

Cold-Related Illness Season Summary

March 2026

Winter weather can affect health in multiple ways, such as frostbite or hypothermia. Frostbite and hypothermia can result from exposure to cold air temperature, or from submersion in cold water (falls through the ice).

One way we can monitor the health impacts of cold weather in Vermont is by using syndromic surveillance data. This data is collected at emergency departments and urgent care facilities around the state. Since hospitals report this data in near-real time, this data source, known as ESSENCE, can be very helpful during extreme weather events.

For the purposes of this report, the term cold-related illness refers to frostbite, hypothermia, or other effects of exposure to cold temperatures such as chilblains (itchy, swollen lumps that appear on your skin after exposure to the cold).

If you need help accessing or understanding this information, contact PublicHealthTracking@vermont.gov.

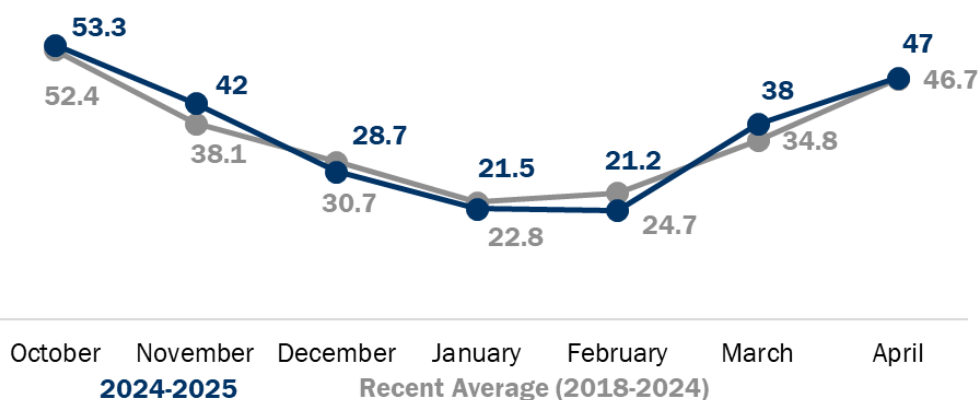
Key Points

- **Cold-related illness remains a risk in Vermont.**
- **Cold-related illness visits are more common among men and Black or African American Vermont residents.**
- **The proportion of cold-related illness visits that involve a person who is unhoused continues to increase.**

Seasonal Temperatures

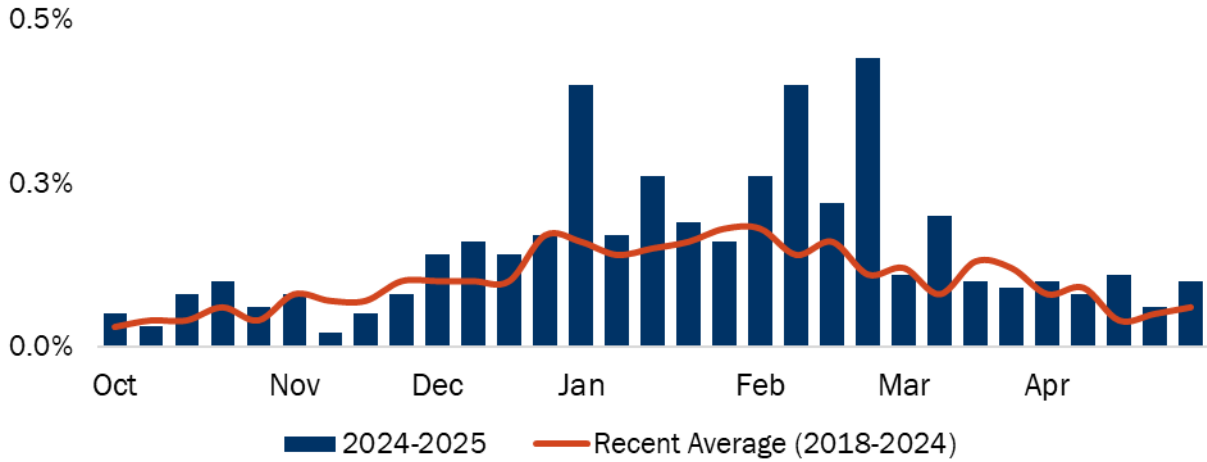
The number of visits to the emergency room or urgent care for cold-related illness is closely related to how cold it is during a given cold weather season (October to April). In general, we would expect there to be more cold-related illness visits during winter months with either colder average temperatures or with one or more periods of extremely cold weather.

