



Maryland 2025/2026 Cold-Related Illness Surveillance Summary Report

Reporting Period: November 2, 2025 to April 4, 2026

Report Date: May 29, 2026

EXECUTIVE SUMMARY

The Maryland 2025/2026 cold season occurred from October 26, 2025 to March 28, 2026. The cold season surveillance reporting period occurred from November 2, 2025 to April 4, 2026. Overall, in Maryland, temperatures during the 2025/2026 cold season were consistent with previous seasons, with an average low temperature of 23.0°F. Morbidity and Mortality Weekly Report (MMWR) weeks 3 through 6 (1/18/26-2/14/26) had below-average temperatures between 6-13°F. During this period, there was a corresponding increase in cold-related emergency department (ED) and urgent care (UC) visits with a total of 1,103 visits in those weeks. Visits peaked in week 4, with 401 visits recorded during that week.

There were a total of 2,911 cold-related ED and UC visits this cold season, with an average of 126.6 visits per week. This represents a 26.3% increase in visits from the 2024/2025 cold season in which there were a total of 2,304 visits and an average of 104.7 visits per week. Additionally, there were a total of 929 cold-related illness emergency medical services (EMS) calls this season, with an average of 40.4 calls per week, representing a 59.1% increase in calls from the 2024/2025 cold season in which there were a total of 584 EMS calls and an average of 26.6 calls per week. This season, there were a total of 342 ED and UC visits related to carbon monoxide (CO) exposure, with an average of 14.9 visits per week. These counts represent a 95.4% increase in visits from the 2024/2025 cold season in which there were a total of 175 visits and an average of 8.0 visits per week. However, interpretation of this increase should consider the occurrence of two large-scale exposure incidents involving numerous individuals (27 and 12 people), which may have contributed substantially to the observed rise in visit counts. Without these two large exposures, there were 303 visits with an average of 13.2 visits per week. These counts represent a 73.1% increase in visits from the 2024/2025 season.

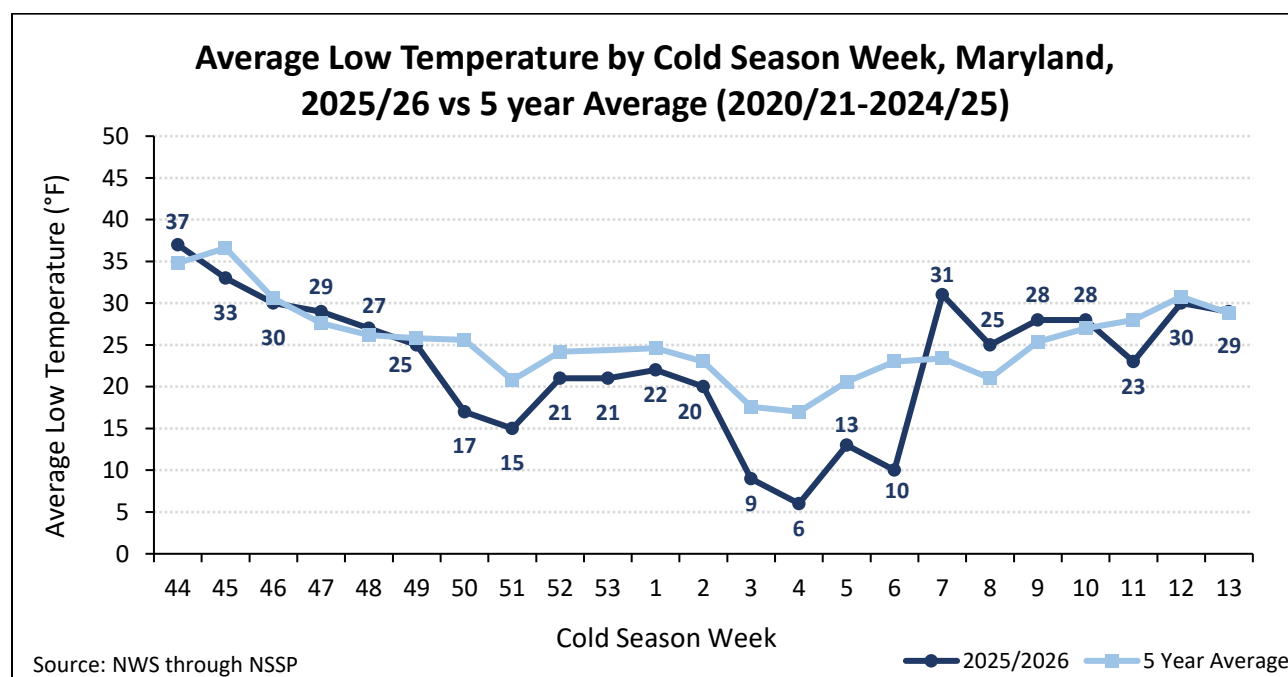
During the 2025/2026 cold season, 79 cold-related deaths were reported. This is a 5.3% increase in deaths from last year in which 75 cold-related deaths were reported. This year, deaths most frequently occurred among the 65-74 age group (26 deaths, 32.9%). Most cold-related deaths occurred in MMWR weeks 4 and 5 (24 deaths, 30.4%) corresponding to the below-average temperatures observed in those weeks. Of the 79 cold-related deaths reported this season, 30 (38.0%) occurred in weeks 4-6.

BACKGROUND

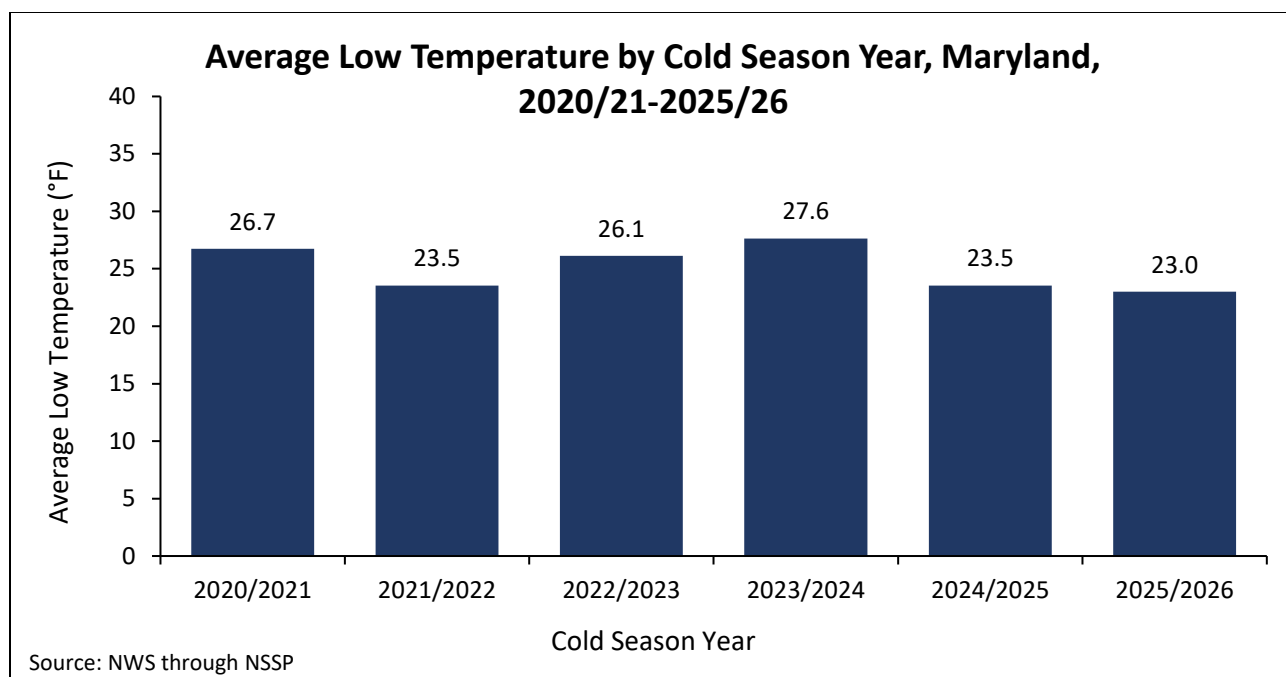
The weekly [Cold-Related Illness Surveillance Report](#) is disseminated from November to March. The report focuses on extreme cold conditions including, [cold-related illness](#), carbon monoxide exposure, and cold-related deaths in Maryland. This report provides a summary and further analysis of the findings from the weekly reports.

WEATHER

Overall, the average low temperature for the 2025/2026 cold season (23.0°F) was comparable to the average of the last five seasons (2020/2021-2024/2025). In MMWR weeks 3 through 6, (1/18/26-2/14/26), the average low temperature dropped to 9.5°F.

