Heat-Related Deaths Associated with a Severe Heat Wave — California, July 2006

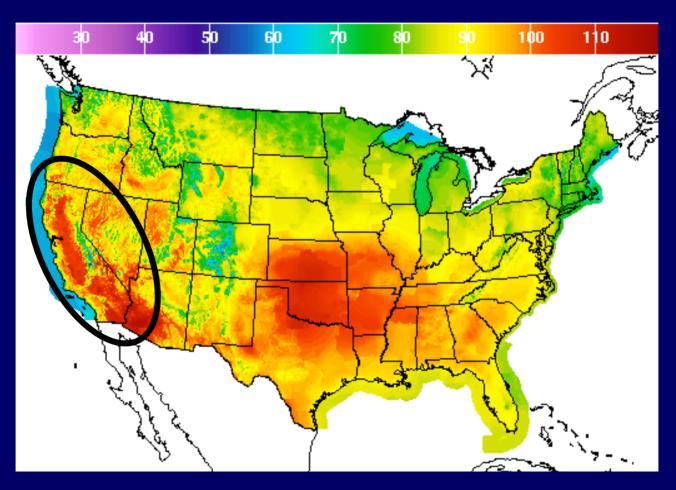
WREN Ashland 2007

Thomas J. Kim, MD, MPH
Roger B. Trent, Ph.D.
California Department of Health Services
(July 2007: Dept. of Public Health)





Heat Waves as Environmental Disasters



July 20, 2006

July 2006 California Heat Wave

- July 15 August 1
- ≥3 days of ≥100° F shade temperature, or
- ≥2 days of ≥105° F heat index

- Record breaking maximum temperatures
- High minimum temperatures
- Long duration

Heat-Related Illness

- Heat stress and exhaustion
 - Cramping
 - Heavy perspiration
 - Weakness

- Heat Stroke
 - Core body temperature >104°F
 - Multiorgan system dysfunction
 - Often fatal despite treatment

Risk Factors in Heat-Related Deaths

- Infant or Age >60
- Lack of air conditioning
- Social isolation
- Presence of chronic disease condition
- Cognitive and mobility impairments
- Low socio-economic status
- Housing characteristics

Objectives of Study

 Perform a descriptive analysis of California heat-related deaths

 Identify potential modifications in the state plan for excessive heat emergencies

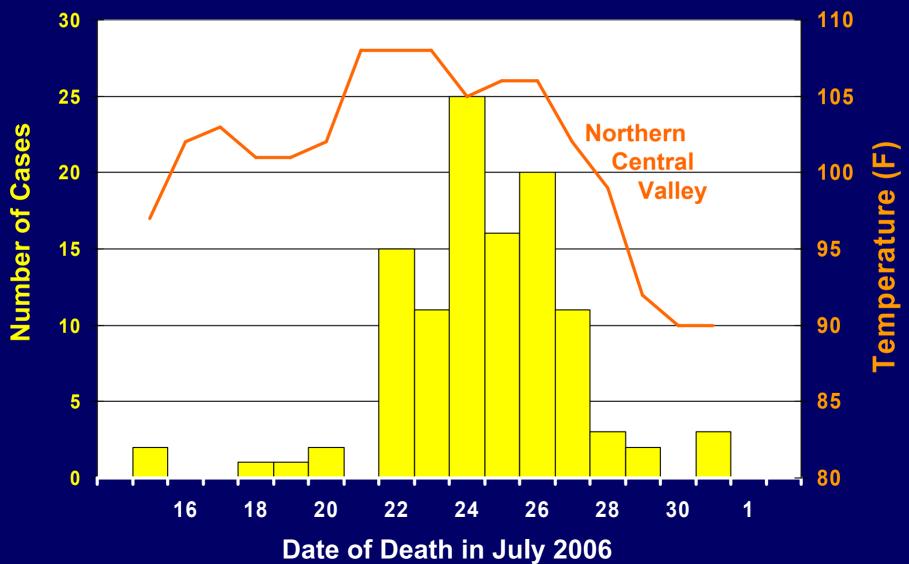
Methods

- Case series
- Coroner reports
 - Investigative narrative
 - Toxicology
- Abstraction form
- Denominator data from 2005 US Census estimates
- Compared to CA mortality data

Case Definition

- Death of a CA resident of any age
- Death between July 15 August 1
- Underlying or contributory cause of death
- No evidence of trauma and at least <u>one</u> of the following:
 - Core body temperature ≥ 105°F (≥ 40°C)
 - Decomposed body, person last seen alive at onset of heat wave
 - High environmental temperature at death scene

Heat-Related Death in California, July 15 – August 1, 2006 (n=140)



