



Congenital Syphilis: An ancient evil with modern repercussions.

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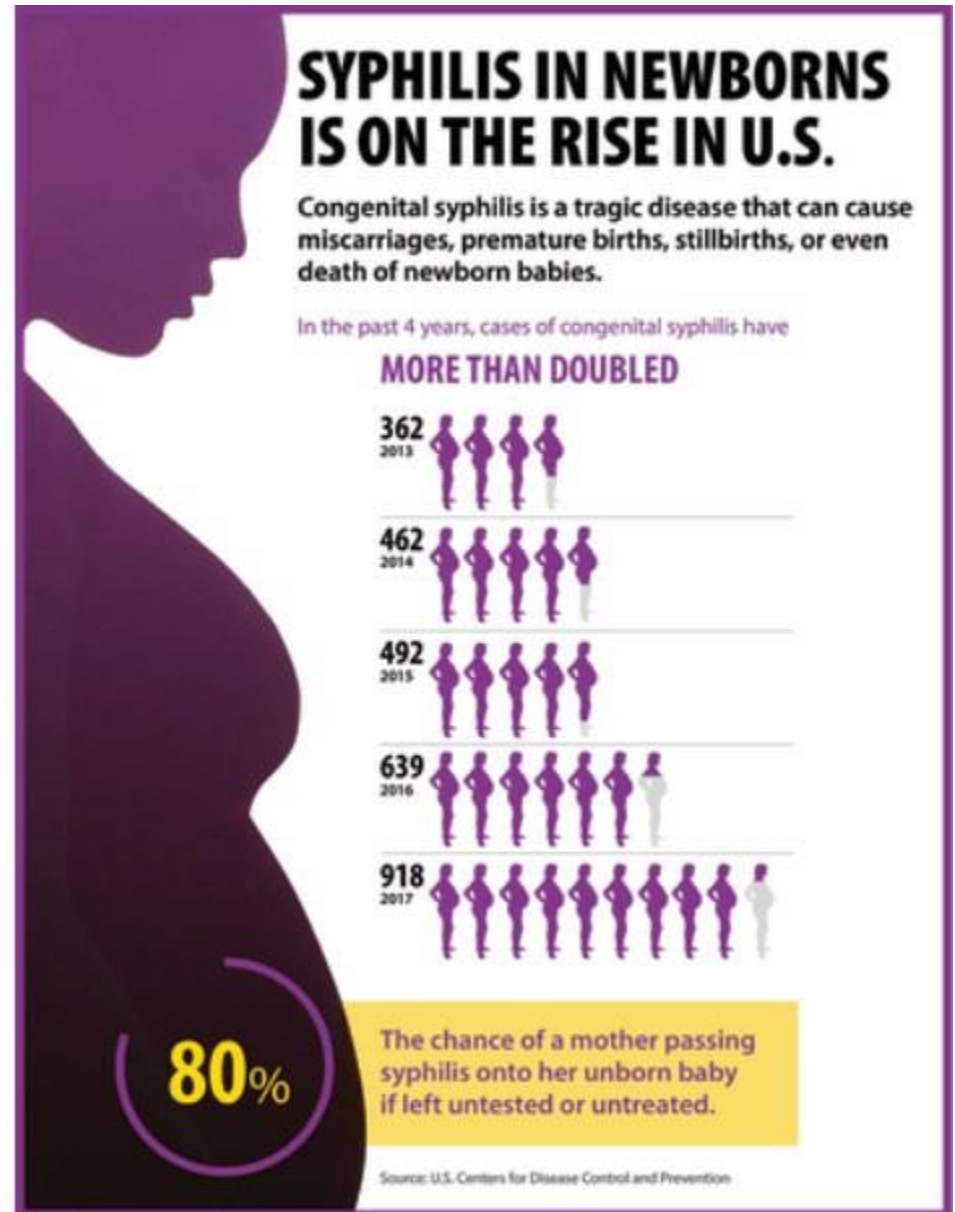
July 18, 2024



Why are we here today?

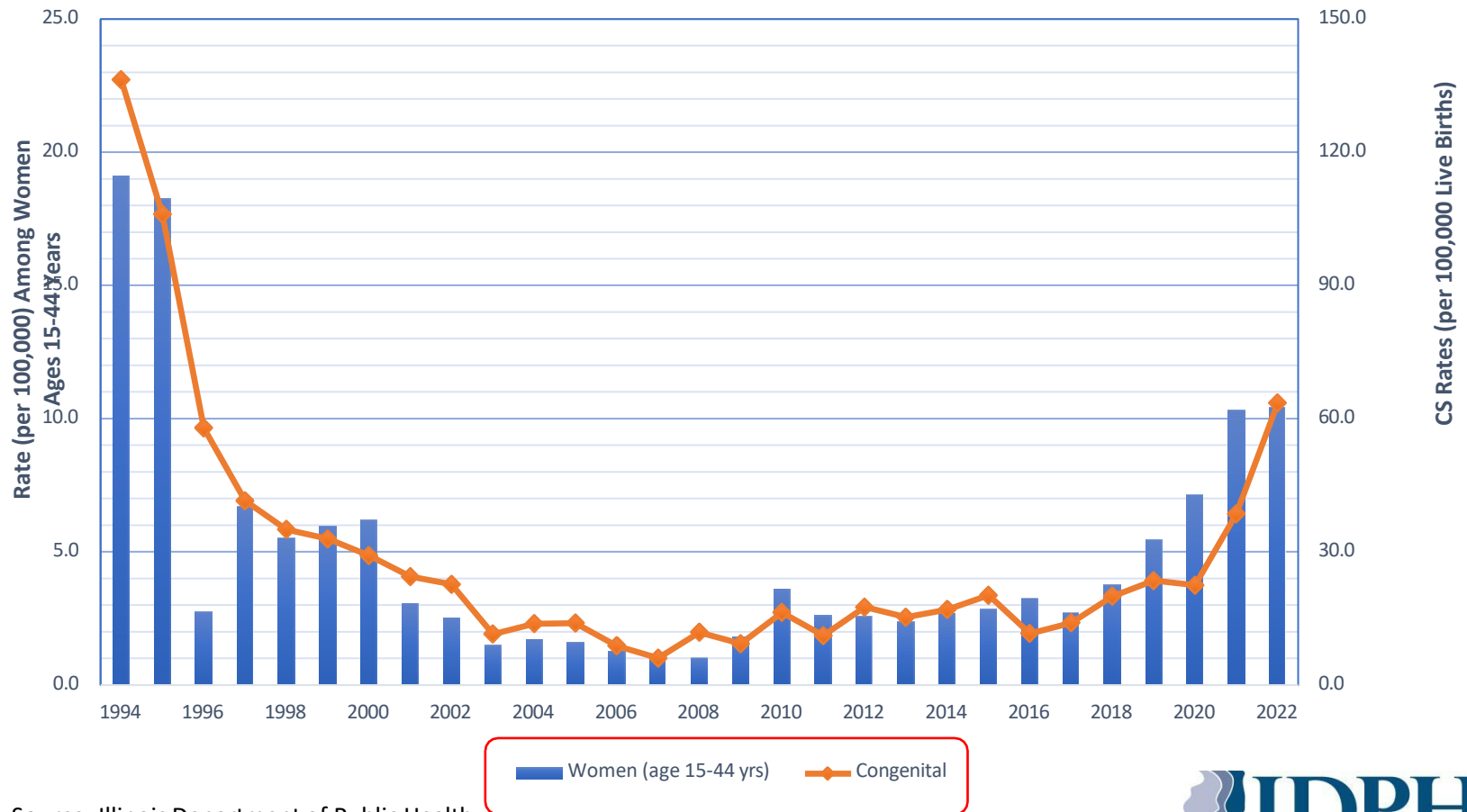
Our Goal: Raise awareness towards a call for action from our clinical community.

