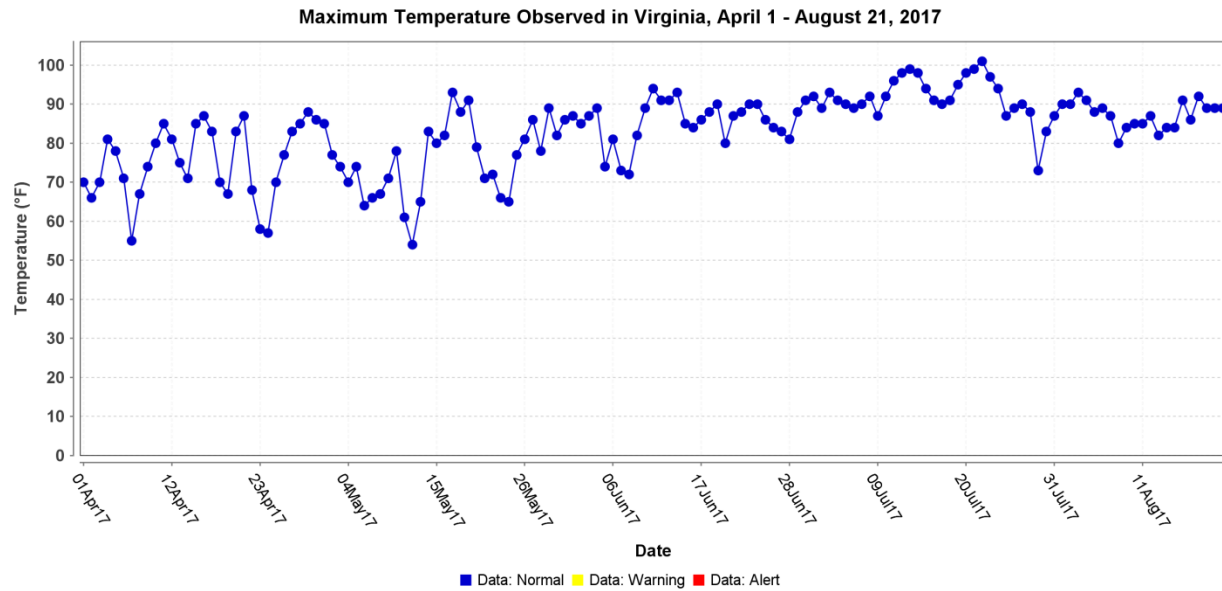
The National Syndromic Surveillance Program (NSSP) receives weather data from the National Oceanic and Atmospheric Administration (NOAA) for purposes of supplementing interpretation of syndromic surveillance data. These data are then made available to jurisdictions participating in the NSSP, including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

### Methodology

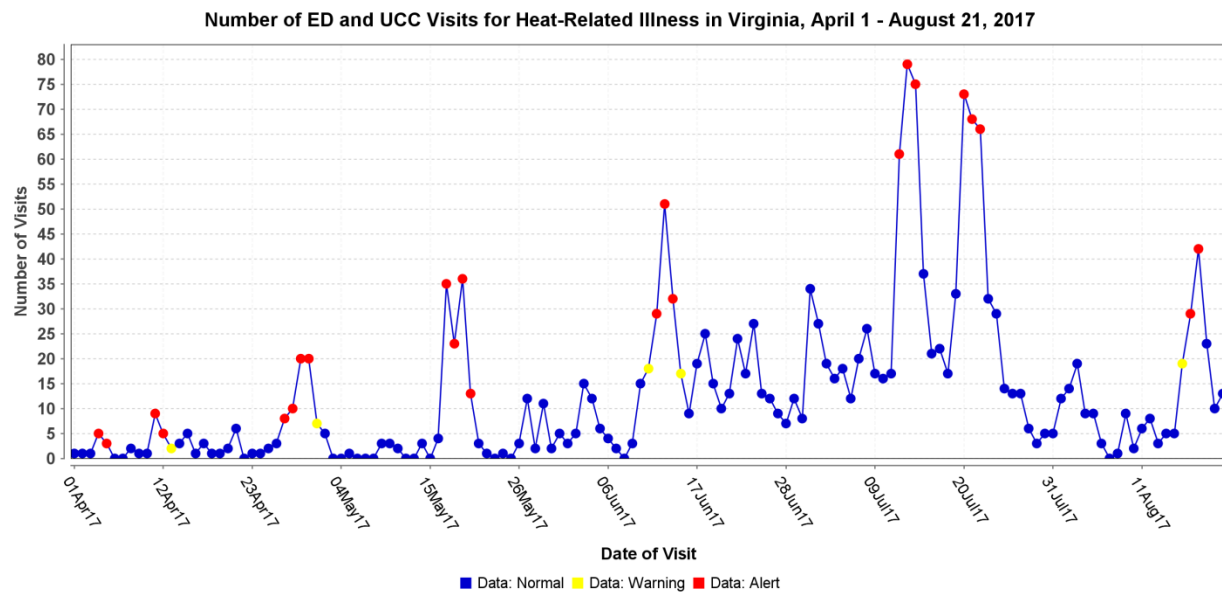
ED and UCC visits for **heat-related illness** were identified based on the [Heat-Related Illness Syndrome Query](#) definition published by the Council of State and Territorial Epidemiologists (CSTE).

## August 16-18, 2017

Between August 16 and 18, reporting NOAA weather stations in Virginia observed maximum temperatures ranging from 83°F in Wallops Island to 96°F in Norfolk and Roanoke.



Between August 16 and 18, 90 ED and UCC visits for heat-related illness were observed. Of these, the largest proportion occurred on August 18 with 42 visits (47%).



Of the total 90 visits, 71 (79%) occurred among males with the largest proportion of visits (N=17, 24%) among those aged 30-39 years. Among females, the largest proportion of visits was observed among those aged 20-29 years (N=4, 21%).