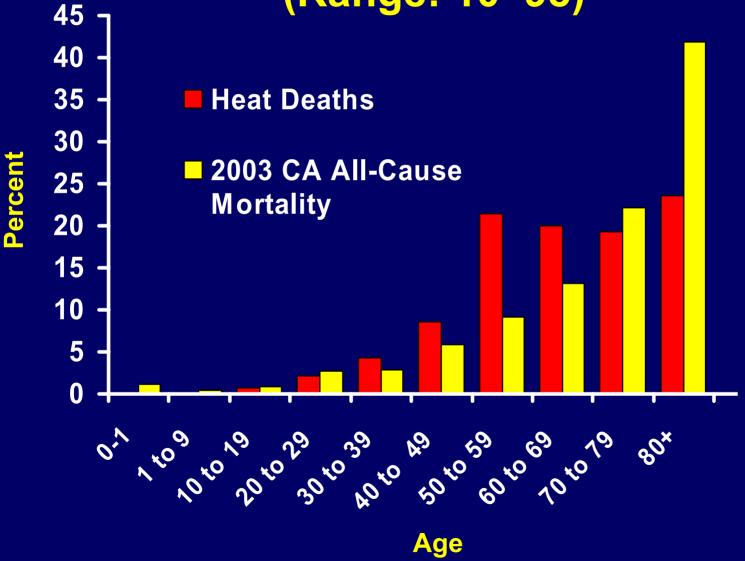
Heat-Related Deaths in Counties with ≥10 Deaths, July 15 – August 1

	No. (%)	Rate/100,000 population
		(95% CI)
Imperial	10 (7)	6.4 (2.4 – 10.4)
Stanislaus	23 (16)	4.6 (3.0 – 6.4)
San Joaquin	21 (15)	3.2 (1.8 – 4.5)
Fresno	20 (14)	2.3 (1.2 – 3.2)
Kern	15 (11)	2.0 (1.0– 2.9)
Sacramento	13 (9)	0.9 (0.4 – 1.5)
California: June – Aug (1999-2004)		0.12 / 100,000 population

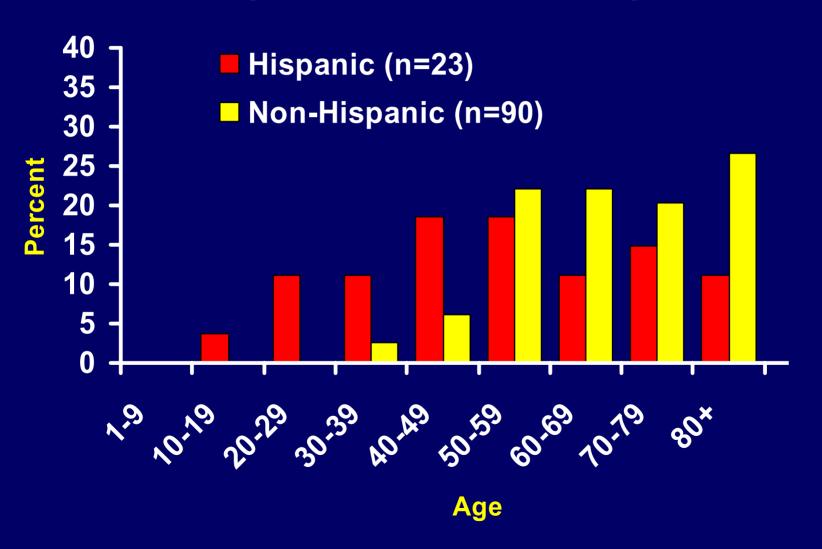
Demographics of Heat-Related Deaths (n=140)

	Case	% CA	
Characteristic	(%)	Mortality	OR (95% CI)
Male	66	50	2.0 (1.3–2.8)
White, Non-Hispanic	63	71	referent
Hispanic	24	14	1.9 (1.2–2.9)
Black, Non-Hispanic	12	8	1.8 (1.0–23.2)
Asian / Pacific Islander	1	7	0.1 (0.01–0.8)

Distribution of Heat-Related Deaths by Age (Range: 10–98)



