

North Carolina Heat Report

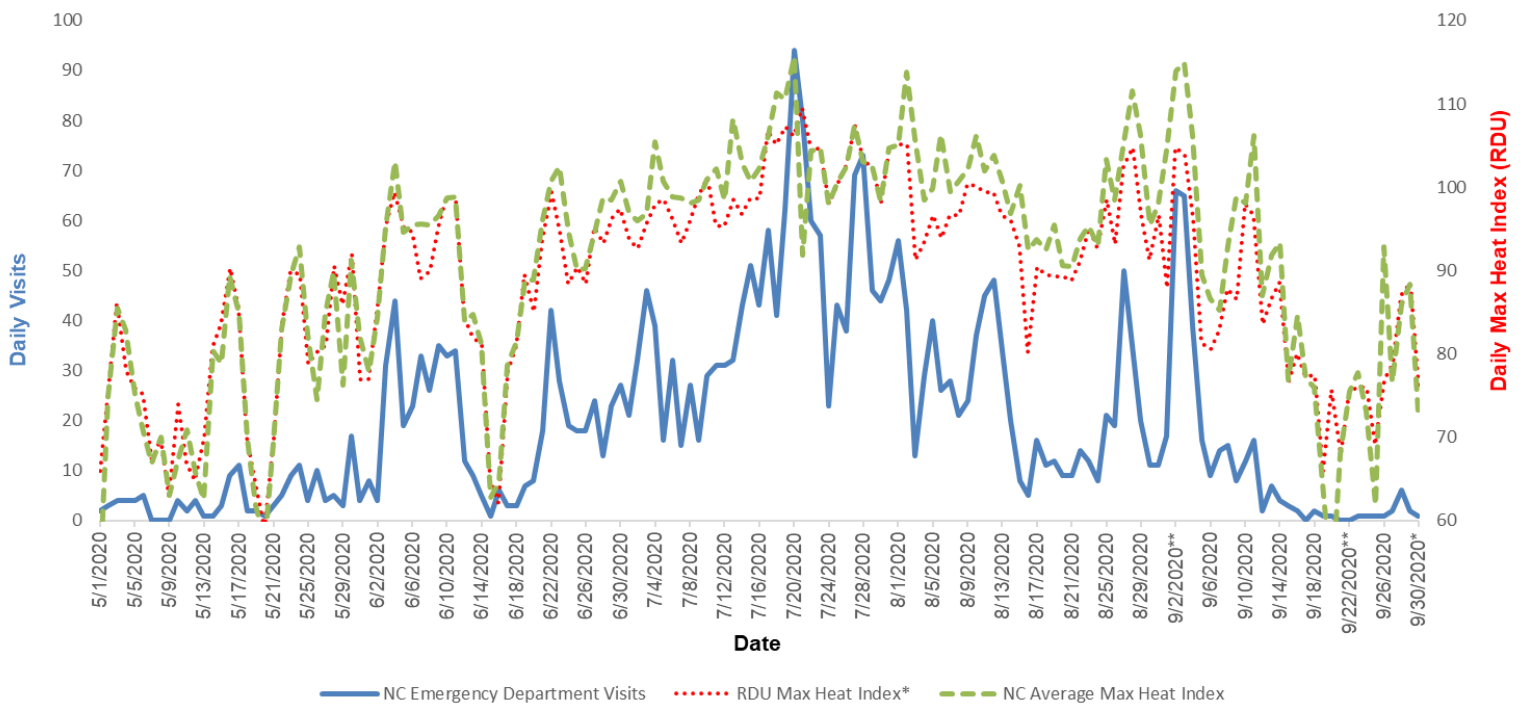
May 1 -September 30, 2020



2020 Season Summary

- ☀ Daily maximum heat indices ranged from 59°F to 109.5°F (median = 90.5°F) at Raleigh-Durham International Airport (RDU)
- ☀ 3099 emergency department visits for heat-related illness were observed
 - ☀ 73% of visits were for males, mostly aged 25-64 (Table 1)
 - ☀ Most visits were seen in hospitals in the Coastal (47%) and Piedmont (48%) regions
 - ☀ 14% of visits were seen in hospitals in the Sandhills sub-region¹
- ☀ The average 2020 proportion of emergency department visits for heat-related illness (0.16%), similar to 2018 and 2019 data (Figure 2)

Figure 1 Emergency Department Visits for Heat-Related Illness and Maximum Heat Index -- North Carolina, May 1- September 30, 2020



Source: NC DETECT Data and State Climate Office at NC State University
 Max Heat Index is for Raleigh-Durham International Airport (RDU). NC Average Max Heat Index is for emergency department visit location.

¹The Sandhills sub-region is comprised of the following counties from the Piedmont and Coastal regions: Bladen, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Robeson, and Scotland.