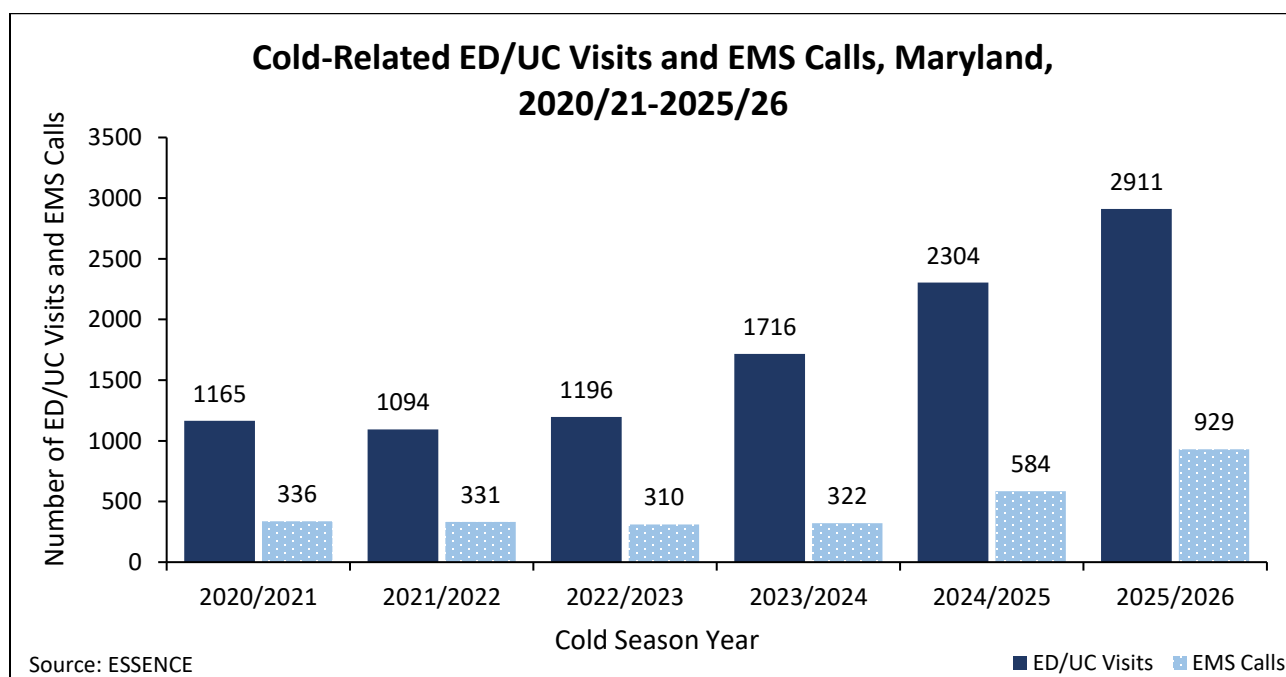


Note: MMWR weeks run from Sunday through Saturday and typically range from Week 1 through Week 52. Depending on the calendar year, a Week 53 may occasionally occur, as seen this year.

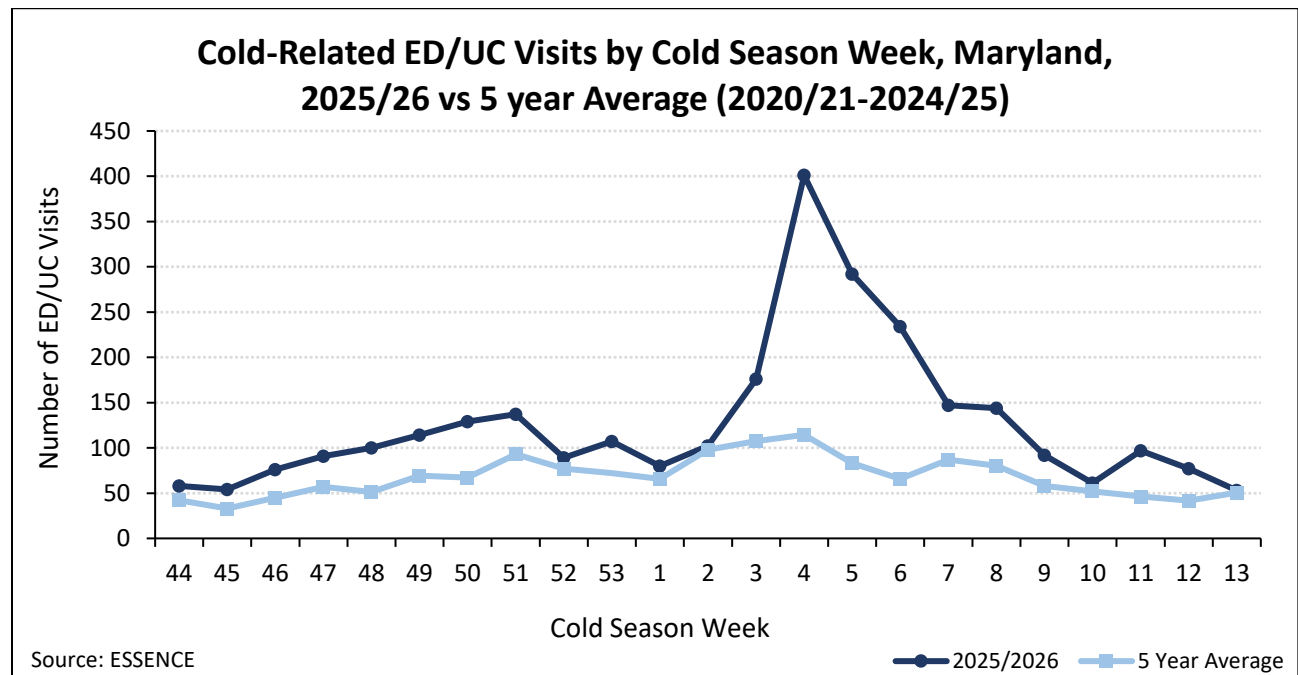


COLD-RELATED ILLNESS

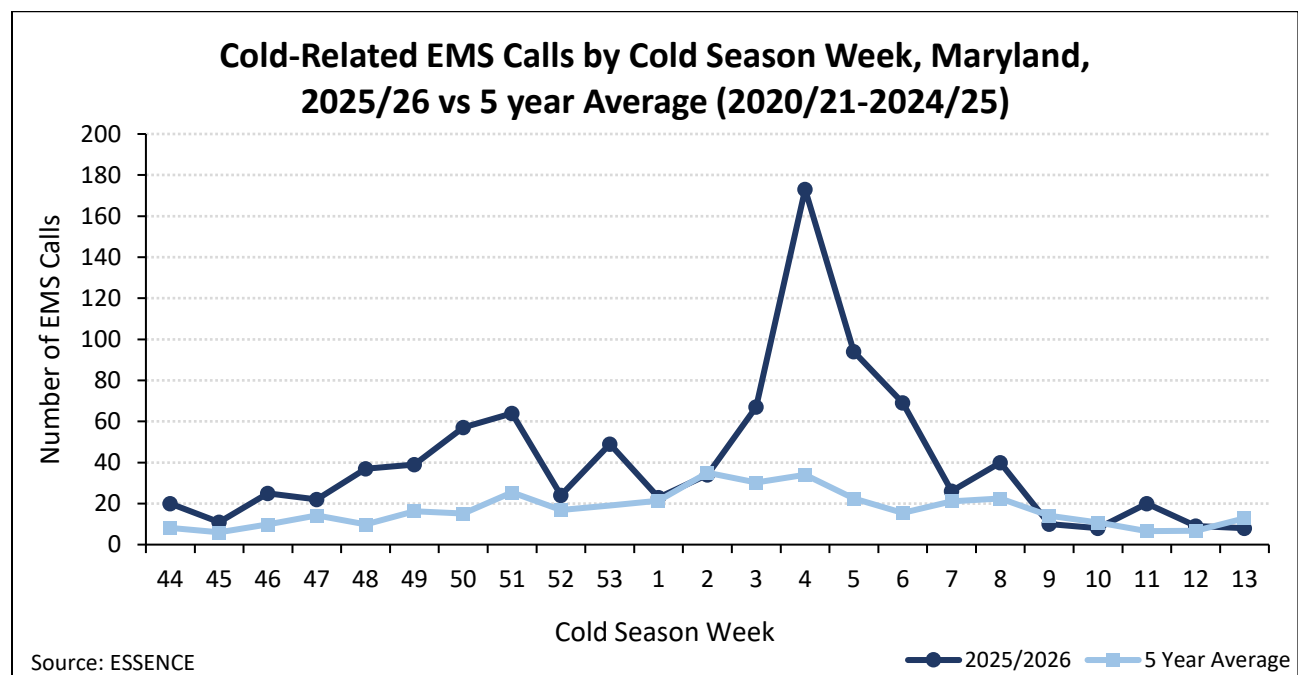
This cold season there were a total of 2,911 cold-related ED/UC visits. Additionally, there were 929 cold-related EMS Calls. These counts are higher than in previous years (2020/21-2024/25).



