

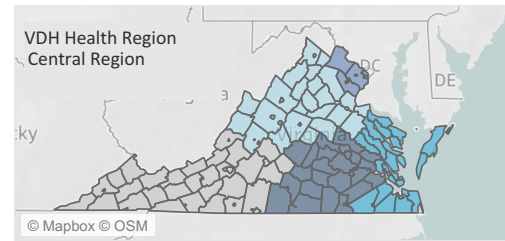


## COVID-19 Emergency Department Visits



### Race/Ethnicity

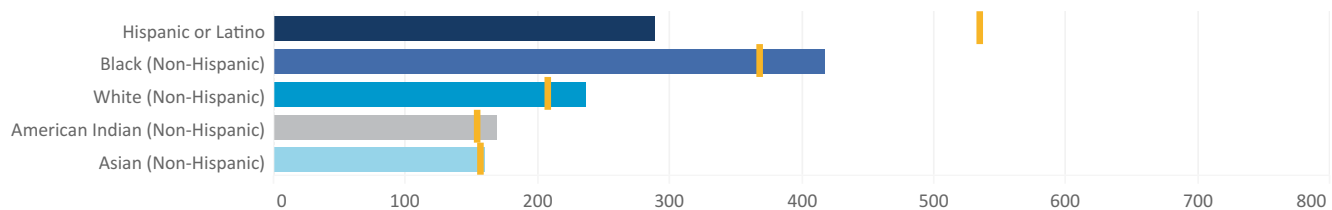
- Hispanic or Latino
- Black (Non-Hispanic)
- White (Non-Hispanic)
- American Indian (Non-Hispanic)
- Asian (Non-Hispanic)



VDH's voluntary syndromic surveillance system monitors data from all Virginia emergency departments (EDs) to identify public health threats in near real-time. Monitoring ED visit data can provide advance warning and insight into what is happening in local communities. It is important to note that COVID-19 related hospitalizations do not represent confirmed cases, which are reported by healthcare providers and laboratories to VDH. Similarly, confirmed COVID-19 hospitalizations are identified during the course of public health investigations of cases.

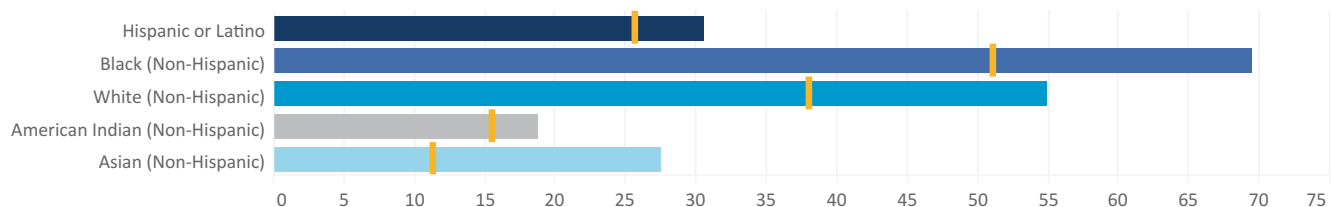
Virginia state rates are shown by the **vertical yellow lines (|)** for each racial and ethnic category.

### COVID-19 Related Visits per 100,000 Residents: Central Region



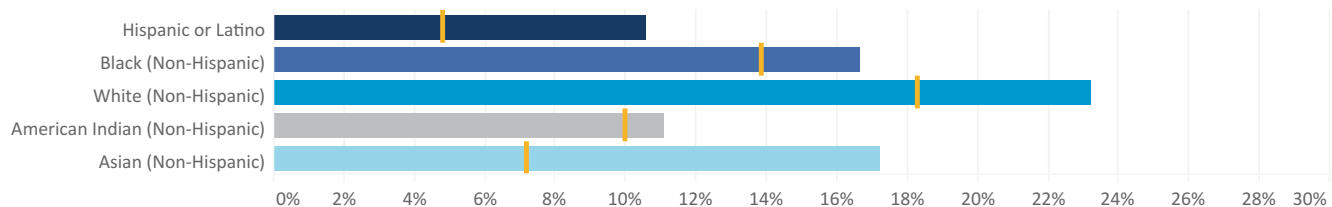
Since early March, Hispanic or Latino people have had the highest rate of COVID-19 related ED visits per 100,000 residents in Virginia. Non-Hispanic Blacks had the second highest rate in Virginia. However, there is wide variation among racial and ethnic groups by region. Use the dropdown menu in the map above to scroll through Virginia's Health Planning Regions.

### COVID-19 Related Hospitalizations per 100,000 Residents: Central Region



Since early March, non-Hispanic Blacks had the highest rate of COVID-19 related hospitalizations per 100,000 residents in Virginia while non-Hispanic Whites had the second highest rate.

### Share of COVID-19 Related Visits that Resulted in a Hospitalization: Central Region



Research shows that despite their best intentions, health providers may take complaints by white patients more seriously than complaints by people of color. While it is too early to be sure, these trends suggests that this may be happening with COVID-19 ED visits, as non-Hispanic Whites showing up at EDs are being admitted at a higher rate than other races. Other factors, such as disparities in health insurance, income and better access to quality medical services may also be playing a role. The data we collect now will help inform efforts, now and in the future, to prevent disparities.