Disclosures: None



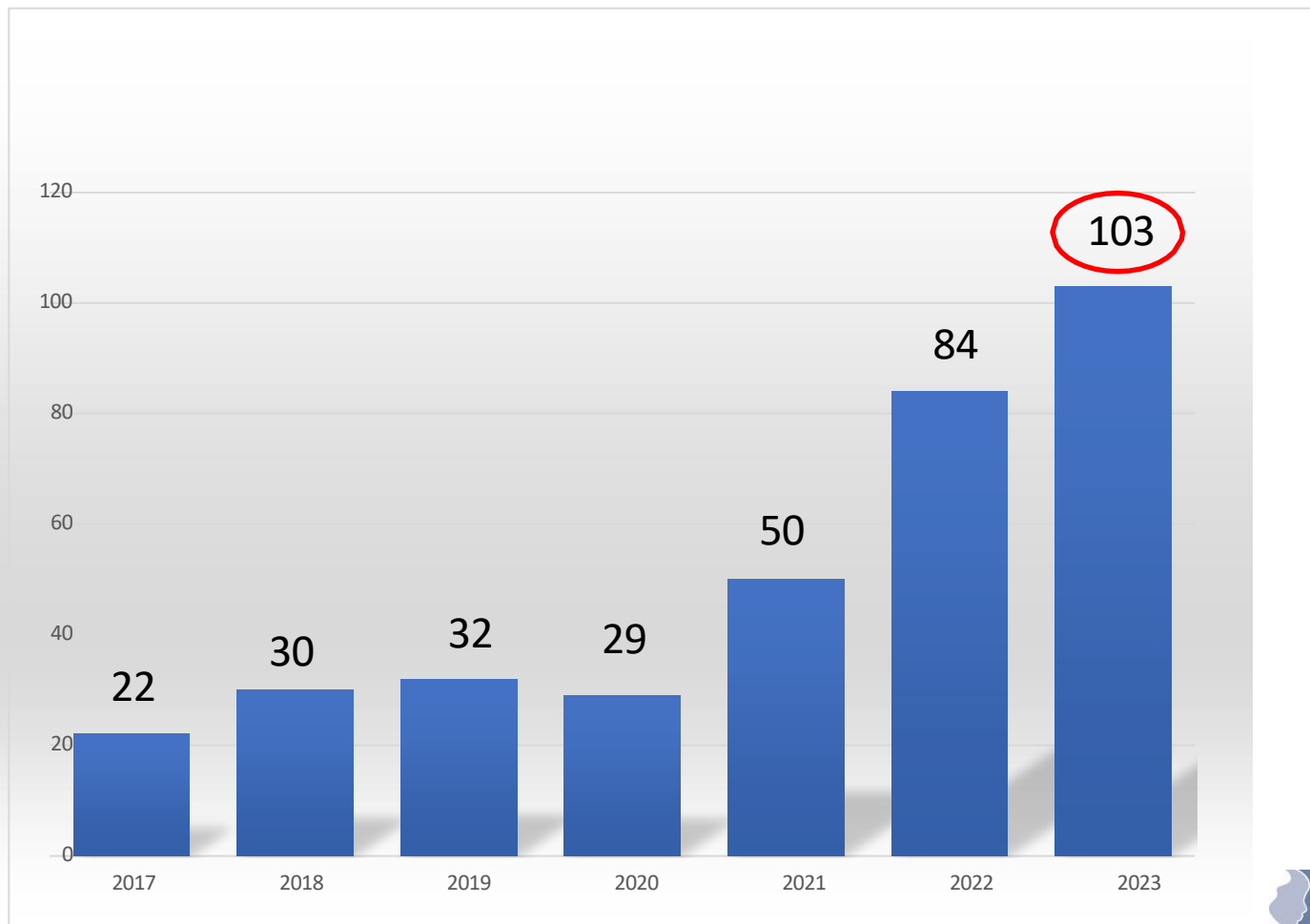
Why now: Illinois Syphilis Data 1994-2022

Illinois Reported **Primary and Secondary Syphilis Rates** Among Women Ages 15-44 Years and **Congenital Syphilis (CS) Rates**, 1994 - 2022



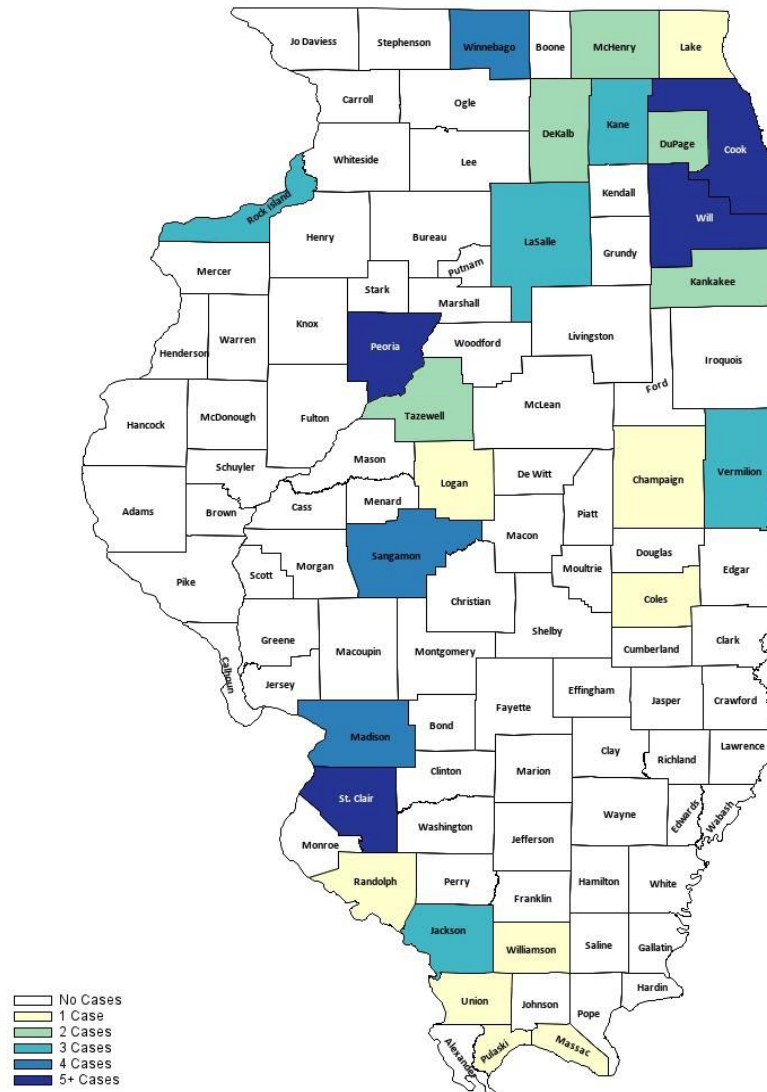
Source: Illinois Department of Public Health

Why we cannot standby and watch: Illinois Congenital Syphilis Cases 2017 - 2023



2023
provisional data
Subject to change

Illinois Congenital Syphilis Data by County: 2018-2022



Clinical burden of congenital syphilis

- 21% increased risk of stillbirth if untreated.
- 9% increased risk of neonatal death.
- 6% increased risk for preterm delivery.
- Miscarriage.
- Intrauterine growth restriction.
- Lifetime morbidity including developmental delay and hearing loss.