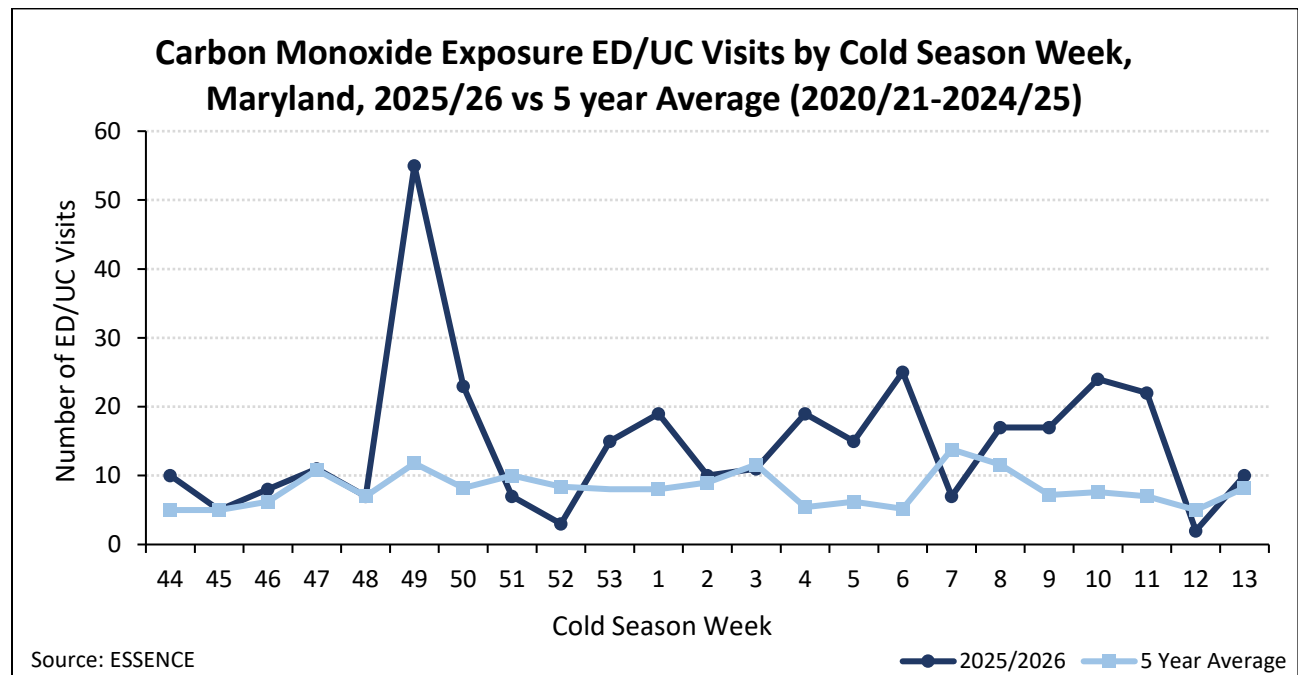
The number of cold-related ED/UC visits for the 2025/2026 season trended higher than the five-year average (2020/21-2024/25) and peaked in MMWR weeks 3 through 6 (1/18/26-2/14/26), corresponding to the below average low temperatures during that same period.



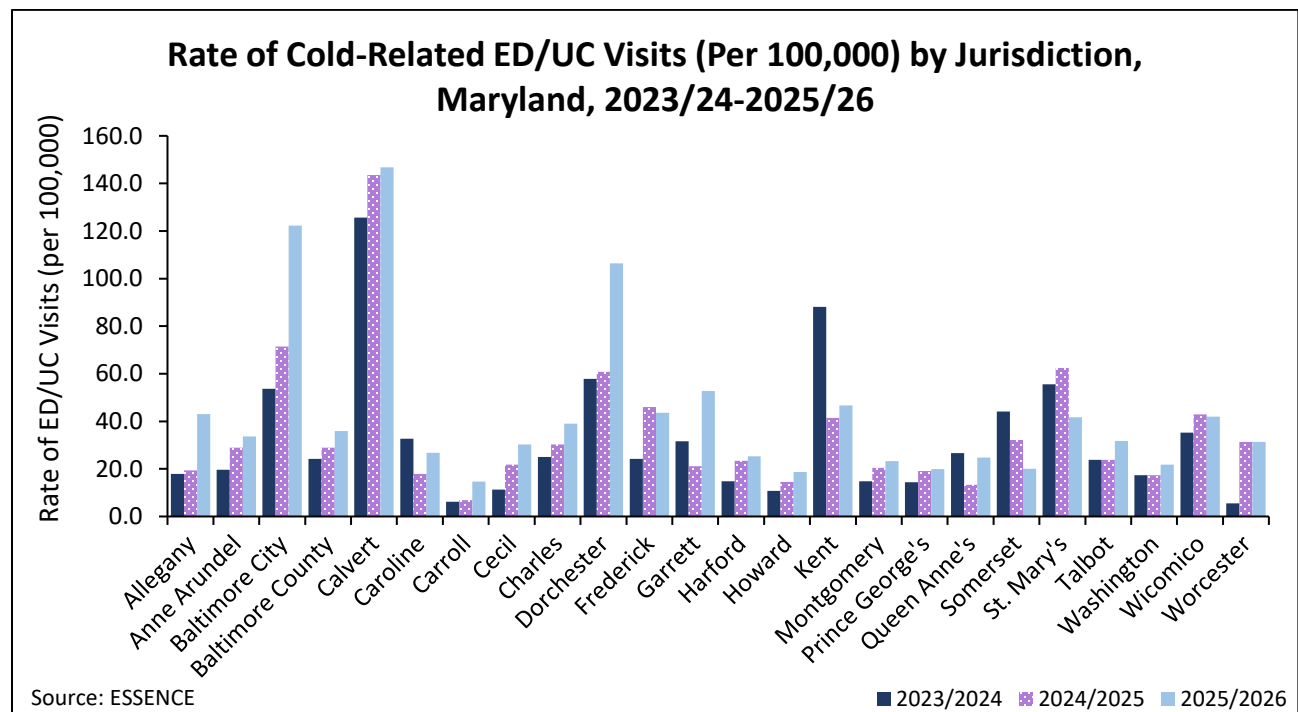
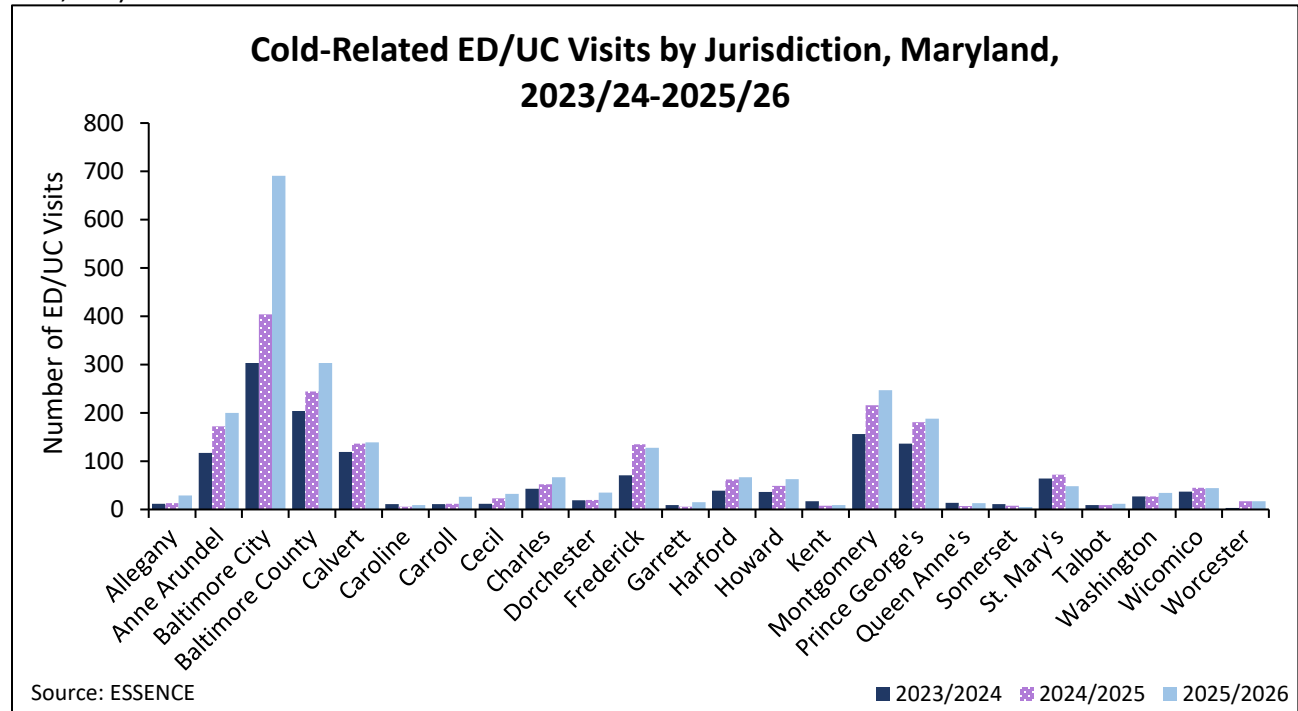
A similar spike in cold-related EMS calls was noted in MMWR weeks 3 through 6 (1/18/26-2/14/26).



