**VISIT INFORMATION** is collected from EDs and urgent care centers across the state. Currently, all 60 eligible hospitals are sending ED data every day for syndromic surveillance. Some urgent care centers are currently reporting, and we are in the process of onboarding more.

**SEASONAL HAZARDS** for summer include elevated temperatures and dry conditions, which can lead to wildland fires and unhealthy air quality in the Pacific Northwest. During the summer, poisonous plants are growing and insects and other animals are more active. Water-related activities include the inherent risk of submersion, drowning, or injury.

**MONITORING** Oregon ESSENCE provides key information on population health during seasonal hazard events. ESSENCE users can now reproduce these queries themselves and look at regional health effects not captured in the statewide view by following instructions posted at [www.healthoregon.org/essence](http://www.healthoregon.org/essence)

**SYNDROMIC SURVEILLANCE** is the near real-time monitoring of key health indicators in emergency department (ED) and urgent care visits. Oregon’s syndromic surveillance project (Oregon ESSENCE) tracks the number of visits for specific patient symptoms using chief complaints (what the patient says is the reason for their visit) and discharge diagnosis codes. We look at symptoms associated with known health effects of seasonal hazards.

**SIMILAR SYMPTOMS** are grouped together into “syndrome” categories. For example, “wheezing” and “difficulty breathing” are grouped into the asthma-like query. By comparing the counts we see against those we would expect to see, we can identify trends in visits.

**HEALTH EFFECTS OF SUMMER HAZARDS**
- Extreme heat makes many groups, including people with chronic disease, young children, older adults, and outdoor workers, vulnerable to heat-related illness (HRI). HRI refers to a variety of conditions resulting from elevated body temperatures such as heat stroke, heat syncope (fainting), heat exhaustion, and heat cramps.
- Wildfire smoke, air pollution, and pollen can exacerbate respiratory conditions such as asthma.
- Many people enjoy the summer weather by spending more time outside, which increases the likelihood of exposure to poisonous plants, insects, and animals which may bite.
- Recreational activities in pools and natural waterways can lead to an increase in submersion and near-fatal drownings and boat-related injuries.

**SYNDROMIC COVERAGE** by county is detailed in the map below.
END OF SEASON SUMMARY:
Week 18 (April 30) – Week 38 (September 23)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Statewide, summer hazards monitored are at seasonally expected levels.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

TOTAL VISITS QUERY

FINDINGS
In this chart, we see that total visits are not currently above expected levels. All 60 eligible Oregon hospitals are sending ED data every day for syndromic surveillance. During this season, 84% of total visits were made to EDs. The other 16% were made to select urgent care centers. ESSENCE users are encouraged to explore their total visits by facility and facility type.
FINDINGS
In this chart, we see that visits for asthma-like complaints are not currently above expected levels. During this season, a third of visits (33%) were made by adults over the age of 65 and over one in ten (11%) were made by children ages 17 or younger. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

In this chart, we see that HRI visits are not currently above expected levels. Increases in HRI track closely to extreme heat. During this season, over four in ten visits (43%) were made by adults ages 18-44 and about a quarter (27%) were made by adults ages 45-64. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.

HEAT-RELATED ILLNESS (HRI) QUERY

HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here:
https://public.health.oregon.gov/Preparedness/Partners/Pages/riskcommunicationtools.aspx

OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here:
http://oregonsmoke.blogspot.com/
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

INSECT BITE OR STING QUERY
looks for the codes for “insect bite” (ICD-9 code 919.4 and ICD-10 codes T07 and W57) or words like “bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE QUERY looks for the codes for “poisonous plant exposure” (ICD-9 code 692.6 and ICD-10 codes L25.5 L23.7) or words like “poison oak” or “poison ivy.”

ENVIRONMENTAL DATA are now available in Oregon ESSENCE. Weather station data (temperature, precipitation, and wind speed) are from the National Weather Service. Air quality station data (PM 2.5 and ozone) are from EPA/Air Now.