Temperatures during the 2024-2025 cold season were about what we would expect based on Vermont's recent average monthly cold season temperatures.



Source: National Weather Service, 2018-2025.

However, the percentage of emergency department visits for cold-related illness during the 2024-2025 cold season was greater than average in more than half of the weeks.



Source: ESSENCE, 2018-2025.

While some of the spikes in January and February were likely related to a string of nights with single-digit temperatures above or below zero, the observed increase in the percentage of cold-related visits during the rest of the cold season may be related to risk factors other than colder-than-usual temperatures.

Cold-Related Visits by Demographic Group

In the 2024-2025 cold season, males were about two times as likely to visit the emergency department for cold-related illness as females.

Rate per 10,000 people



Source: ESSENCE, 2024-2025. The difference between groups is statistically significant.

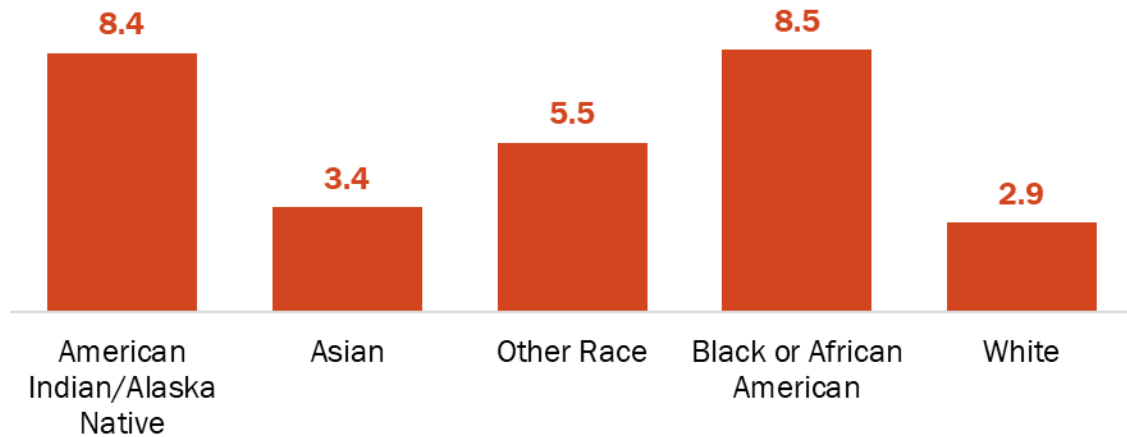
This pattern is seen consistently across cold seasons. From the 2018-2019 cold season until the 2024-2025, males are fairly consistently about twice as likely to visit the emergency department or urgent care for cold-related illness compared to females.

In the 2024-2025 cold season, people 18 and older were more likely to visit the emergency department or urgent care for cold-related illness than people younger than 18. While the

specific age group that has the higher rate of visits varies from season to season, people 18 and older generally have higher rates of cold-related illness visits than people under 18.

In last seven cold seasons, American Indian/Alaska Native and Black or African American Vermont residents visited the emergency department for cold-related illness at the highest rates.

Rate per 10,000 people



Source: ESSENCE, 2018-2025. The difference Black or African American and White Vermont residents is statistically significant.

Black or African American Vermont residents visit the emergency department or urgent care at statistically higher rates than white Vermont residents. None of the other differences between racial groups in the graph above are statistically significant.