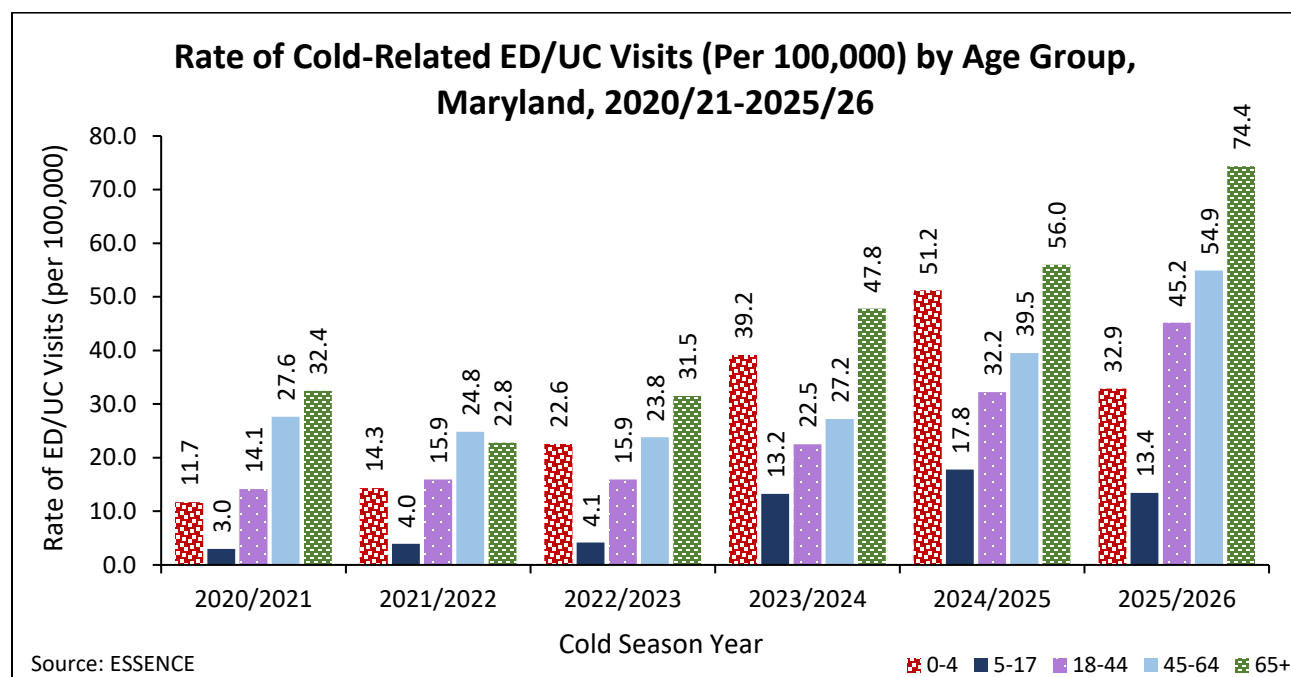
For carbon monoxide exposure-related visits, there were multiple spikes during the 2025/2026 season that corresponded with increases in ED/UC cold-related visits and EMS calls. Overall, CO-related visits for the 2025/2026 season trended higher than the five-year average (2020/21-2024/25). In week 49, a significant increase in CO exposures was observed, attributable to two separate incidents that affected numerous individuals (27 and 12 people), resulting in a corresponding increase in ED/UC visits.



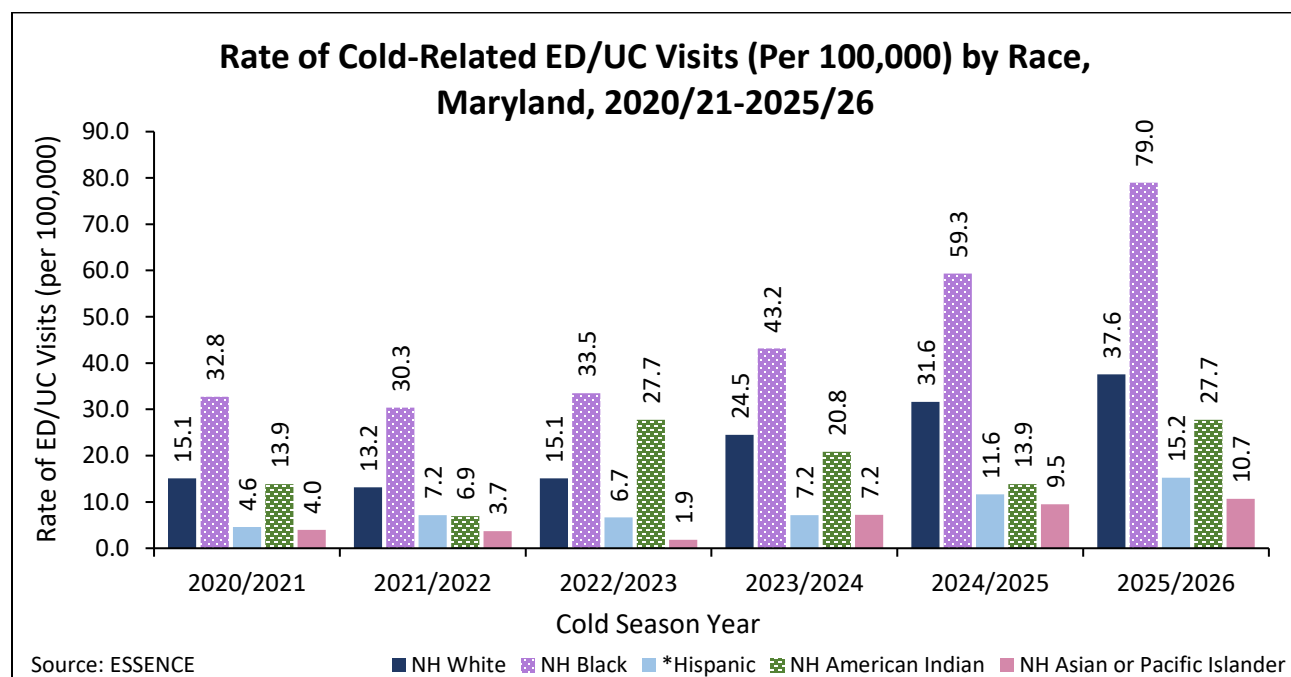
Geographically, cold-related ED/UC visits were highest among individuals residing in Baltimore City, followed by Baltimore County, Montgomery County, Anne Arundel County, and Prince George's County. However, when accounting for population size, the highest visit rates were observed among residents of Calvert County (146.7 per 100,000 county-specific population), Baltimore City (122.2 per 100,000), Dorchester County (106.5 per 100,000), and Garrett County (52.8 per 100,000).



In addition, cold-related ED/UC visit rates were highest among adults aged 65+ (74.4 per 100,000 age-specific population), followed by those aged 45-64 (54.9 per 100,000). This trend is different from previous seasons (2023/24-2024/25), during which the 0-4 and 65+ age groups consistently had the highest rates of cold-related ED/UC visits.