INSECT BITE OR STING QUERY FINDINGS
In this chart, we see that visits for insect bite-related complaints at expected levels for the season. A rising trend throughout the summer, peaking in late August was also seen in 2016. During this season, four in ten visits were made by adults ages 18-44. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY FINDINGS
In this chart, we see that visits for poisonous plant-related complaints are not currently above expected levels. During this season, almost six in ten visits (59%) were made by adults ages 18-44. To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC
MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
Local and tribal health departments and participating healthcare facilities may request access to Oregon ESSENCE to produce these types of reports for their jurisdictions. Visit our website to learn more: www.healthoregon.org/essence

FINDINGS
In this chart, we see that visits for submersion events are not currently above expected levels. During this season, half of visits (51%) were made by children ages 0-4 and almost a quarter (23%) were made by children ages 5-17. Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

WATERCRAFT AND BOATING INJURY SUBSYNDROME

FINDINGS
In this chart, we see that visits for boating injuries are not currently above expected levels. During this season, almost three in four visits (72%) were made by adults ages 18-64. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

SUMMARY: Week 24 (June 11) – Week 36 (September 9)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Statewide, summer hazards monitored are at expected levels or increases are seasonally expected.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

TOTAL VISITS QUERY

FINDINGS
In this chart, we see that total visits are not currently above expected levels statewide. All 60 eligible Oregon hospitals are sending ED data every day for syndromic surveillance. During the past 13 weeks, 85% of total visits were made to EDs. The other 15% were made to the select urgent care centers. ESSENCE users are encouraged to explore their total visits by facility and facility type.
FINDINGS
In this chart, we see that visits for asthma-like complaints statewide are not currently above expected levels. However, visits have been increasing over the past four weeks. On several days during Week 36, significant increases in breathing-related visits were seen statewide and regionally due to wildfire activity. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY
HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY
ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

FINDINGS
In this chart, we see that HRI visits statewide have been at expected levels for the past four weeks. Extreme heat was experienced around the state during early August (Week 31 and 32). During the past 13 weeks, over four in ten visits (43%) were made by adults ages 18-44. Over a quarter (28%) were made by adults ages 45-64. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:

- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

INSECT BITE OR STING QUERY
looks for the codes for “insect bite” (ICD-9 code 919.4 and ICD-10 codes T07 and W57) or words like “bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE QUERY looks for the codes for “poisonous plant exposure” (ICD-9 code 692.6 and ICD-10 codes L25.5 L23.7) or words like “poison oak” or “poison ivy.”

ENVIRONMENTAL DATA are now available in Oregon ESSENCE. Weather station data (temperature, precipitation, and wind speed) are from the National Weather Service. Air quality station data (PM 2.5 and ozone) are from EPA/Air Now.

FINDINGS
In this chart, we see that visits statewide for insect bite-related complaints have remained above expected levels all season. A very similar trend was seen in Summer 2016 where weekly visits doubled between late May and late July. Weekly data alerts are an effect of these week over week increases, but this trend is not unexpected. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY

FINDINGS
In this chart, we see that visits statewide for poisonous plant-related complaints have been at expected levels for the past six weeks, after peaking during Week 26 (June 25-July 1). During the past 13 weeks, six in ten (60%) were made by adults ages 18-44. A third (33%) of these visits were made to urgent care centers. To reduce risk of exposure to poison oak and poison ivy, wear protective clothing when outdoors and do not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
Local and tribal health departments and participating healthcare facilities may request access to Oregon ESSENCE to produce these types of reports for their jurisdictions. Visit our website to learn more: www.healthoregon.org/essence

FINDINGS
In this chart, we see that visits statewide for submersion events have returned to expected levels, after peaking in late June (Week 25 and 26). During the past 13 weeks, over half of visits (53%) were made by children ages 0-4, and another 21% were made by children ages 5-17. Drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

FINDINGS
In this chart, we see that visits statewide for boating injuries have been fluctuating above expected levels since mid-July, although the total number of visits per week is relatively low. Over two thirds of visits (70%) were made by adults ages 18-64. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each day are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that day are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

GREAT AMERICAN SOLAR ECLIPSE EVENT SUMMARY:
The following report details findings from the period just before and after the Great American Solar Eclipse in Oregon (Monday August 21, 2017).