Gomez GB et al., Bull World Health Organ 2013;91:217–26.
Adhikari EH, Obstet Gyn 2020;135:1121-35

MMWR 11/2023

Morbidity and Mortality Weekly Report (MMWR)

Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022

Early Release / November 7, 2023 / 72



[Print](#)

Robert McDonald, MD¹; Kevin O'Callaghan, MBBCh¹; Elizabeth Torrone, PhD¹; Lindley Barbee, MD¹; Jeremy Grey, PhD¹; David Jackson, MD¹; Kate Woodworth, MD²; Emily Olsen, PhD²; Jennifer Ludovic, DrPH¹; Nikki Mayes¹; Sherry Chen, MPH¹; Rachel Wingard³; Michelle Johnson Jones, MPH¹; Fanta Drame, MPH¹; Laura Bachmann, MD¹; Raul Romaguera, DMD¹; Leandro Mena, MD¹ ([VIEW AUTHOR AFFILIATIONS](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Since 2012, U.S. congenital syphilis cases increased substantially. Syphilis during pregnancy can lead to stillbirth, miscarriage, infant death, and maternal and infant morbidity, which are preventable through appropriate screening and treatment.

What is added by this report?

In 2022, lack of timely testing and adequate treatment contributed to almost 90% of congenital syphilis cases in the United States, including substantial proportions of congenital syphilis cases in all U.S. Census Bureau regions and among all racial and ethnic groups.

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

Vital Signs

VitalSign

Syphilis in Babies Reflects Health System Failures

Tailored strategies can address missed prevention opportunities during pregnancy

View All T

Updated Nov. 7, 2023 | [Print](#)

10x

Over 10 times as many babies were born with syphilis in 2022 than in 2012.

9 in 10

Timely testing and treatment during pregnancy might have prevented almost 9 in 10 (88%) cases in 2022.

2 in 5

Two in 5 (40%) people who had a baby with syphilis did not get prenatal care.

TABLE 1. Prenatal syphilis testing and treatment among birth parents of infants with congenital syphilis, by U.S. Census Bureau region, and by race and ethnicity — United States, 2022

Return



Missed opportunities to prevent CS, no. (%)

Testing

Treatment

Outcome

None or
nontimely*

Late identification of
seroconversion†

Inadequate

None or
nondocumented

Clinical evidence of CS
despite adequate^s
prenatal treatment

Insufficient data to
identify the missed
opportunity

Total

All cases

1,385 (36.8)

197 (5.2)

1,494
(39.7)

423 (11.2)

130 (3.5)

132 (3.5)

3,761

U.S. Census Bureau region¶

Northeast

83 (50.0)

25 (15.1)

26 (15.7)

14 (8.4)

11 (6.6)

7 (4.2)

166

Midwest

182 (40.4)

25 (5.5)

140 (31.0)

58 (12.9)

19 (4.2)

27 (6.0)

451

Missed Opportunities Statewide 2022

	Chicago	Cook Co (Excluding Chicago)	Downstate
	N (%)	N (%)	N (%)
Category			
A	27 (60)	5 (50)	12 (41)
B	10 (22)	4 (40)	13 (45)
C	8 (18)	0	4 (14)
D	0	0	0
E	0	1 (10)	0

A) No adequate maternal treatment despite receipt of timely syphilis diagnosis

B) No timely prenatal care and no timely syphilis testing

C) Late identification of seroconversion during pregnancy

D) No timely syphilis testing despite receipt of timely prenatal care


E) Clinical evidence of syphilis despite maternal treatment completion

What is the public health system
doing for this and what you can do
as clinicians?



Faster linkage to pregnancy status: New provider reporting form for perinatal syphilis (OUTSIDE Chicago)

<https://redcap.link/syphreport>



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH

PROTECTING HEALTH, IMPROVING LIVES

AAA

📄 📄

Perinatal Syphilis/Congenital Syphilis Rapid Reporting tool for Providers

Use this online form to submit **congenital syphilis cases** or **syphilis cases during pregnancy** to your local health department. **Please note: if you are a provider in the city of Chicago, please report directly to the Chicago Department of Public Health** (instructions can be found at [CHIMS - Electronic Congenital Syphilis Case Reporting \(October 2021\) \(1\).pdf](#))

All required fields are marked with a red asterisk (*): It is not possible to submit the report without completing all required fields. Complete the other fields when known.

The Local Health Department will follow-up for any additional information that may be needed in order to complete the case investigation.

The IDPH Perinatal Syphilis Warmline is an extension of the Perinatal HIV Hotline and is available to any provider for clinical consultation on syphilis treatment, coordination of public health record searches for prior syphilis testing and treatment and assistance with mandatory case reporting. The number is 1-800-439-4079 and calls will be answered within 1 business day.

Date

11-08-2023 M-D-Y

Person and Facility Submitting Report

Submitter Name:

* must provide value

Submitter Email

* must provide value

Submitter Phone Number (and extension if applicable)

* must provide value

Reporting Facility Name



Clinical Information and Serology Test Results

Latest Lab Results:

* must provide value

+ RPR/VDRL

+ TP-PA

+ EIA

+ CIA/CMIA

+ FTA-ABS

+ Other (Specify)

-RPR/ VDRL is Rapid Plasma Reagin/Venereal Disease Research Laboratory

-TP-PA is Treponema Pallidum Particle Agglutination

-EIA is Enzyme Immunoassay

-CIA/CMIA is Chemiluminescence Immunoassay/Chemiluminescent Microparticle Immunoassay

-FTA-ABS is Fluorescent Treponemal Antibody Absorption Test.

Exam Findings and Treatment

Exam Findings and Clinical Notes

Expand

Submit

To report syphilis in Chicago (CDPH)

By phone

CALL 312-743-9000

OR CALL 311 after business hours. ASK for the communicable disease physician.

Electronic reporting



Welcome

Welcome to the Chicago Health Information Management System (CHIMS) Provider Portal Account Application System, managed by the Chicago Department of Public Health (CDPH). This system will allow you to accomplish the following:

- Start or resume account application
- Submit your application

[Register](#)

Login

If you already started your application, please login below.

Username

Password

[Login](#)

Forgot your password? [Reset password](#)

[Contact Us](#)

CHIMS – CDPH Electronic Congenital Syphilis Case Reporting

CREATION OF NEW CONGENITAL SYPHILIS EVENT

★ To begin the process of creating a new Congenital Syphilis event, click the **Paper Icon**.

Chicago Health Information Management System

SHORTCUT BUTTONS

Enter Case ID

Search

Eric Warren

TOOLBAR BUTTONS

TOOLBAR

Create Event | Create a new event

Search Event | Search for an existing event based on various search criteria

Reports | View/print and export reports from data entered in CHIMS [limited functionality]

Recent Events | Provide access to the last 20 events the user has opened or created

Welcome to the CHIMS Reporting Site

Getting Started

- To create a new case report, use the Create Event button on the tool bar above (far left).
- Your most recent case reports are listed below. To find older case reports, use the Search tool (magnifying glass) on the tool bar above.
- Click the link in the CASE ID column to see detailed information about a specific case report.
- To update your professional information, click on your name in the My Professional Information section below.
- To update your contact information, choose Edit Profile in the drop-down after clicking your name at the top right of the screen.
- Link to State of Illinois [HIV/AIDS Reportable STIs and Laboratory Results](#).
- Link to State of Illinois [HIV/AIDS Confidentiality and Testing Code](#).

My Professional Information

Name	Date Created	Last Updated
Eric Warren	02/11/2021	02/12/2021

My Recent Cases

Case ID	Date Created	Patient Name	Condition	Status
100000121	02/20/2021	HIV Test4	900 - HIV	Open
100000120	02/19/2021	STD Test7	700 - Syphilis	Open
100000112	02/11/2021	STD Test6	700 - Syphilis	Open
100000109	02/11/2021	STD Test5	700 - Syphilis	Open
100000106	02/09/2021	700 Test2	700 - Syphilis	Open

Provider-created cases listed by most recent

Provider labs imported by CDPH

My Lab Tests

Case ID	Patient Name	Specimen Collection Date	Specimen Source	Test	Result	Titer	Result Notes
100000121	HIV Test4	02/08/2021	Blood	HIV 1 and 2 Ab [Identifier] in Serum or Plasma by Rapid immunoassay	Positive (10828004)		
100000121	HIV Test4	02/08/2021	Blood	HIV 1 RNA [Volume] (viral load) in Plasma by Probe & signal amplification method	Detected	250	
100000096	700 Test1	02/01/2021		Reagin Ab [Titer] in Serum by RPR	Reactive (G-A497)	1:16	
100000096	700 Test1	02/01/2021		Treponema pallidum Ab c in Serum by Immunoassay	Reactive (G-A497)		
100000096	700 Test1	02/01/2021		Reagin Ab [Presence] in Serum by RPR	Reactive (G-A497)		

Showing 1 to 5 of 5 entries

First Previous 1 Next Last

SHORTCUT

Home

Depending on where the user was prior to using this button, it will either take the user back to the Dashboard Screen or to the patient's Event Summary Screen.