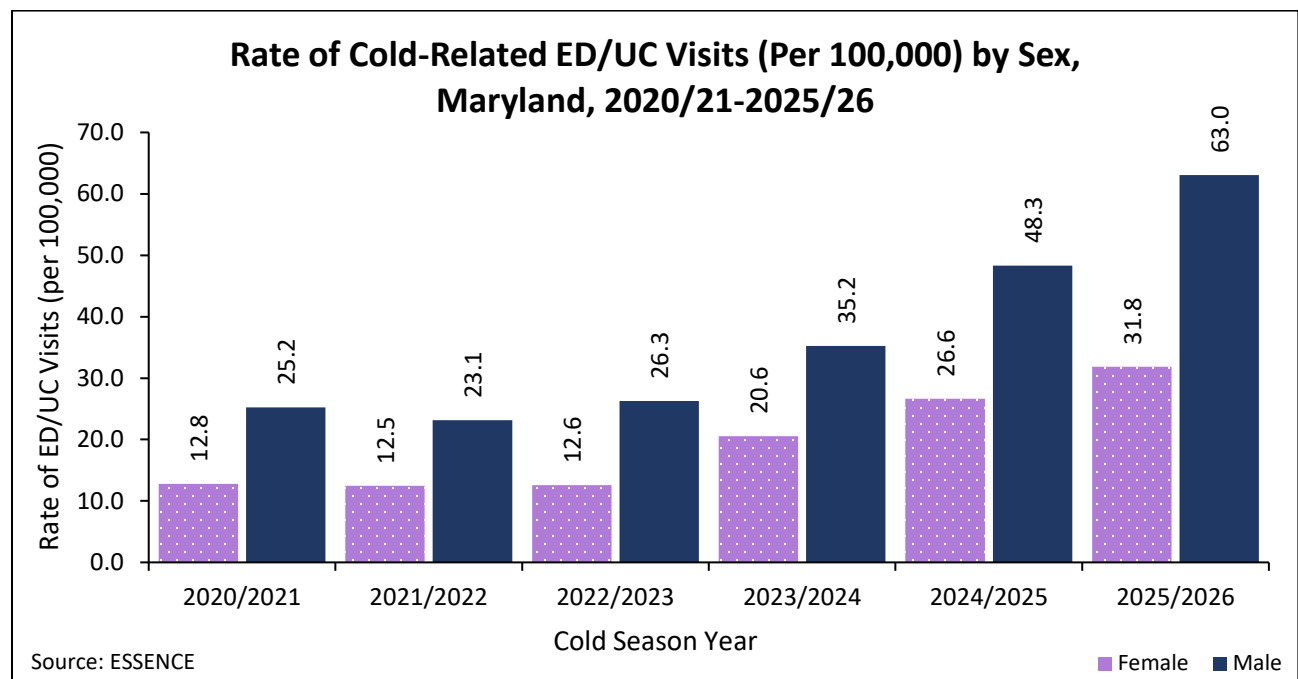


Cold-related ED/UC visit rates were highest among Non-Hispanic (NH) Black individuals (79.0 per 100,000 race-specific population) followed by NH White individuals (37.6 per 100,000). This trend is consistent with previous seasons (2020/2021 –2024/2025, excluding 2022/23), during which NH Black and NH White individuals consistently had the highest rate of cold-related ED/UC visits.



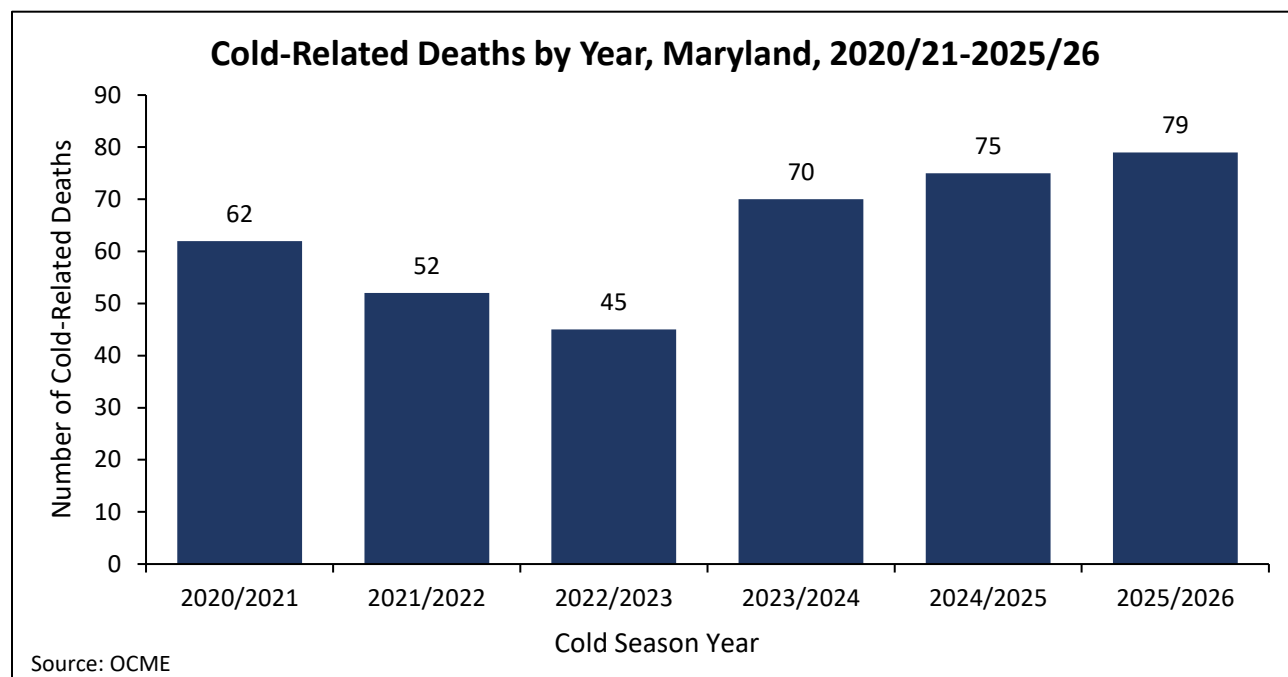
*Hispanic individuals can be of any race.

Cold-related ED/UC visit rates were highest among males (63.0 per 100,000 sex-specific population), followed by females (31.8 per 100,000). This trend remains consistent with previous seasons (2020/2021-2024/2025).



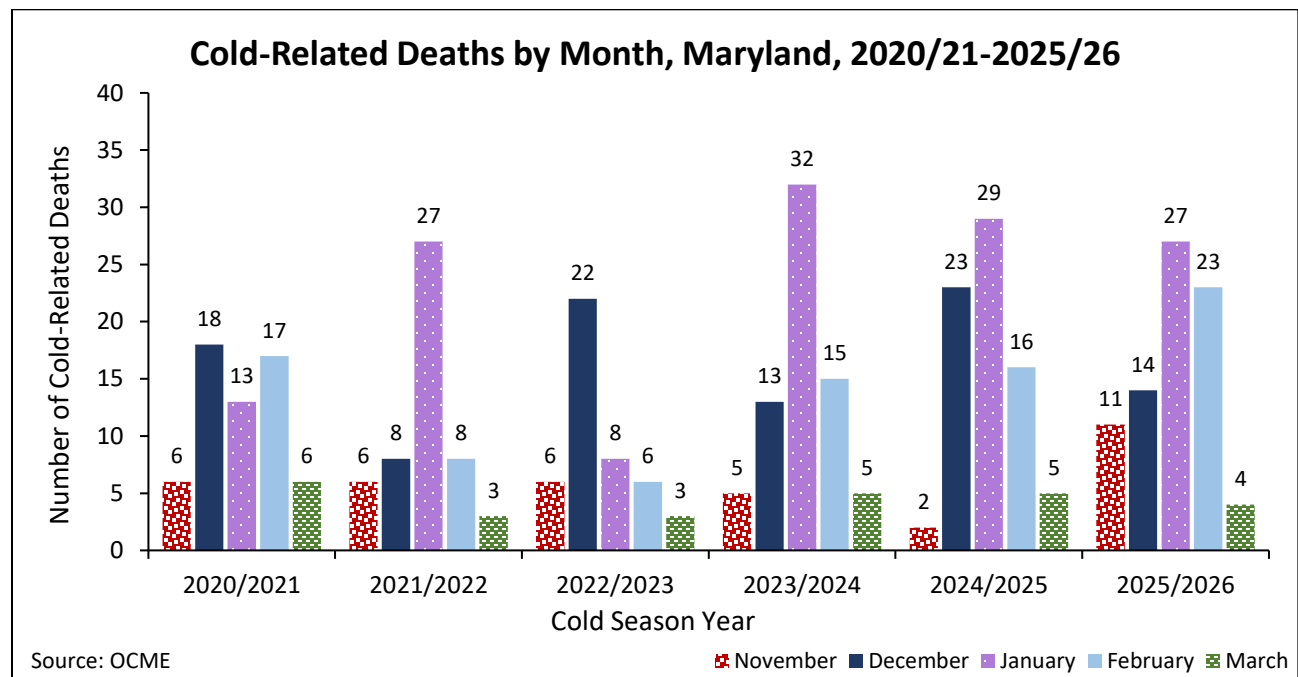
COLD-RELATED DEATHS

Cold-related deaths are reported by the Office of the Chief Medical Examiner (OCME) and are defined as those for which OCME has indicated hypothermia as a cause of death. There were 79 cold-related deaths reported by the OCME in Maryland during the 2025/2026 cold season, which is slightly higher than in previous years (2020/21-2024/25).