Table 1. Visits by sex and age group - May 1- September 31, 2020

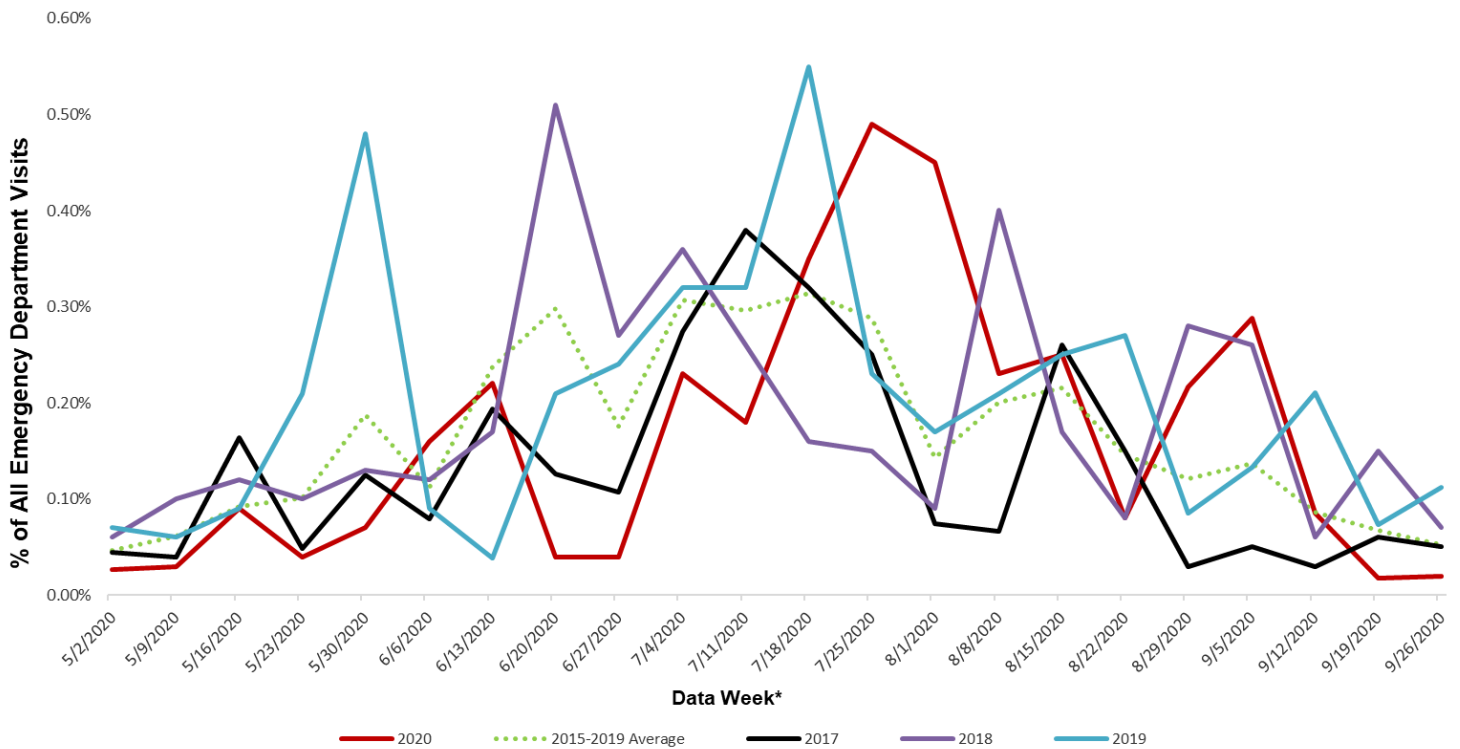
	N=3099	(%)†
Sex		
Male	2261	(73)
Female	838	(27)
Age		
0-14	71	(2)
15-18	109	(4)
19-24	291	(9)
25-44	1111	(36)
45-64	925	(30)
65+	592	(19)

Table 2. Visits by severity – May 1 - September 31, 2020

	N=1915‡	(%)†
Severity§		
Heat Cramps	96	(5)
Heat Syncope	216	(11)
Heat Stroke	1	(.05)
Heat Exhaustion	1233	(64)
Other Effects	369	(19)

*n may vary from weekly total visits † may not total 100 due to rounding ‡ missing severity data = 1184 § definitions of heat related illness categories <https://www.cdc.gov/niosh/topics/heatstress/heatrelatedillness.html> || other effects include heat fatigue, heat edema, other effects of heat and light, and other effects unspecified

Figure 2. Percent of Total Emergency Department Visits for Heat-Related Illness -- North Carolina, 2020 Compared to Historical Average



*Data begins 05/02/2015 to 2020 reporting period. Week ending dates may vary by a few days for earlier years. For data week definitions see <https://www.cdc.gov/ndss/downloads.html>. Hospitals transitioned from the ICD-9-CM diagnosis code standard to ICD-10-CM in 2015. This transition may impact the number of emergency department visits with a heat related illness diagnosis. Source: NC DETECT

NOTE: Emergency department visit records and maximum heat indices were obtained from NC DETECT and the State Climate Office at NC State University, respectively. Heat-related illness is captured through a near real-time keyword search for 'heat', 'hot', 'hyperthermia', 'heat cramp', 'heat exhaustion', 'heat stroke', and 'sun stroke' in chief complaint or triage notes of emergency department records or a diagnosis code for heat-related illness. These figures present an estimate of the number of emergency department visits for heat-related illness. Please contact lauren.thie@dhhs.nc.gov for more information.

Disclaimer: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association.