This report includes total daily counts of ED and urgent care visits in Oregon and highlights of surveillance for types of visits related to the anticipated influx of visitors, including: motor vehicle accidents and mentions of “eclipse” by patients.

TOTAL VISITS QUERY

FINDINGS
In this chart, we see that total visits did not rise above expected levels during the heightened surveillance period (indicated here in yellow: 8/18-8/22) but that visits made by out of state residents did significantly increase 8/19-8/22. Notably, this statewide trend obscures the regional increases seen in select hospitals in Hospital Preparedness Regions 2, 6, and 7.
Statewide Surveillance Summary

FINDINGS
Visits for motor vehicle-related accidents increased somewhat statewide on 8/20 and 8/21, in part because of a spike in visits by out of state residents on 8/21.

MOTOR VEHICLE ACCIDENT
QUERY
contains about 20 terms such as vehicle, motorcycle, bus, car, injured, accident, truck, and hit.

ECLIPSE QUERY
looks for keywords for visits where patients explicitly mention the eclipse to their provider.

‘ECLIPSE’ MENTIONS
Daily "Eclipse" Mentions

FINDINGS
Mentions of the solar eclipse in ED and Urgent care records peaked the day of the eclipse at 21 visits and have subsequently decreased. Patients reported the eclipse for multiple reasons, chiefly that they had suffered an injury at an eclipse-related event (or because they were viewing the eclipse) followed by patients mentioning the eclipse but visiting the ED for another reason (e.g., missed scheduled follow up appointment with doctor due to the eclipse).
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

SUMMARY: Week 22 (May 28) – Week 34 (August 26)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Summer hazards monitored are at expected levels or increases are seasonally expected.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

TOTAL VISITS QUERY

FINDINGS
In this chart, we see that total visits are not currently above expected levels statewide. During the past 13 weeks, 85% of total visits were made to EDs. The other 15% were made to the urgent care centers which are reporting to Oregon ESSENCE. We have been experiencing minor reporting delays (more than 24 hours) from some facilities. ESSENCE users are encouraged to explore their total visits by facility and facility type.
FINDINGS

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. During recent weeks, poor air quality likely contributed to more than expected asthma-like visits in some counties, but significant increases were not seen statewide. During the past 13 weeks, over half of visits (57%) were made by adults ages 18-64. A third of visits (34%) were made by adults ages 65 and older, and less than 10% of visits were made by children ages 0-17. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here:
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OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here:
http://oregonsmoke.blogspot.com/
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

INSECT BITE OR STING QUERY
looks for the codes for “insect bite” (ICD-9 code 919.4 and ICD-10 codes T07 and W57) or words like “bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE QUERY looks for the codes for “poisonous plant exposure” (ICD-9 code 692.6 and ICD-10 codes L25.5 L23.7) or words like “poison oak” or “poison ivy.”

ENVIRONMENTAL DATA are now available in Oregon ESSENCE. Weather station data (temperature, precipitation, and wind speed) are from the National Weather Service. Air quality station data (PM 2.5 and ozone) are from EPA/Air Now.

FINDINGS
In this chart, we see that visits for insect bite-related complaints have remained above expected levels all season. A very similar trend was seen in Summer 2016 where weekly visits doubled between late May and late July. Weekly data alerts are an effect of these week over week increases, but this trend is not unexpected. Since Week 30 (July 23-29), there have been over 400 visits a week statewide. During the past 13 weeks, over six in ten visits (63%) were made by adults ages 18-64, and a quarter (25%) were made by children ages 0-17. Over a quarter (27%) of these visits were made to urgent care centers. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY
FINDINGS
In this chart, we see that visits for poisonous plant-related complaints have returned to expected levels, after peaking during Week 26 (June 25-July 1). During the past 13 weeks, almost six in ten (59%) were made by adults ages 18-44. Three in ten (30%) of these visits were made to urgent care centers. To reduce risk of exposure to poison oak and poison ivy, wear protective clothing when outdoors and do not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC
MMWR week, which always start on
Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the
codes for “non-fatal drowning”
(ICD-9 code 994.1 and ICD-10 code
T751) or words like “drown” or
“under water” as long as the
patient doesn’t say it “feels like
drowning.”