Search

provider external

Administration

Allows the user to edit their profile or log out of the system.

Help

Currently Not Functional

Enter Case ID

Search

Search

Allows the user to quickly open an event by entering the Event ID. Users may also perform free-text searches.

Edit Profile

★ CHIMS | Electronic Congenital Syphilis Case Reporting | October 2021 (5.4)


Page 4 of 22

★ In the **Event Information** section, select **790 – Congenital Syphilis** as the **Disease**.

ATTENTION | Before continuing, click **Search Person...** at the bottom of the page to ensure that the person does not have a pre-existing event.

★ Populate the fields for which you have information. Please ensure that you scroll down to view all of the fields.

Create Event - Person Information


IDPH
 ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Treat in *any* setting

- Can be challenging to correctly diagnose stage to guide treatment.
- But – treatment is safe and effective and can be done in any setting.
 - ED/urgent care.
 - Primary care provider.
 - Sexual health clinic.
 - Home administration of BCN.

We are here to help! Perinatal Syphilis Warmline Launched 11/1/2023.



NEWS RELEASE

FOR IMMEDIATE RELEASE:

November 2, 2023

CONTACT:

Michael.Claffey@illinois.gov

James.Leach@illinois.gov

(800) 439-4079

IDPH Launches New Provider Phone Line in Response to Alarming Increase in Babies Born with Congenital Syphilis

CHICAGO – Acting to address a sharp increase in congenital syphilis cases among newborns, the Illinois Department of Public Health (IDPH) is urging healthcare providers to conduct more testing for the sexually transmitted infection in advance of birth and is launching a new phone line to provide clinical consultation for providers who treat pregnant patients and newborns.





NEWS RELEASE

FOR IMMEDIATE RELEASE:

November 2, 2023

CONTACT:

Michael.Claffey@illinois.gov

James.Leach@illinois.gov

IDPH has issued [a letter to healthcare providers](#) in the state calling for increased awareness and testing for syphilis.

IDPH is encouraging medical providers to increase syphilis testing of all individuals - especially pregnant people - in any medical setting, including urgent care, emergency departments, and all prenatal care settings. Prenatal health care providers are required by Illinois law to screen all who are pregnant for syphilis infection at the first prenatal visit and early in the third trimester. Additional testing at the time of delivery is also recommended in high-risk settings.

The expansion of the Illinois Perinatal HIV Hotline to include the Perinatal Syphilis Warmline will provide clinical consultation for health care providers for syphilis in pregnancy and the newborn period, coordination of public health record searches to obtain prior syphilis testing and treatment information, and assistance with mandatory reporting. The warmline will be available Monday- Friday with messages returned in one business day.

Reducing syphilis cases (especially congenital syphilis) has the additional challenge of the current Bicillin shortage, the only medication that treats syphilis in pregnancy and children. Until this shortage is alleviated, it is critical that providers prioritize Bicillin inventory for treatment of those for whom there are no other treatment options: infants and those who are pregnant. Providers should consult the [CDC treatment guidelines](#) to ensure adequate care. Those who are pregnant should talk to your health care provider about testing and any needed treatment as you prepare for your baby's arrival.



What if your patient moves, can't come for treatment, needs a partner treated...there is help!

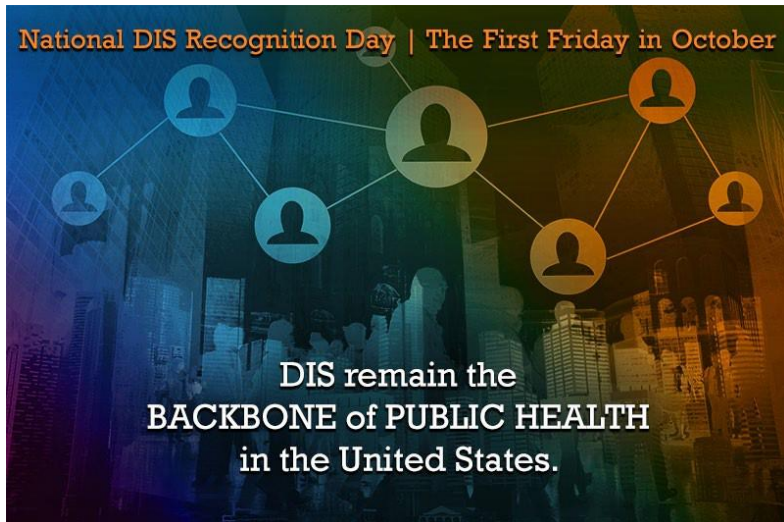


Disease intervention specialists like Deneshun Graves with the Houston Health Department, work to reach pregnant women at high risk of syphilis and get them testing and treatment to protect their babies.
Michael Wyke/AP

Disease Intervention Specialist (DIS)



- CDC trained community health workers in local health departments.
- Collaborate with providers.
- Identify/track/prevent infection transmission.
- Provide sex education.
- Connect to treatment.
- Referrals to wrap-around services (WIC, PReP, housing, harm reduction).
- If possible, tell your patient a public health professional will be calling them!



To reach Local Health Department for help (ask for STI team!)

Outside Chicago

IDPH Health Regions & Local Health Departments

Health Regions and Local Health Departments

Click on a region on the map
for a list of local health departments.

- [All Health Regions](#)

- [All Local Health Departments](#)

★ IDPH Regional Office

■ Bellwood

■ West Chicago

■ Champaign

■ Marion

■ Metro East

■ Peoria

■ Rockford

□ No Local Health Department

— Local Health Department
Jurisdictional Boundaries



In Chicago

- CDPH main phone line
312.747.9884

Chicago Department of Public Health

Providing guidance, services, and strategies
that make Chicago a healthier and safer city.

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★ STI/HIV Testing and STI Treatment

Thank you for choosing the **Chicago Department of Public Health (CDPH)** for your sexual health needs. CDPH provides testing and treatment for sexually transmitted infections (STIs) at our **Specialty Clinics**.

Potential future efforts for CS prevention

- City and statewide efforts to increase Bicillin access.
 - Mobile units in larger cities.
 - Enhanced case management for syphilis in pregnancy in rural areas.
- Expand rapid testing/treatment.