Houselessness & Other Risk Factors

A review of the triage notes that accompany syndromic surveillance data revealed some common threads that identify risk factors for cold-related illness, including:

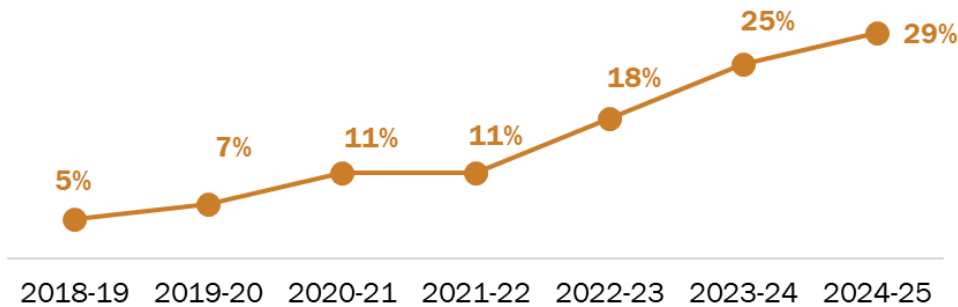
- People who do not have a place to go to stay warm, including those who are unhoused as well as those who can't afford to heat their home,
- People who had been using alcohol or other drugs, and
- Those who had engaged in outdoor activities, like skiing or winter hiking, with exposed skin.

The percentage of cold-related illness visits involving alcohol or other drugs has remained relatively steady over the past seven cold seasons (about 14% of visits).

The next graph shows that the percentage of cold-related illness visits involving people who are unhoused has steadily increased from 5% in the 2018-2019 cold season to 29% in the 2024-2025 cold season, a statistically significant increase. **According to the notes recorded**

by clinicians during these cold-related illness visits, several unhoused people expressed that they came to the emergency room because they didn't have anywhere else to go to warm up.

The percentage of cold-related illness visits involving people who are unhoused has increased steadily since 2018.



Source: ESSENCE, 2018-2025.

The observed increase in the percentage of cold-related illness visits involving people who are unhoused is likely the result of a few different data quality factors:

- Awareness around the importance of capturing information, like housing status, during health care interactions has increased over time.
- Design changes to data collection systems have been made, which makes capturing information like housing status easier.

However, we are likely still undercounting the number of unhoused people interacting with the health care system.

In addition, the increase in the proportion of both cold-related and all-cause emergency department visits involving people who are unhoused is likely related to the increase in the total number of people who are unhoused in Vermont over the last few years. The 2025 State of Homelessness in Vermont Report indicates that the number of people who are unhoused in Vermont tripled from 2020 to 2025, and that unsheltered homelessness increased by 62% from 2024 to 2025¹.

It is also worth noting that the 2024 Annual Point-in-Time Count Report indicated that **Black Vermonters were more than five times as likely as white Vermonters to be unhoused**². This disparity is also reflected in the ESSENCE data, where from 2018-2025, unhoused Black Vermont residents went to the emergency department for cold-related illness about four times as often as unhoused white Vermont residents (2.0 visits per 10,000 residents compared to 0.5 visits per 10,000 residents).

Conclusions and Next Steps

A review of syndromic surveillance data shows that cold-related illness remains a concern for people living in Vermont – particularly for those who are unhoused, are using alcohol or other drugs, or work or recreate outside.

Potential strategies to mitigate this risk include:

- Increasing access to safe and affordable housing in Vermont.
- Increasing access to warming shelters, both in terms of keeping shelters open more often (not just in extremely cold temperatures) and ensuring access to shelter even if someone has used alcohol or other drugs.
- Educating people who work or recreate outdoors in the winter about the dangers of exposure to cold temperatures, how to be safe on the ice, and how to dress to prevent frostbite.

References

1. [2025 State of Homelessness in Vermont Report.](#)
2. [Vermont's Annual Point-in-Time Count of Those Experiencing Homelessness \(2024\).](#)