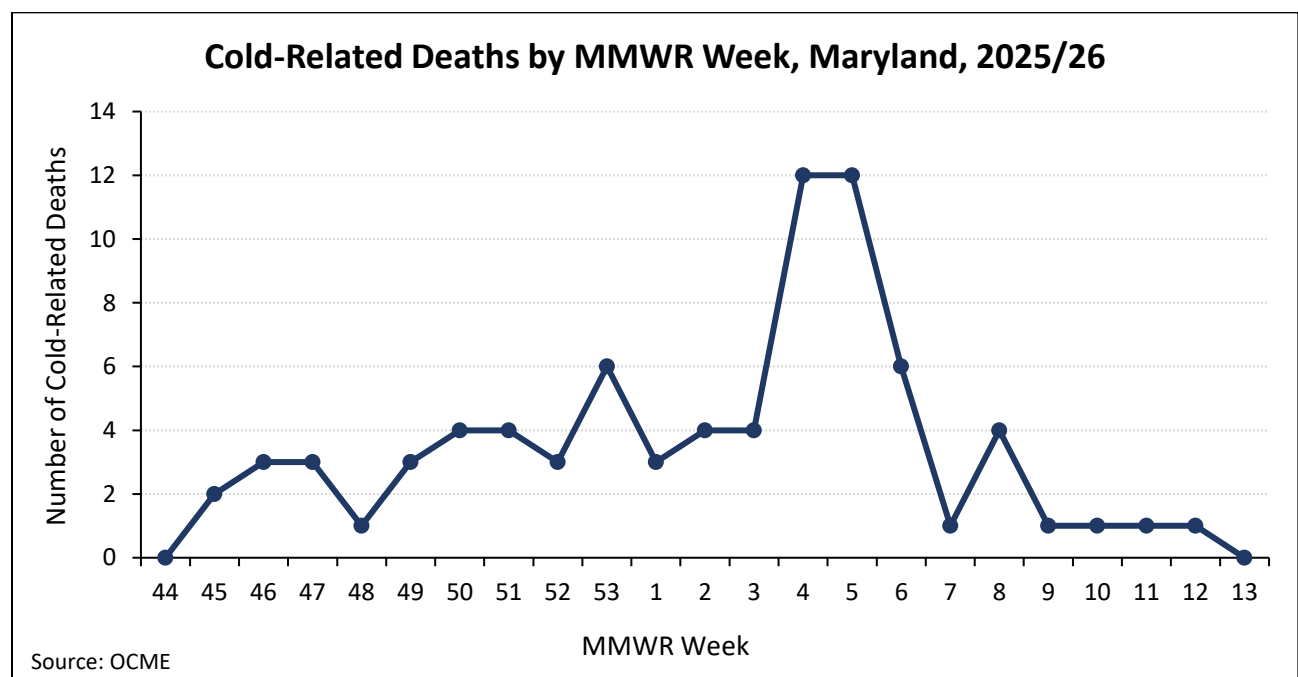


Note: Counts presented in this report may differ from previously published reports due to the ongoing receipt of death reports from the OCME.

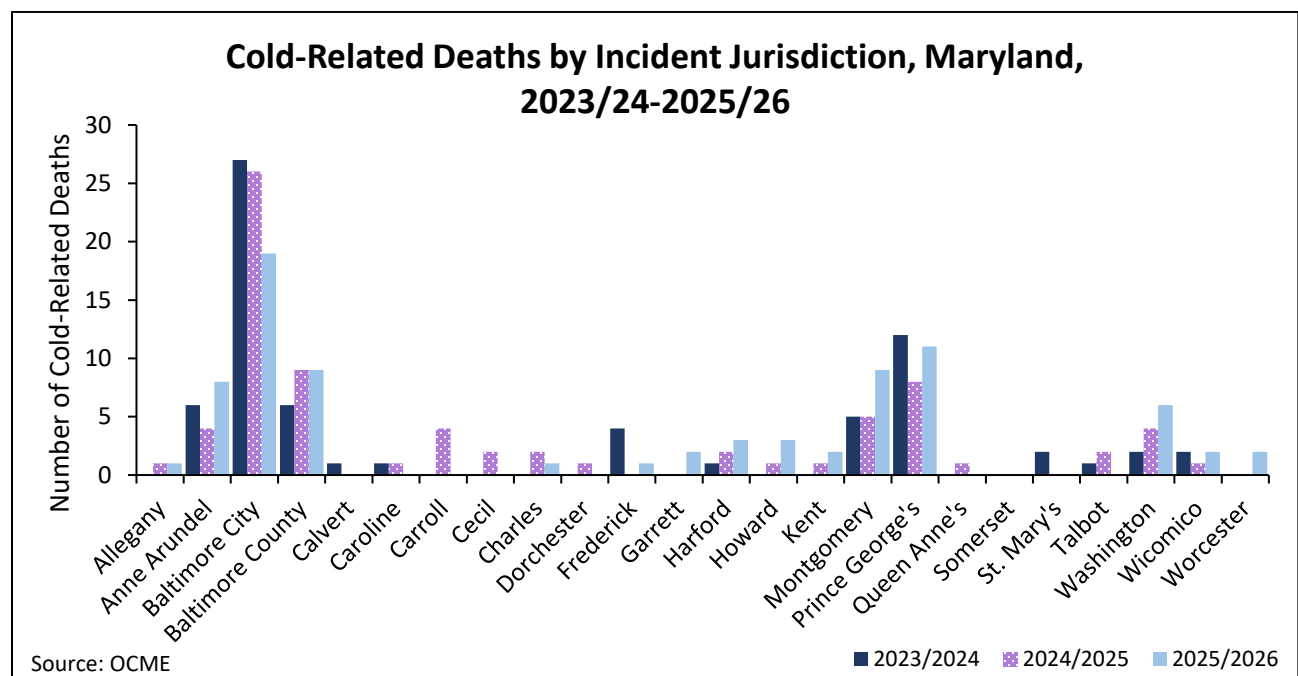
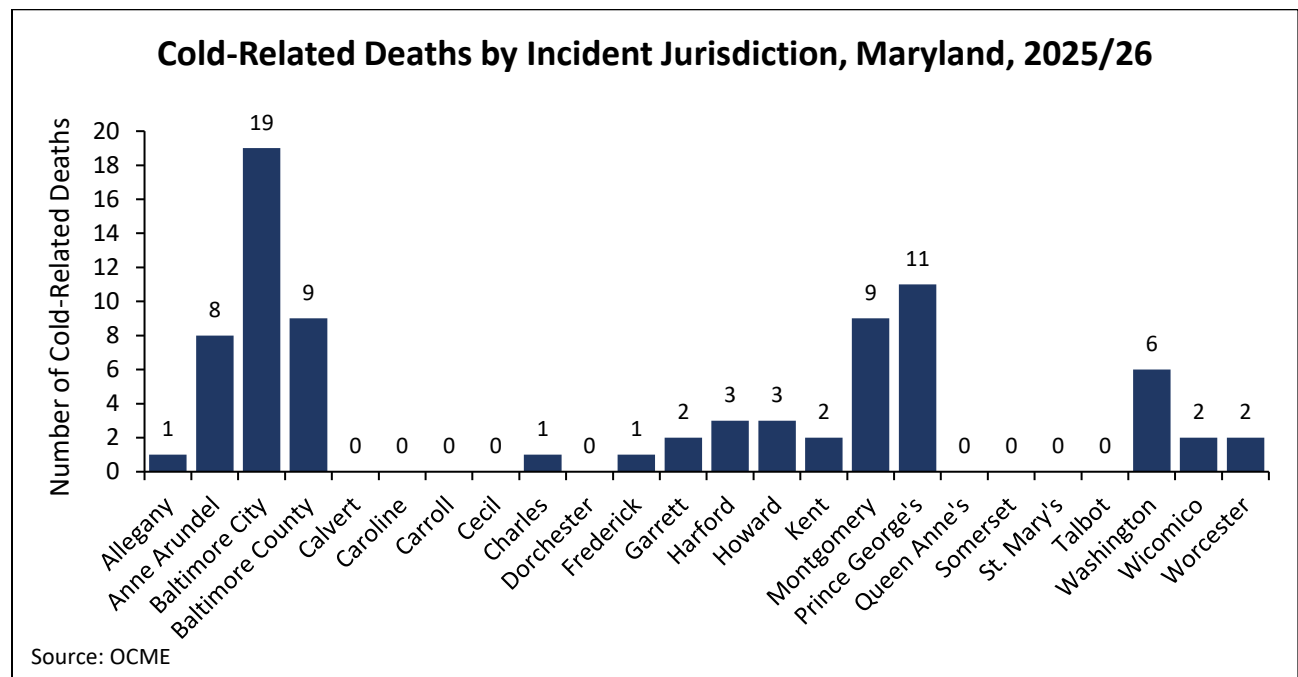
During the 2025/2026 cold season, most deaths occurred in January (27 deaths, 34.2%), corresponding with the extreme cold temperatures seen at the end of the month (MMWR weeks 3-4). This trend is consistent with the 2023/2024 and 2024/2025 seasons, during which most deaths also occurred in January of the reporting year.