Age Distribution of Heat-Related Deaths by Hispanic Ethnicity



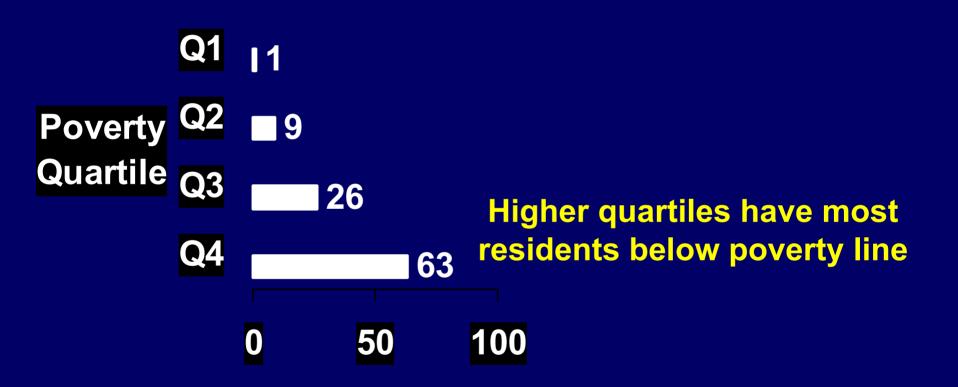
Air Conditioning (AC) Use Among Indoor Decedents (n=96)

Status	No. (%)	
AC not present	42 (45)	
AC Unknown	19 (20)	
AC present	35 (35)	
Not functional	16 (46)	
Functional	19 (54)	
Used	1 (5)	
Not used	18 (95)	

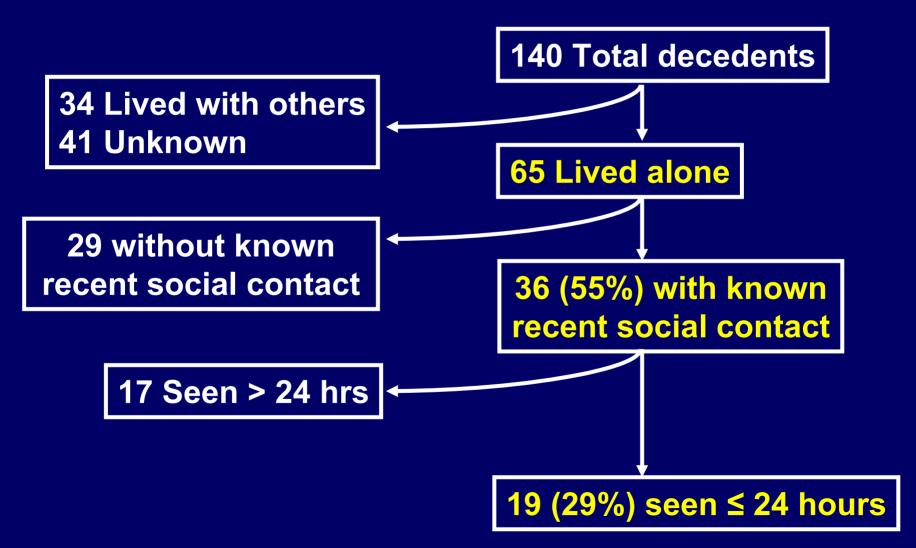
Air Conditioning (AC) Use Among Indoor Decedents (n=96)

Status	No. (%)
AC not present	42 (45)
AC Unknown	19 (20)
AC present	35 (35)
Not functional	16 (46)
Functional	19 (54)
Used	1 (5)
Not used	18 (95)

Residence of Decedents in Zip Code Areas by Level of Poverty



Recent Social Contact Before Death of Decedents Who Lived Alone



Chronic Disease Conditions Among Heat-Related Deaths

Disease	%
Cardiovascular	47
Psychiatric	23
Alcohol abuse / dependence	17
Pulmonary	7
Confined to bed	2

Limitations

- Lack of information on decedents
 - Knowledge of alerts and risk reduction steps
 - Presenting symptoms
- Coroner reports
 - Incomplete data for public health use
 - Definition of heat-related death applied consistently?

Discussion

 71% had one or more commonly known risk factors

Non-use of functioning air conditioners in 13%

 Possible ineffective assessment and intervention by social contact prior to death

Younger age in Hispanic decedents

Recommendations

- Clearly define threshold for intervention by social contacts
 - Not to wait for symptoms
 - Based on forecast and risk factors
- Broadcast heat advisories on the Emergency Alert System
- Conduct active surveillance or case control study in heat <u>illness</u>
 - AC use
 - Tailor prevention messages for high risk groups

Acknowledgments

California Department of Health Services

- Gayle Windham, PhD
- Barbara Materna, PhD
- Paul English, PhD
- Helene Margolis, PhD
- Dan Smith, Dr.PH
- Kathleen Fitzsimmons, MPH

Lawrence Berkeley National Lab

Tom McKone, PhD

Centers for Disease Control and Prevention

- Janet Blair, PhD, MPH
- Randolph Daley, DVM, MPH
- George Luber, PhD
- Bruce Gutelius, MD
- Tom Weiser, MD



The findings and conclusions in this presentation have not been formally disseminated by the CDC and should not be construed to represent any agency determination or policy