WATERCRAFT OR BOATING
SUBSYNDROME looks for free text
terms including “boat,” “dock,”
“ship,” and “jet ski.” Importantly,
this subsyndrome does not look
for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR
PUBLIC HEALTH ACTION
Local and tribal health departments
and participating healthcare
facilities may request access to
Oregon ESSENCE to produce these
types of reports for their
jurisdictions. Visit our website to
learn more:
www.healthoregon.org/essence

FINDINGS
In this chart, we see that visits for submersion events have returned to expected
levels, after peaking in late June (Week 25 and 26). During the past 13 weeks,
over half of visits (56%) were made by children ages 0-4, and another 18% were
made by children ages 5-17. Drowning deaths and injuries are predictable and
preventable. Supervise children when in and around water. Learn how to swim
and how to perform CPR. Never swim alone, and always wear a personal
floatation device when boating.

WATERCRAFT AND BOATING INJURY SUBSYNDROME

FINDINGS
In this chart, we see that visits for boating injuries have been above expected
levels since mid-July, although the total number of visits per week is relatively
low. Two thirds of these visits (67%) were made by males, and two thirds (67%)
were made by adults ages 18-64. Do not operate a boat while under the influence
of drugs or alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each day are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that day are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

SUMMER HAZARD-RELATED VISITS can be associated with outdoor conditions, extreme events, or recreational activities.

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

Published: August 4, 2017

EVENT SUMMARY: Since August 1, the National Weather Service has issued a series of alerts including excessive heat warnings, fire weather warnings, and air quality alerts, many of which are still in effect. Air quality conditions are unhealthy for sensitive groups throughout much of the state due to wildfires. And record temperatures have soared, including a high of 109ºF in Medford, 105ºF in Portland, 102ºF in Eugene, and 99ºF in Bend on August 3.

This special report includes total daily counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries for the past two weeks (July 20 - August 3).

Visits for heat-related illness have been higher than expected during the current extreme heat event (August 1-3).

FINDINGS
In this chart, we see that total visits are not currently above expected levels. Several facilities have had data transmission delays in the past few days. Statewide total visits counts are likely to be revised slightly upwards. ESSENCE users are encouraged to explore their total visits by facility and facility type.
FINDINGS

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Weekly visit counts have been trending downward since Week 23 (June 4-10). In the past two weeks, over half of visits (57%) were made by adults ages 18-64. A third of visits (35%) were made by adults ages 65 and older, and less than 9% of visits were made by children ages 0-17. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

FINDINGS

In this chart, we see that HRI visits rose above expected levels starting on August 1. In the past two weeks, almost half of these visits (46%) were made by adults ages 18-44, and over a quarter (26%) were made by adults ages 45-64. The majority of these visits (95%) were made to EDs, and two thirds (66%) were seen during the late afternoon or evening (4 pm to midnight shift). It should be noted, however, that during the August event there have been fewer visits, thus far, than during the first heat event of the year in late June, even though it has been hotter this week. This acclimatization factor is not unusual. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.

HEAT-RELATED ILLNESS (HRI) QUERY

ASTHMA-LIKE QUERY
INSECT BITE OR STING QUERY
looks for the codes for “insect bite” (ICD-9 code 919.4 and ICD-10 codes T07 and W57) or words like “bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE QUERY looks for the codes for “poisonous plant exposure” (ICD-9 code 692.6 and ICD-10 codes L25.5 L23.7) or words like “poison oak” or “poison ivy.”