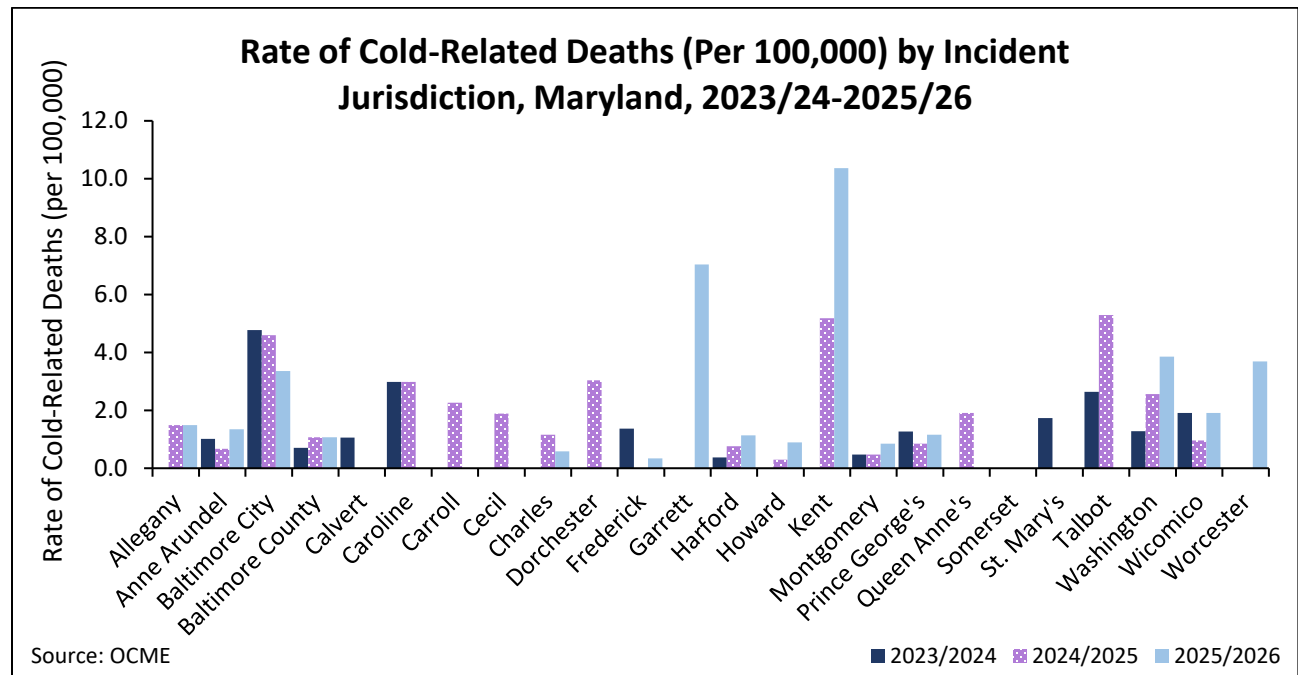
A more detailed analysis by MMWR week showed that most cold-related deaths occurred in MMWR weeks 4 and 5 (24 deaths, 30.4%), corresponding with the below-average temperatures observed during those weeks.



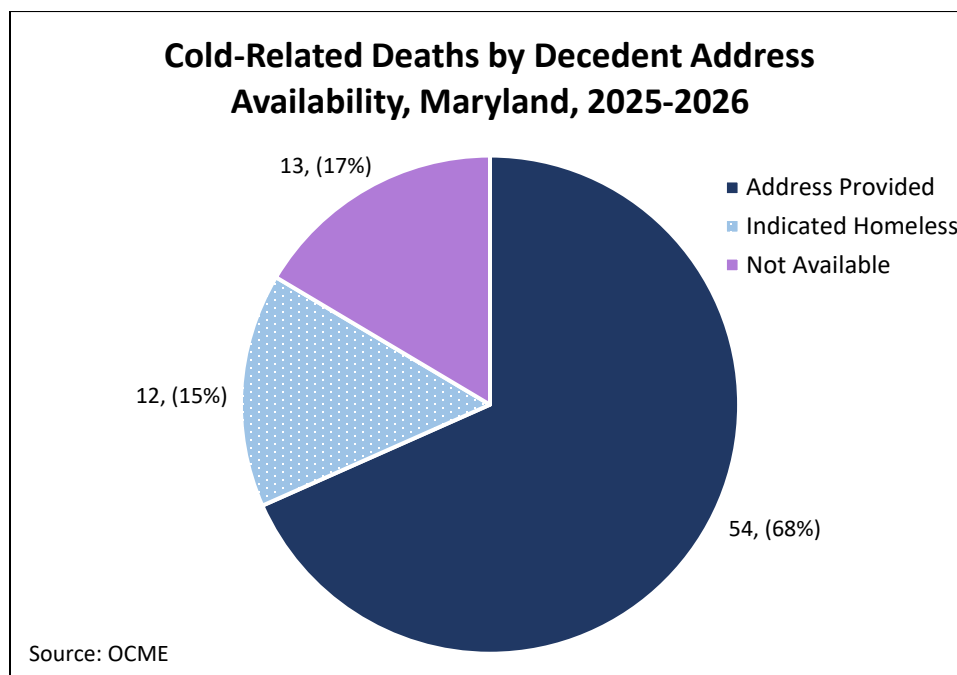
Geographically, the highest number of reported deaths occurred in Baltimore City, followed by Prince George’s County, Baltimore County, and Montgomery County. In the previous years (2023/2024 –2024/2025), the highest number of deaths were reported in Baltimore City, Baltimore County, and Prince George’s County.



However, when accounting for population size, the highest death rates were observed among residents of Kent County (10.4 per 100,000 county-specific population), Garrett County (7.0 per 100,000), Washington County (3.9 per 100,000), and Worcester County (3.7 per 100,000).

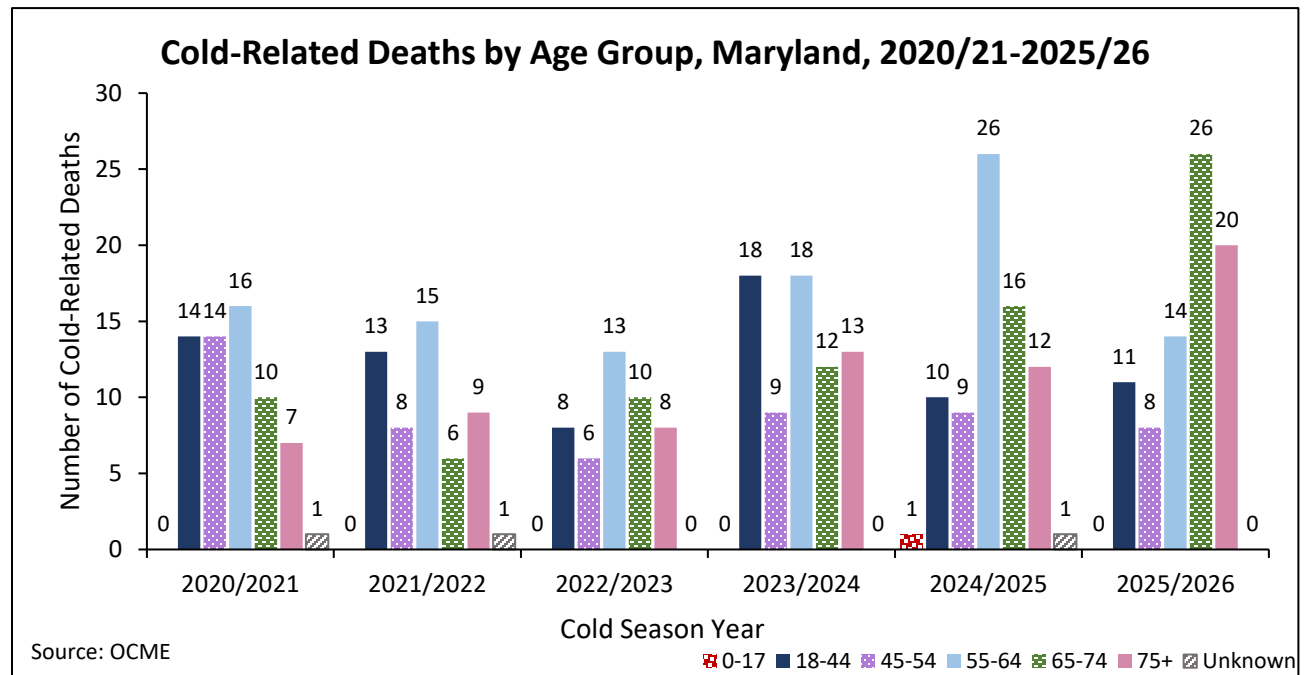


Of the 79 cold-related deaths reported during the 2025/2026 season, residential addresses were provided on the death reports for 54 decedents (68.4%). 12 individuals (15.2%) were indicated as experiencing homelessness and for 13 individuals (16.5%), a residential address was not available.