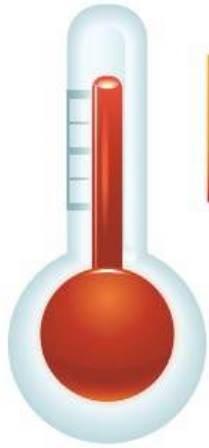


**Thank you for all you do...we APPRECIATE
YOUR HELP in our battle against congenital
syphilis.**

Maura.Quinlan@Illinois.gov

Arti.Barnes@Illinois.gov





BEAT THE HEAT:

Extreme Heat

Heat-related deaths are preventable



- Graham Briggs, MS
- Hillary Spencer, MD, MPH
- Illinois Department of Public Health

[Preventing Heat-Related Illness | Extreme Heat | CDC](#)



Tim Barber

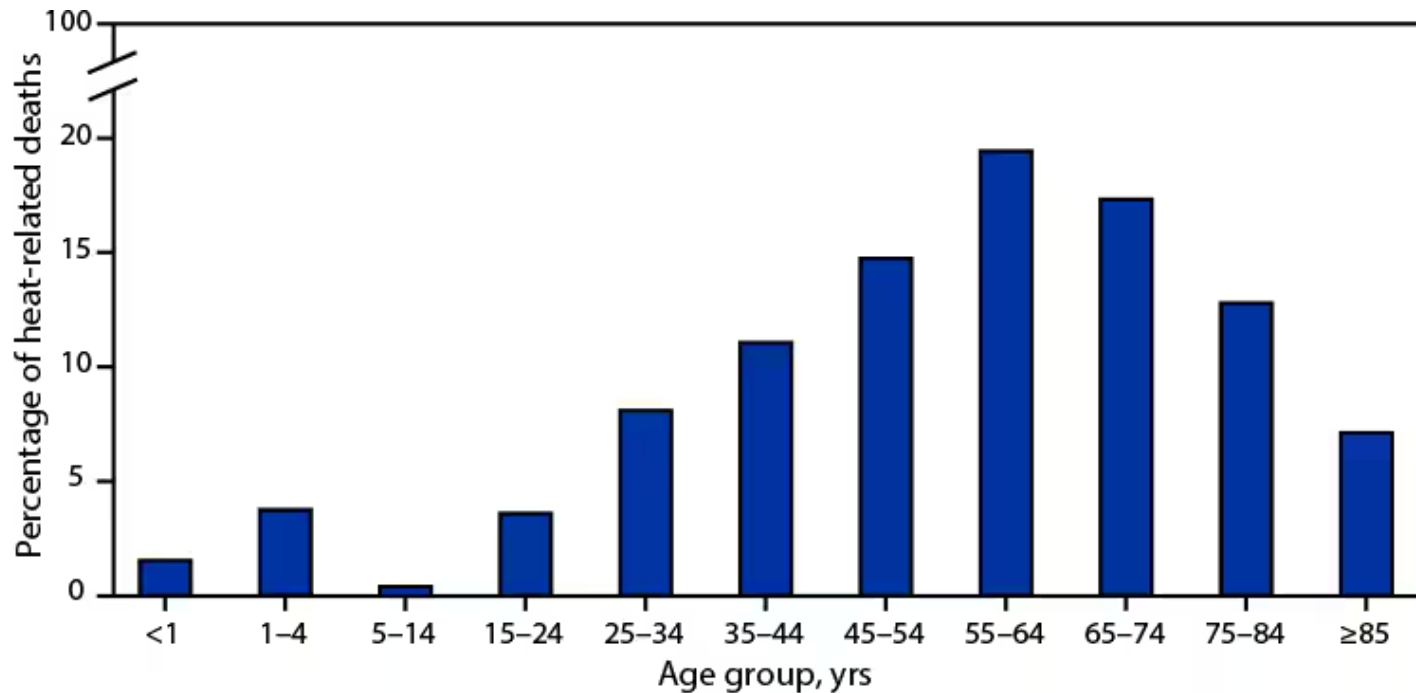
735 die in 1995 Chicago
heat wave, most victims
were elderly and poor.



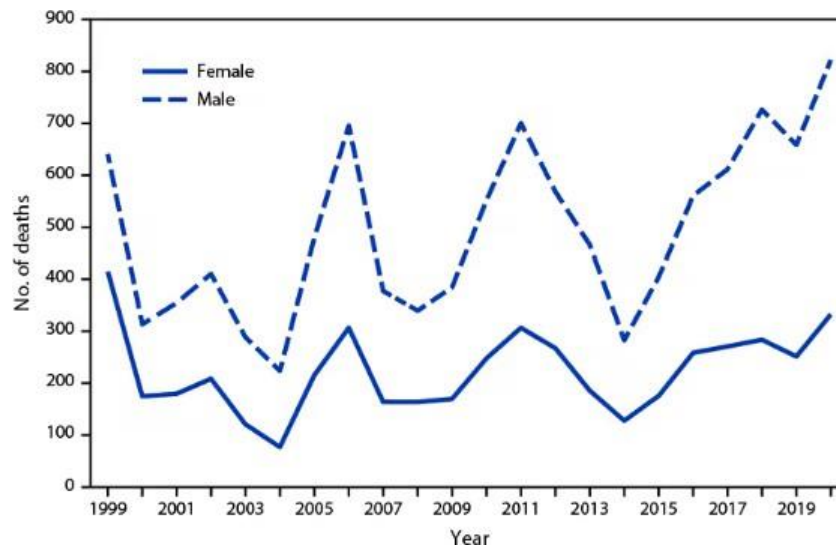
What I want you to take away from this:

- Heat leads directly to heat illnesses (i.e., heat stroke or heat exhaustion).
- Heat contributes to increased morbidity and mortality indirectly in individuals with underlying risk factors.
- YOU can help patients prevent heat injury by recognizing risk factors and creating a plan to stay safe.
- Now is the time to plan how you and your clinic respond to heat advisories.

Approximately 1,200 heat-related deaths annually in the U.S.



More men than women die due to heat exposure.

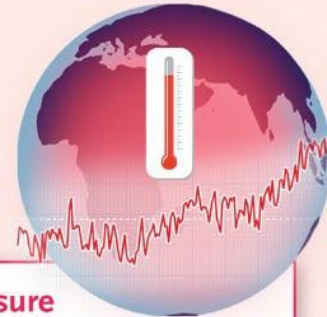


<https://www.cdc.gov/mmwr/volumes/71/wr/mm7134a5.htm>

Key Factors Affecting the Risk of Heat-Related Illness

Individual Susceptibility

- Age
- Coexisting conditions
- Pregnancy
- Medications or drugs
- Cognitive impairments
- Disabilities
- Social isolation
- Immobility



Heat Exposure

- Ambient temperature and humidity
- Heat amplification (urban heat islands)
- Occupation (outdoor or indoor without cooling)
- Lack of access to cooling at home
- Indoor heat sources

Sociocultural Factors

- Poverty
- Structural and environmental racism
- Social cohesion
- Housing status
- Literacy
- Limited worker protections





Children

WHO:

More males
than females
are affected



Older adults



Outside workers



People with disabilities

- Pregnant
- Child with asthma
- Heart condition
- Other chronic conditions
- Certain medications
- Homeless

[People at Increased Risk for Heat-Related Illness | Extreme Heat | CDC](#)

Table 2. Medications and Drugs with Potential to Increase Risk of Heat-Related Illness.*

Agent	Mechanism²⁷
Alcohol	May reduce alertness and affect judgment and perception of heat; exacerbates dehydration and affects vasodilation and cardiac contractility
Amphetamines	May increase metabolic heat production
Anticholinergics	May decrease sweat production
Antihistamines	May cause peripheral vasoconstriction, limiting radiative cooling
Antipsychotics	Interferes with hypothalamic thermoregulation
Benzodiazepines	May reduce alertness and affect judgment and perception of heat
Beta-blockers	Decreases heart rate and contractility
Calcium-channel blockers	Decreases cardiac contractility and compromises vascular compensatory mechanisms
Diuretics	May increase risk of dehydration and hypovolemia
Illicit drugs (e.g., cocaine, heroin, phencyclidine, and MDMA)	May increase metabolic heat production and reduce alertness and judgment
Laxatives	May increase risk of dehydration and hypovolemia
Lithium	May reduce alertness and affect judgment and perception of heat and lead to nephrogenic diabetes insipidus; levels may rise to dangerous levels and cause kidney injury in the context of dehydration
Serotonin-reuptake inhibitors	May interfere with hypothalamic thermoregulation
Thyroid agonists	May increase metabolic heat production
Tricyclic antidepressants	May cause peripheral vasoconstriction, thereby limiting radiative cooling, and may affect central thermoregulation
Weight-loss supplements that may increase metabolic rate (e.g., carnitine and green tea extract)	May increase metabolic heat production

* This list of medications (based on information from Pryor et al.²⁸) and mechanisms is not comprehensive. MDMA denotes 3,4-methylenedioxymethamphetamine.