ENVIRONMENTAL DATA are now available in Oregon ESSENCE. Weather station data (temperature, precipitation, and wind speed) are from the National Weather Service. Air quality station data (PM 2.5 and ozone) are from EPA/Air Now.

INSECT BITE OR STING QUERY FINDINGS
In this chart, we see that visits for insect bite-related complaints are not currently above expected levels. However, weekly counts have continued to rise since Week 18 (April 30-May 6). In the past two weeks, two in five of these visits (42%) were made by adults ages 18-44. About one in five (22%) were made by adults ages 45-64, and another one in five (18%) were made by children ages 5-17. A quarter of these visits (26%) were made to urgent cares centers, which comprise a small portion of total visits in ESSENCE (14%). To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY FINDINGS
In this chart, we see that visits for poisonous plant-related complaints are not currently above expected levels. Weekly visits are also currently at expected levels, since peaking in Week 26 (June 25-July 1). In the past two weeks, three in five of these visits (62%) were made by adults ages 18-44, and about one in four (22%) were made by adults ages 45-64. Two thirds of these visits (67%) were made by male patients. Almost half of these visits (44%) were made to urgent cares centers. To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION

Local and tribal health departments and participating healthcare facilities may request access to Oregon ESSENCE to produce these types of reports for their jurisdictions. Visit our website to learn more: www.healthoregon.org/essence

FINDINGS

In this chart, we see that visits for boating injuries are not currently above expected levels overall, although there was one more visit than expected on July 26. Weekly visit counts were higher than expected during July, but total statewide counts are low (i.e., 1-2 visits per week). In the past two weeks, all visits were made by adults ages 18-64. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.

FINDINGS

In this chart, we see that visits for submersion events are not currently above expected levels overall, although there were a few more than expected visits on August 2. Weekly visits are currently at expected levels since peaking in Weeks 25-26 (June 18-July 1). In the past two weeks, over three quarters of visits (77%) were made by children ages 0-17. Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal flotation device when boating.
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

FINDINGS
In this chart, we see that total visits are not currently above expected levels. Fluctuations in urgent care center data streams earlier this season have normalized, but since Week 21, several healthcare systems have not fully reported or been processed due to system updates. Data transmission verification and data quality work continues. ESSENCE users are encouraged to explore their total visits by facility type.
FINDINGS
In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

In this chart, we see that HRI visits have returned to expected levels during the last two weeks. Visit counts peaked during Week 25 (June 18-24) when there were near-record high temperatures around Oregon. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.

ASTHMA-LIKE QUERY

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here:
https://public.health.oregon.gov/Preparedness/Partners/Pages/riskcommunicationtools.aspx

OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here:
http://oregonsmoke.blogspot.com/
HOW TO READ THESE CHARTS
Counts are reported by CDC
MMWR week, which always start on
Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

INSECT BITE OR STING QUERY
looks for the codes for “insect
bite” (ICD-9 code 919.4 and ICD-10
codes T07 and W57) or words like
“bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE
QUERY looks for the codes for
“poisonous plant exposure” (ICD-9
code 692.6 and ICD-10 codes L25.5
L23.7) or words like “poison oak”
or “poison ivy.”

ENVIRONMENTAL DATA are now
available in Oregon ESSENCE.
Weather station data (temperature,
precipitation, and wind speed) are
from the National Weather Service.
Air quality station data (PM 2.5 and
ozone) are from EPA/Air Now.

FINDINGS
In this chart, we see that visits for insect bite-related complaints have remained
above expected levels since early May (Week 18). In Week 29, however, there
were over 100 fewer visits than in Week 27, the week with the most visits thus far
this season. Statewide, most visits were made by adults ages 18-44. To reduce
risk of exposure, use effective insect repellent, check window and door screens,
eliminate mosquito breeding sites, and wear protective clothing when outdoors.