5 Steps to Prepare for Hot Days For Pregnant Women



Being outside can be good for your health, but for pregnant women, heat can increase health risks. Use these tips and action items, when possible, to stay safe on hot days.

1 Stay cool

- Check your local HeatRisk by entering your zip code on the **CDC HeatRisk Dashboard**.
- Most pregnant women are sensitive to heat on **Orange** heat risk days, but some are sensitive on **Yellow** days. Work with your doctor to know when to take action. Actions include:
 - If you are outside, especially for a long time:
 - Stay in the shade as much as possible; take breaks when you can.
 - Check the local weather forecast and do outdoor activities during the coolest parts of the day or evening, if possible.
 - When you are indoors:
 - Use air conditioning, if available, or find and go to a location with one.
 - Use a fan to cool your body off, only when indoor temperatures are less than 90°F.
- On **Red** and **Magenta** days, limit your time outside if possible and check the HeatRisk dashboard for additional actions.



If I need to stay cool, I can go here:

I need to start taking action to stay safe (circle):

- Yellow HeatRisk
- Orange HeatRisk

Here's who can check on me on hot days:

2 Stay hydrated

- Carry a water bottle. Drink and refill the water bottle throughout the day.
- Limit beverages high in sugars, sodium, and caffeine, if possible.
- Check your urine color. When it's light yellow or clear, it usually means you are drinking enough water.
- Talk to your doctor about how to manage fluids given your pregnancy.

3 Check for heat-related symptoms

If your body gets too hot, you can get sick. Know signs of worsening pregnancy complications. Know when to seek care.

Unusually heavy sweating



Headache



Cramping



Other signs can include shortness of breath, tiredness, weakness, nausea, and dizziness.

I will seek medical attention when:

If I am feeling overheated, I will:

4 Check air quality

Heat can make air quality worse. Poor air quality can worsen symptoms.

You can check local air quality on the **HeatRisk Dashboard**. The Air Quality Index (AQI) indicates how healthy your outdoor air is to breathe, ranging from 0 (good) to 500 (hazardous).

Less than 100

For most people, this is a good day to be active outside.

- Some pregnant people are sensitive to air pollution when the air quality is 51-100. Talk to your doctor to see if this applies to you.

More than 100

Outdoor air is unhealthy.

- Consider limiting outdoor activity.
- When indoors:
 - Use a portable air purifier, if available.
 - Reduce sources of indoor air pollution, like cigarette smoke.

Steps I can take to keep air in my home clean:

- ☐ Reduce indoor pollutants, like candles, air fresheners, and cigarette smoke
- ☐ Bring outdoor air in when cooking (when AQI less than 100)
- ☐ Use a portable air purifier

5 Have a medication plan

Many medicines can make you dehydrated or overheated on hot days. Also, some need to be kept out of hot places.

- Don't stop or change your medicines until you talk to your doctor.
- Heat can cause power outages. Have a plan for what to do with refrigerated medications and electronic medical devices.
- Store your medicines properly- some may need to be kept out of hot places.

When HeatRisk is orange or higher:

- ☐ No need to change my medications
- ☐ I need to make the following changes to my medications:

My backup plan for a power outage is:



Clinical Guidance for Heat and Children with Asthma



Clinical Guidance for Heat and Pregnancy



Clinical Guidance for Heat and Cardiovascular Disease

Heat action plan



Make a Heat Action Plan with Your Doctor



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

1 Stay Cool



Stay in
the shade



Use a fan



Use an
air conditioner



Check the CDC HeatRisk Dash-
board for more information.

2 Stay Hydrated



3 Know the Symptoms

Unusually
heavy sweating



Shortness
of breath



Dizziness



Other signs can include headache,
tiredness, weakness, and nausea.

4 Check Air Quality

Clear Day

High Pollution



5 Have a Medication Plan



Make a plan



Store in
a cool place



Prepare for
power outages



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Home

Health Burden

Heat Exposure

Heat and Health
Index

HeatRisk

About the Data

Learn More

Climate
& Health
Program

Heat & Health Tracker

Home

*****NEW HEAT AND HEALTH INDEX***** - Click on the "Heat and Health Index" (HHI) in the left navigation menu to access the HHI and learn more about the intersection of heat and health.

Heat poses significant and increasing risks to public health across the United States. Use this dashboard to explore your community's heat exposure, related health outcomes, and assets that can protect people during heat events.

Explore heat and health data
for your community



Health Burden



See daily and historic rates of heat-related illness for workers and the public

Heat Exposure



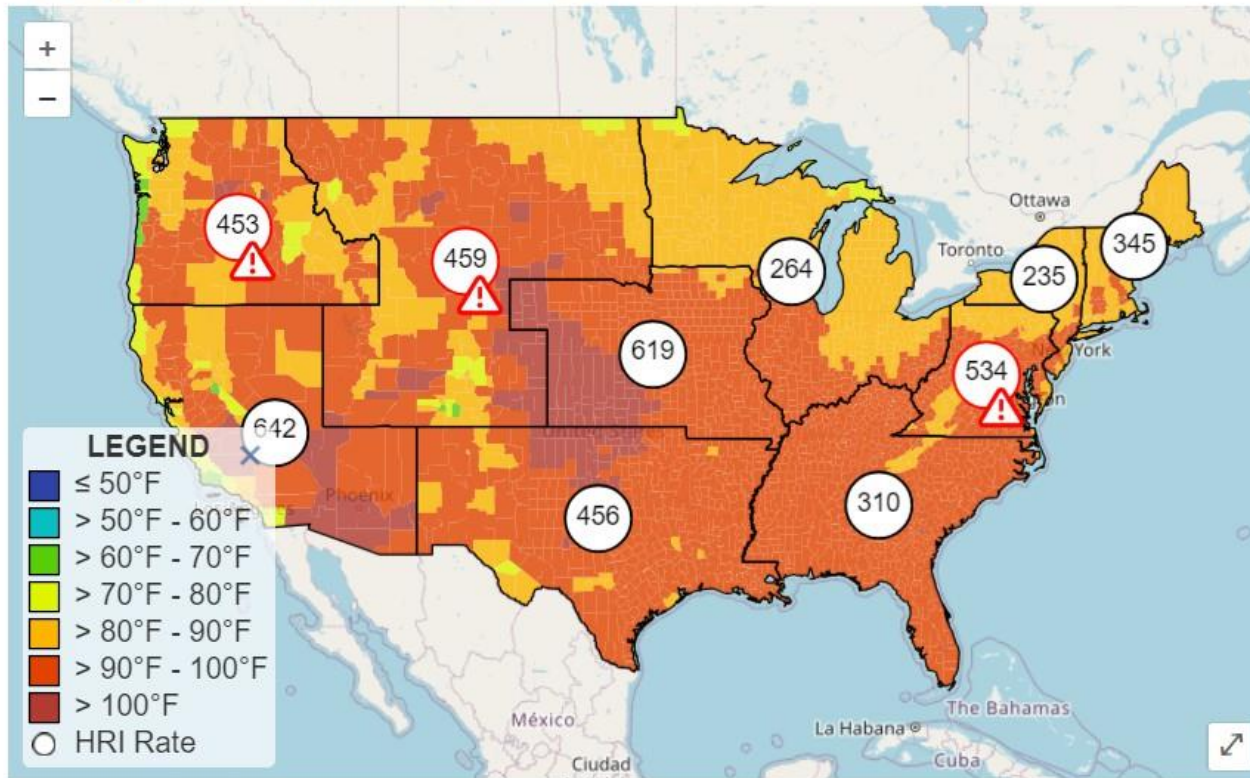
Explore the 7-day national heat risk forecast, as well as historic trends, and future projections

Heat and
Health Index



Identify communities where people are most likely to feel the impacts of heat

Daily Heat-Related Illness



About the Data

This map shows the rate of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits by region. The regions are defined by [Health and Human Services](#) for the selected day using data available through the [National Syndromic Surveillance Program](#). Use the above dropdown to change the selected date. The colors on the map show the average maximum temperature by county for the same day and year, using data from the National Center for Environmental Information.



This icon indicates that extremely high rates of heat-related illness were detected in the region. Extremely high rates of heat-related illness are defined as exceeding the 95th percentile based on data from 2018-2023.



- Home
- Health Burden
- Heat Exposure
- Heat and Health Index
- HeatRisk
- About the Data

Learn More
Climate & Health Program

POWERED BY
TRACKING

Heat & Health Tracker

County Heat & Health Data

SHARE

Sangamon County, IL

Extreme heat can lead to heat stroke, heat cramps, heat exhaustion, dehydration, and death. Anyone can be at risk, but some are more vulnerable, including pregnant women, people with heart or lung conditions, young children, older adults, athletes, and outdoor workers. This county profile provides specific information on its vulnerable populations, how extreme heat events are changing in the community, and critical resources for use during an extreme heat event.

Today's HeatRisk

Sangamon County, IL



Moderate

Saturday, July 13, 2024

Source: [NOAA/NWS](#)

Today's HeatRisk is **Moderate**.

Today is an okay day to be outside for most people.

People who are outside for a long time or who are [sensitive to heat](#) could have health impacts.



<https://ephtracking.cdc.gov/Applications/heatTracker/>

CHILL'D OUT

Use this questionnaire with your patients to assess risk factors for health harms from heat or poor air quality. Then, create a Heat Action Plan with your patient. If there is limited time, cover the bolded questions.



- C**ooling
 - **Does your patient have working air conditioning?**
 - Can they check and control indoor temperatures where they live?
 - Do they have an electric fan?
 - Do they know how to locate a cooling center if needed?
- H**ousing

 - **Does your patient have stable housing?**
 - Do they live on a higher floor of a multi-story building where they may be exposed to more heat?
 - Are they regularly exposed to indoor air pollutants such as secondhand smoke or mold?
 - Do they have a portable air purifier or a filter in their HVAC system?
- I**solation

 - **Does your patient have a neighbor, friend, or family member who can check on them during hot days?**
 - Does their mobility limit their ability to seek cooling in their home or elsewhere?
- eL**ectricity

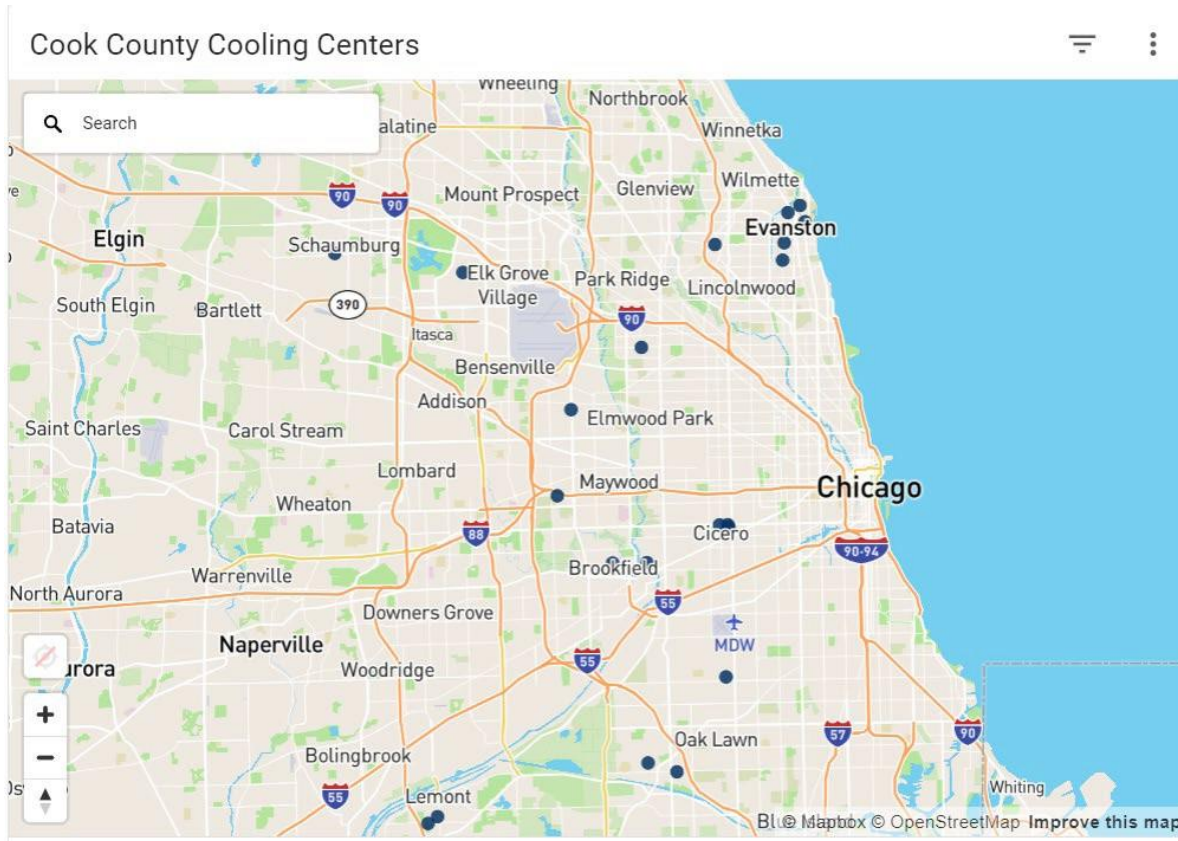
 - **If heat leads to a power outage**, does your patient have a plan for refrigerated medications and/or electric medical devices?
- L**earning

 - **Does your patient check the daily and hourly weather forecast to know the hottest time of the day? Can they access the HeatRisk tool?**
 - Where does your patient get information about how to protect their health from heat? What measures do they take to do so?
- D**rugs

 - **Does your patient take medications that increase risk from heat exposure?**
- Out**side

 - **How much time does your patient spend outdoors on hot days for work, sports, or recreation?**
 - Are they exposed to outdoor air pollution at home, work, or elsewhere, such as a major roadway, construction site, industrial facility, or frequent wildfire smoke?
 - Do they have allergies to grass, weeds, and tree pollens?

Community cooling centers



[Cooling Centers \(cookcountylil.gov\)](http://cookcountylil.gov)

What can your clinic do?

Blizzard Checklist*

(also applies to major snowstorms >12 inches expected)