FINDINGS
In this chart, we see that visits for poisonous plant-related complaints have
remained above expected levels since late April (Week 17). In Week 29,
however, there were 26 fewer visits than in Week 26, the week with the most
visits thus far this season. Statewide, most visits were made by adults ages 18-44.
To reduce risk of exposure, wear protective clothing when outdoors and do
not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC
MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the
codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the
patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text
terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly,
this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
Local and tribal health departments and participating healthcare
facilities may request access to Oregon ESSENCE to produce these
types of reports for their jurisdictions. Visit our website to learn more:
www.healthoregon.org/essence

FINDINGS
In this chart, we see that visits for submersion events have returned to expected
levels during the last two weeks. Most drowning deaths and injuries are
predictable and preventable. Supervise children when in and around water. Learn
how to swim and how to perform CPR. Never swim alone, and always wear a
personal floatation device when boating.

FINDINGS
In this chart, we see that visits for boating injuries are not currently above
expected levels. Do not operate a boat while under the influence of drugs or
alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

SUMMARY: Week 15 (April 9) – Week 27 (July 8)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Visits for heat-related illness and submersion events have recently been higher than expected. Visits for insect bites and poisonous plant exposure have remained elevated all season.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

FINDINGS
In this chart, we see that total visits are not currently above expected levels. Fluctuations in urgent care center data streams earlier this season have normalized, but since Week 21, several healthcare systems have not fully reported or been processed due to system updates. ESSENCE users are encouraged to explore their total visits by facility type.
FINDINGS

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

In this chart, we see that HRI visits are currently expected levels, peaking during Week 25 (June 18-24) when there were 129 HRI visits statewide. In the past three weeks, there have been near-record high temperatures around Oregon. During this time, four in ten visits (40%) were made by adults ages 18-44, nearly three in ten (28%) were made by adults ages 45-64, and other three in ten (32%) were made by all other ages. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.

ASTHMA-LIKE QUERY

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HOW TO READ THESE CHARTS

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:

- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here:
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OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here:
http://oregonsmoke.blogspot.com/
HOW TO READ THESE CHARTS
Counts are reported by CDC
MMWR week, which always start on
Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

INSECT BITE OR STING QUERY
FINDINGS
In this chart, we see that visits for insect bite-related complaints have remained above expected levels since early May (Week 18). Statewide, most visits were made by adults ages 18-44. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY
FINDINGS
In this chart, we see that visits for poisonous plant-related complaints have remained above expected levels since mid-April (Week 15). Statewide, most visits were made by adults ages 18-44. To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY
looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME
looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
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FINDINGS
In this chart, we see that visits for submersion events have risen well above expected levels during the past four weeks. During this time, statewide, the majority of these visits were made by children ages 0-4 (52%) followed by children ages 5-17 (23%). Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

FINDINGS
In this chart, we see that visits for boating injuries are not currently above expected levels. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.
Event Summary: The National Weather Service issued a series of special weather statements including coastal marine warnings (June 22-24) and heat advisories (June 23-25) last week. Much of the state experienced the hottest temperatures of the season thus far, including the Portland Metro area where highs were near 100°F over the weekend.

This special report includes total daily counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries for the past two weeks.

Visits for heat-related illness and submersion events were higher than expected.

Total Visits Query

In this chart, we see that total visits are not currently above expected levels. Data transmission issues that resulted in data fluctuations over the past few weeks have largely been resolved.
HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here: https://public.health.oregon.gov/Preparedness/Partners/Pages/riskcommunicationtools.aspx

OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here: http://oregonsmoke.blogspot.com/

FINDINGS
In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Weekly visit counts have been trending downward since Week 23 (June 4-10). Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.
INSECT BITE OR STING QUERY
looks for the codes for “insect bite” (ICD-9 code 919.4 and ICD-10 codes T07 and W57) or words like “bee,” “tick,” “bite,” and “sting.”

POISONOUS PLANT EXPOSURE QUERY looks for the codes for “poisonous plant exposure” (ICD-9 code 692.6 and ICD-10 codes L25.5 L23.7) or words like “poison oak” or “poison ivy.”

ENVIRONMENTAL DATA are now available in Oregon ESSENCE. Weather station data (temperature, precipitation, and wind speed) are from the National Weather Service. Air quality station data (PM 2.5 and ozone) are from EPA/Air Now.

INSECT BITE OR STING QUERY FINDINGS
In this chart, we see that visits for insect bite-related complaints are not currently above expected levels. However, weekly counts have continued to rise since Week 18 (April 30-May 6). To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

POISONOUS PLANT EXPOSURE QUERY FINDINGS
In this chart, we see that visits for poisonous plant-related complaints are not currently above expected levels. Weekly visits are also currently at expected levels since peaking in Week 22 (May 28-June 3). To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
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FINDINGS
In this chart, we see that visits for submersion events were above expected levels in the middle of June. Most visits were made by children ages 0-17. Week 25 (June 18-24) was the week with the most visits thus far in 2017. Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

WATERCRAFT AND BOATING INJURY SUBSYNDROME

FINDINGS
In this chart, we see that there were no visits for boating injuries during the past two weeks. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

SUMMARY: Week 11 (March 12) – Week 23 (June 10)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Of note, visits for insect bites and stings and poisonous plant exposure have continued to rise above expected levels in the past two weeks.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

FINDINGS
In this chart, we see that total visits have been above expected levels during March, April and into mid-May. Increased visits are a result of Oregon ESSENCE onboarding additional facilities, primarily urgent care centers, during this time. These elevated visit counts do not signal an event of public health significance. Total visit counts have continued to fluctuate. Since Week 21, several facilities have not fully reported or been processed due to system updates. Counts will be updated in the future. ESSENCE users are encouraged to explore their total visits by facility type.

TOTAL VISITS QUERY
FINDINGS

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

CRISIS AND EMERGENCY RISK COMMUNICATION TOOLKITS provide messaging for public health hazards such as Wildfire Smoke and Extreme Heat. Access them here:
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http://oregonsmoke.blogspot.com/

FINDINGS

In this chart, we see that visits for HRI have decreased in the past two weeks but are still above expected levels. Temperatures first rose above 90ºF in many parts of the state during Week 18 (April 30-May 6) and were also warmer than average during Week 21 (May 21-27). Visits tend to increase with temperature. Similar trends were seen last year. To reduce the risk of HRI, drink plenty of fluids, wear light colored clothing and sunscreen, and schedule outdoor activities during cooler times of the day.
**HOW TO READ THESE CHARTS**
Counts are reported by CDC
MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

**INSECT BITE OR STING QUERY FINDINGS**
In this chart, we see that visits for insect bite-related have risen above expected levels during the past six weeks. Similar trends were seen last year. In 2016, visits peaked in mid-August. Statewide, most visits were made by adults ages 18-44. In the past four weeks, there has also been a pronounced increase in visits made by children ages 5-17. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.

**POISONOUS PLANT EXPOSURE QUERY FINDINGS**
In this chart, we see that visits for poisonous plant-related complaints began rising in late March and are currently above expected levels. Similar trends were seen last year. In 2016, visits peaked in mid-June. Statewide, most visits were made by adults ages 18-44. To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
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FINDINGS
In this chart, we see that visits for submersion events are not currently above expected levels. There were more than expected visits in late March and early April, and the majority of these early-season visits were made by children ages 0-17. Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

WATERCRAFT AND BOATING INJURY SUBSYNDROME

FINDINGS
In this chart, we see that visits for boating injuries are not currently above expected levels. This season, more males than females have made visits to Oregon ED and urgent care centers for boating injuries. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.
HOW TO READ THESE CHARTS
Visit counts for each week are color-coded in the charts to the right. Blue dots indicate normal visit counts. Yellow or red dots mean the counts for that week are higher than expected. A warning or alert does not necessarily indicate an event of public health significance. We are looking for sudden or sustained increases in visits.

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:

- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

TOTAL VISITS QUERY includes all visits to EDs and participating urgent care centers across the state. This query shows the total burden to the Oregon healthcare system and provides context for the queries and syndromes shown below.