		Blizzard Watch	Blizzard Warning
		PREPARE	ACT
ADMINISTRATION		✓ Designate Incident Commander and initiate planning and operational cycles	✓ Expand Incident Command System according to impact of event - continue scheduled planning/operational cycles
		✓ Notify key response staff	✓ Determine need for key response staff to report / remain in-house during storm
		✓ Prepare EOC and test relevant equipment	✓ Open EOC
		✓ Anticipate need for and test back up communication devices	✓ Distribute back up communication devices as needed
		✓ Request department leaders review emergency plans	✓ Ensure knowledge and availability of emergency plans for each department in EOC and departments
		✓ Public Information Officer (PIO) develops and implements communications plan for staff - tiered to reflect information needs, patients, and families	✓ PIO monitors media, manages press releases, continues to manage communications needs of staff, patients, and families
		✓ Request staff develop childcare plan in case of school 'snow days'	✓ Request staff implement alternate childcare plans if school dismissed
		✓ Request staff develop contingency commuting plan	✓ Request staff implement contingency commuting plans depending on event impact
		✓ Advise staff working over next few days to bring medications, toiletries, and clothing change as required	✓ Request staff bring personal medications, toiletries, and change of clothing to work
		✓ Appoint safety officer - identify and mitigate anticipated safety issues - ice, snow, power outage safety issues, etc.	✓ Safety officer identifies and mitigates safety issues in conjunction with Incident Command
		✓ Inform all hospital staff of possibility of storm	✓ Inform all hospital staff of storm updates, impact updates
		✓ Update staff contact information	✓ Contact staff as required for call-in or other communications
		✓ Assure staff awareness of Severe Weather materials on response guide	✓ Recommend specific actions for staff based on response guide and evolving incident
		✓ Evaluate HR policies regarding overtime, sleeping at work, etc. to determine areas for flexibility	✓ Continue to work with HR on temporary modifications of policies
PATIENT CARE	Inpatient	✓ Determine clinical services which may be interrupted and those that must be sustained	✓ Cease nonessential clinical services and reorganize staff
		✓ List patients that may be discharged if necessary	✓ Discharge patients as possible prior to storm onset
		✓ List patients that could/should be transferred to other facility, SNF, LTC	✓ Transfer patients as possible to other facilities, SNF, LTC
		✓ Estimate number of patients anticipated for surgery, other admissions	✓ Ensure space available for arriving patients or cancel procedures
		✓ List elective procedures and surgeries to postpone	✓ Postpone elective procedures and surgeries as required
		✓ Notify extra staff of possibility of being called in for emergency assistance	✓ Assess need and, if necessary, call in extra staff for anticipated emergency assistance
		✓ Consider orders that may be unavailable or nonessential (labs, radiology, etc)	✓ Restrict nonessential ordering (labs, radiology, etc) as required
		✓ Prepare for computer or network downtime	✓ Implement computer or network downtime procedures
		✓ Prepare for and anticipate power outages	✓ Ensure that providers are aware of power outage procedures and location of flashlights, etc.
		✓ Assure essential equipment on red plugs, and non-essential equipment is NOT on red plugs	✓ If power fails, assure non-essential equipment is not plugged into generator power
		✓ Plan visitor restrictions during incident	✓ Implement visitor restrictions, send visitors home
		✓ Communicate plans to providers, patients, and families	✓ Communicate actions to providers, patients, and families
		✓ Prepare to cancel outpatient appointments - notify patients of possibility of cancellation	✓ Cancel outpatient appointments
		✓ Review procedures for converting facilities to provide urgent/ emergent/ inpatient care as needed	✓ Convert facilities to provide urgent/ emergent/ inpatient care as needed
		✓ Estimate number of patients arriving	✓ Ensure space available for arriving patients
		✓ Notify extra staff of possibility of being called in for emergency assistance	✓ Assess need and, if necessary, call in extra staff for anticipated emergency assistance
		✓ Prepare for computer or network downtime	✓ Work with computer or network downtime procedures
		✓ Prepare for and anticipate power outages	✓ Ensure that providers are aware of power outage procedures
		✓ Communicate plans to providers	✓ Communicate actions to providers

[Blizzard Hospital Checklist \(hhs.gov\)](https://www.hhs.gov/blizzard-checklist)

What can your clinic do?

- Notify patients.
- Consider rescheduling visits/converting to telemed for patients who may have to wait outside for transportation.
- Consider the timing of procedures, which may limit mobility.
- Flag patients for heat action planning.



Should heat waves get names like hurricanes? Some believe it could help save lives.

Should heat waves get names like hurricanes? Some believe it could help save lives



by **Drew Hawkins** • Published on July 10, 2024 • 0 Comments



The Observer
Extreme weather

This article is more than 10 months old

Should we name heatwaves as we do other extreme weather events?

Diego Arguedas Ortiz

Sat 19 Aug 2023 07:00 EDT

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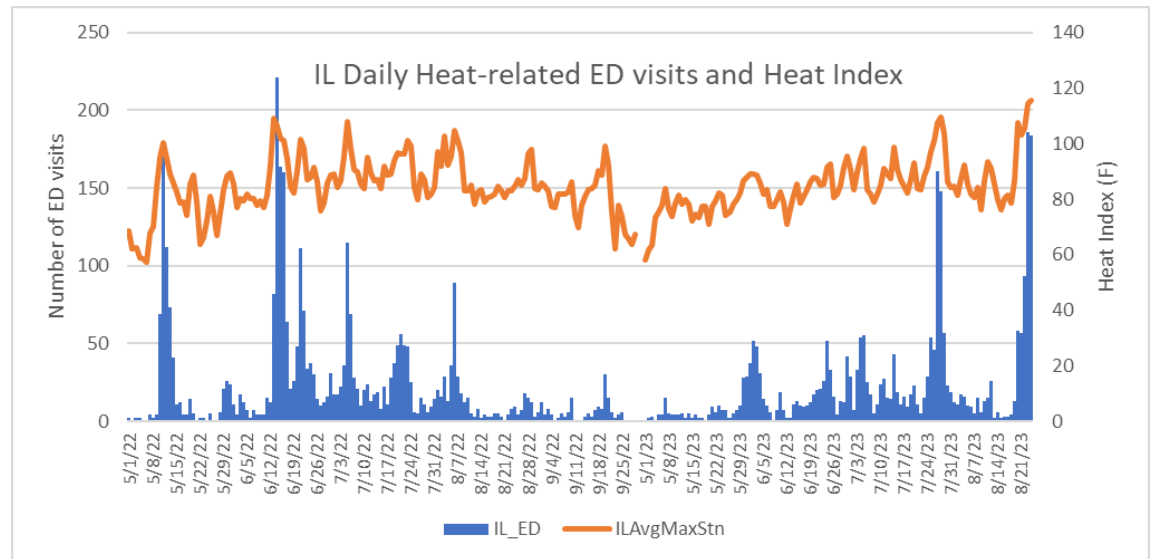
The Acropolis in Athens, which was forced to close during the hottest hours of some days in July. Photograph: Milol Bicanski/Getty Images

"People need to get riled up..."

Impact of Climate Change on Human Health



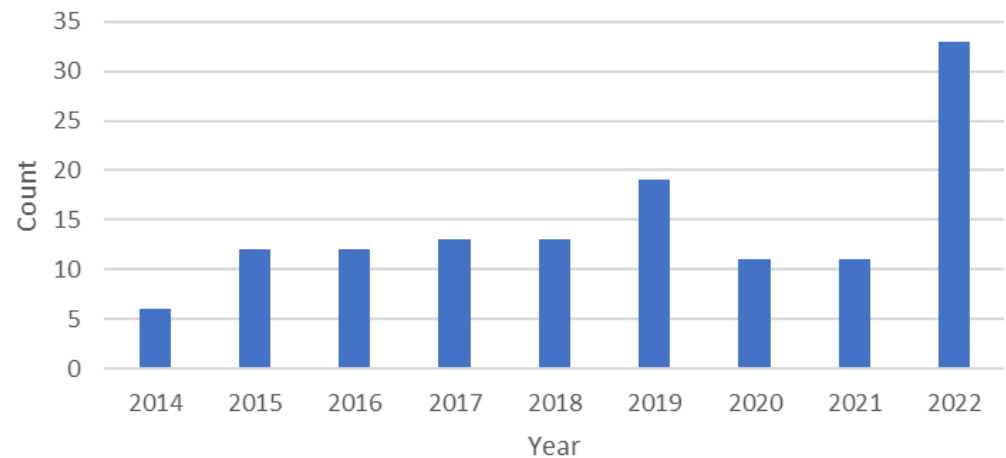
Priority #1 Increase information sharing with the public through the IDPH website.



Priority #2 Increase
community resilience and
emergency response
capacity.

Priority #3 Better understand extreme weather impacts on health and develop community-level strategies.

Deaths in Illinois with Exposure to Excessive Heat
Noted on Death Certificate



Priority #4 Build partnerships across Illinois to collaborate on extreme weather initiatives.