SUMMARY: Week 9 (February 26) – Week 21 (May 27)
This report includes total weekly counts of ED and urgent care visits in Oregon and counts for heat-related illness, asthma-like complaints, insect bites and stings, poisonous plant exposures, submersion events, and boating injuries.

Please note that during Week 21, several facilities did not fully report due to system updates. Counts will be updated in the future.

WHAT ARE YOU SEEING?
Summer hazard-related visits can be associated with outdoor conditions, extreme events, or recreational activities. The charts below show visit counts matching each query. See the left sidebar for more information on how to read the charts.

TOTAL VISITS QUERY

FINDINGS
In this chart, we see that total visits have been above expected levels during March, April and into mid-May. Increased visits are a result of Oregon ESSENCE onboarding additional facilities, primarily urgent care centers, during this time. These increases do not signal an event of public health significance. ESSENCE users are encouraged to explore their total visits by facility type.
FINDINGS

In this chart, we see that visits for asthma-like complaints are not currently above expected levels. Summer hazards such as poor air quality, smoke, extreme heat, and even thunderstorms can trigger asthma attacks. Avoid outdoor activities when air quality is unhealthy.

HEAT-RELATED ILLNESS (HRI) QUERY

HEAT-RELATED ILLNESS (HRI) QUERY looks for the codes for HRI (including ICD-9 code 992 and ICD-10 code T67) or words like “heat,” “sun stroke,” and “hyperthermia.”

ASTHMA-LIKE QUERY looks for the codes for asthma (ICD-9 code 493 and ICD-10 codes J45 and R06) or words like “asthma,” “wheezing,” and “shortness of breath.”

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OREGON SMOKE BLOG is a resource for tracking communities affected by wildfire smoke. Access it here:
http://oregonsmoke.blogspot.com/
**Statewide Surveillance Summary**

**How to Read These Charts**

Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:

- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

**Insect Bite or Sting Query**

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In this chart, we see that visits for insect bite-related have risen above expected levels during the past month. Temperatures are warming, so both people and insects are more active outdoors. Similar trends were seen last year. In 2016, visits peaked in mid-August. To reduce risk of exposure, use effective insect repellent, check window and door screens, eliminate mosquito breeding sites, and wear protective clothing when outdoors.
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**Poisonous Plant Exposure Query**

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In this chart, we see that visits for poisonous plant-related complaints began rising in late March and are currently above expected levels. Similar trends were seen last year. In 2016, visits peaked in mid-June. To reduce risk of exposure, wear protective clothing when outdoors and do not burn plants that may be poisonous.
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HOW TO READ THESE CHARTS
Counts are reported by CDC MMWR week, which always start on Sunday. In 2017, this includes:
- Week 14, April 2
- Week 19, May 7
- Week 23, June 4
- Week 27, July 2
- Week 32, August 6
- Week 36, September 3

SUBMERSION AND NON-FATAL DROWNING QUERY looks for the codes for “non-fatal drowning” (ICD-9 code 994.1 and ICD-10 code T751) or words like “drown” or “under water” as long as the patient doesn’t say it “feels like drowning.”

WATERCRAFT OR BOATING SUBSYNDROME looks for free text terms including “boat,” “dock,” “ship,” and “jet ski.” Importantly, this subsyndrome does not look for diagnosis codes.

SYNDROMIC SURVEILLANCE FOR PUBLIC HEALTH ACTION
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www.healthoregon.org/essence

FINDINGS
In this chart, we see that visits for submersion events are not currently above expected levels. There were more than expected visits in late March and early April. Most drowning deaths and injuries are predictable and preventable. Supervise children when in and around water. Learn how to swim and how to perform CPR. Never swim alone, and always wear a personal floatation device when boating.

FINDINGS
In this chart, we see that visits for boating injuries are not currently above expected levels. Do not operate a boat while under the influence of drugs or alcohol, and learn the rules for safe operation and navigation.