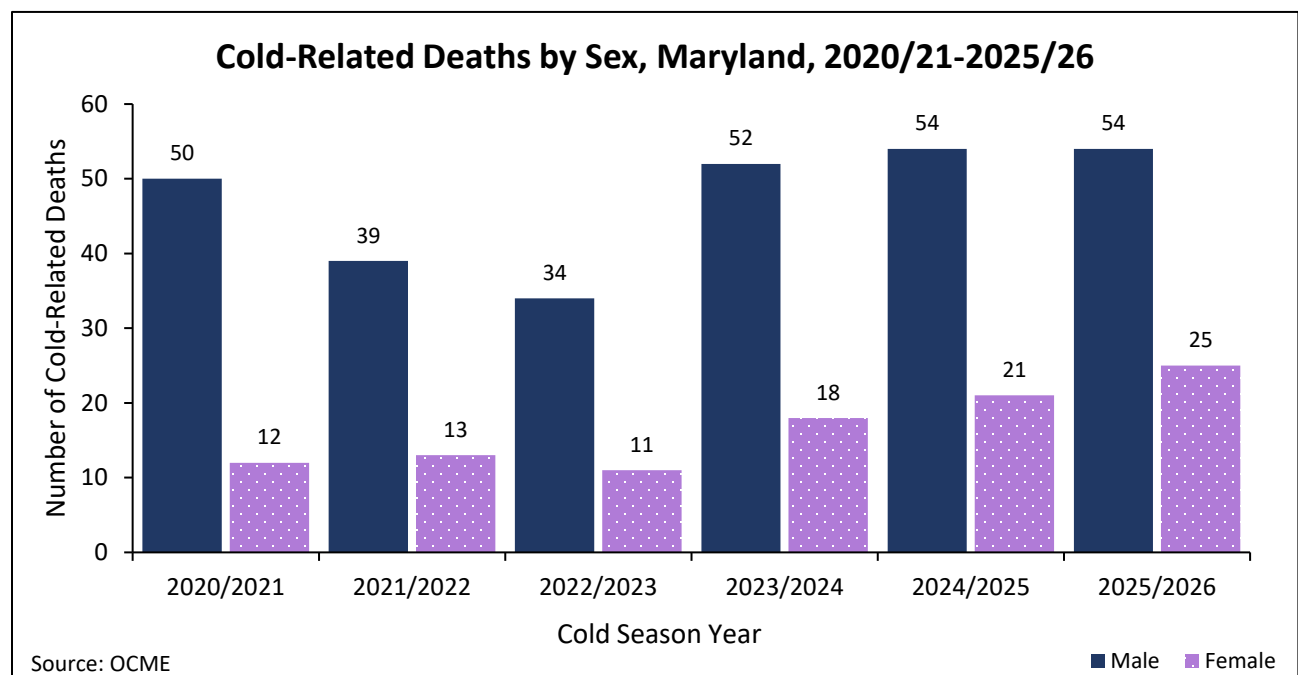


Note: While an address may have been provided, it may not accurately reflect the individual's actual residence.

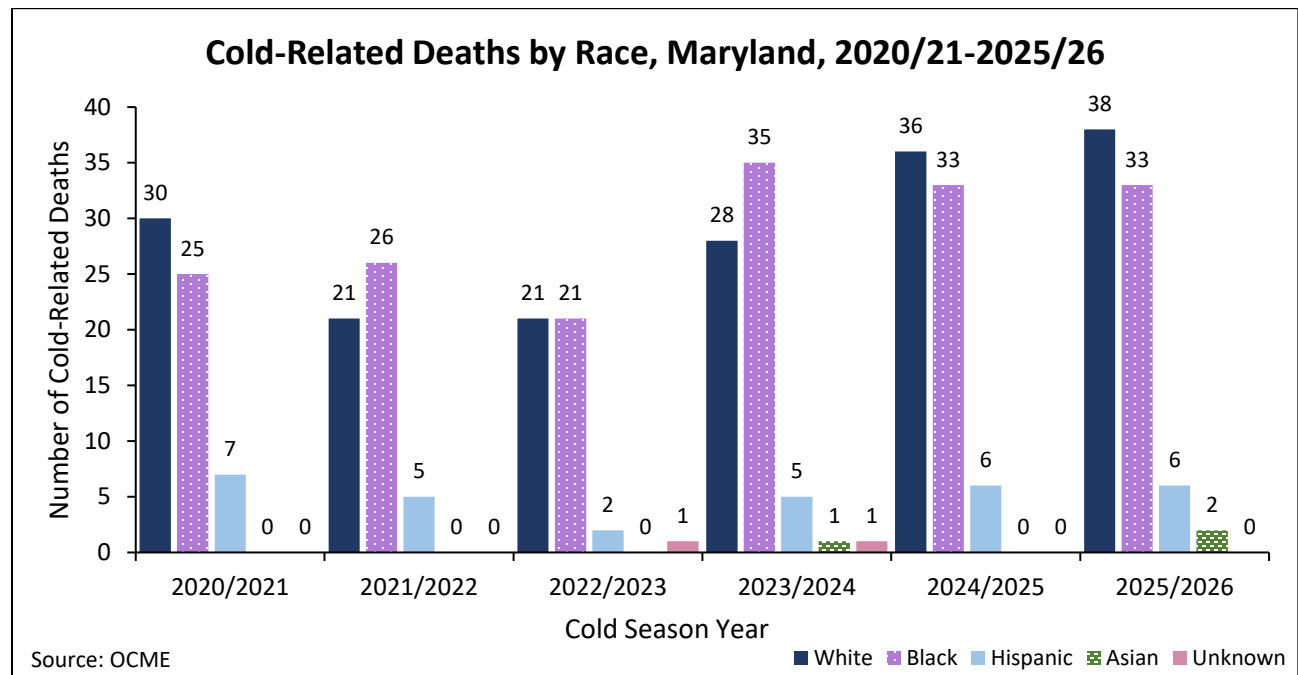
For the 2025/2026 cold season, most deaths were recorded among individuals in the 65-74 age group (26 deaths, 32.9%) and the 75+ age group (20 deaths, 25.3%), indicating a shift from patterns observed in previous years (2020/21-2024/25).



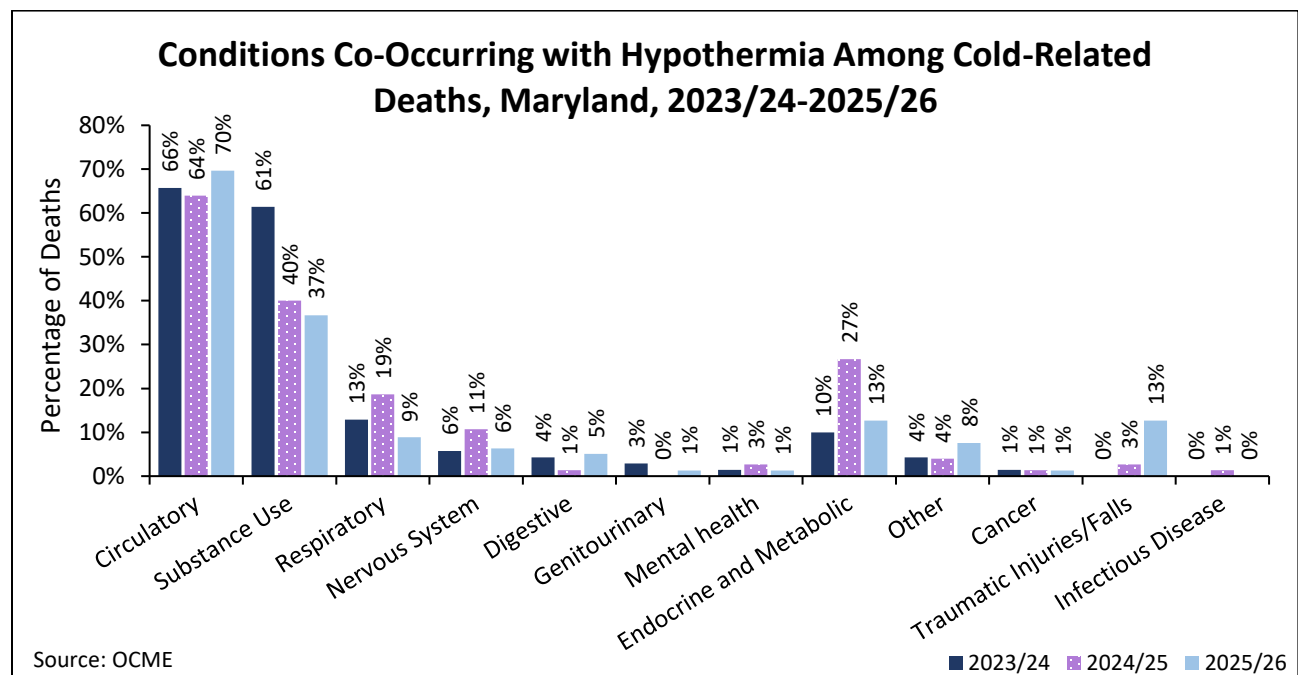
Most of the deaths reported in the 2025/2026 cold season were among males (54 deaths, 68.4%), a trend that is consistent with previous years.



In the 2025/2026 cold season, most reported deaths occurred among White individuals (38 deaths, 48.1%) and Black individuals (33 deaths, 41.8%). This trend is consistent with previous years (2020/21-2024/25).

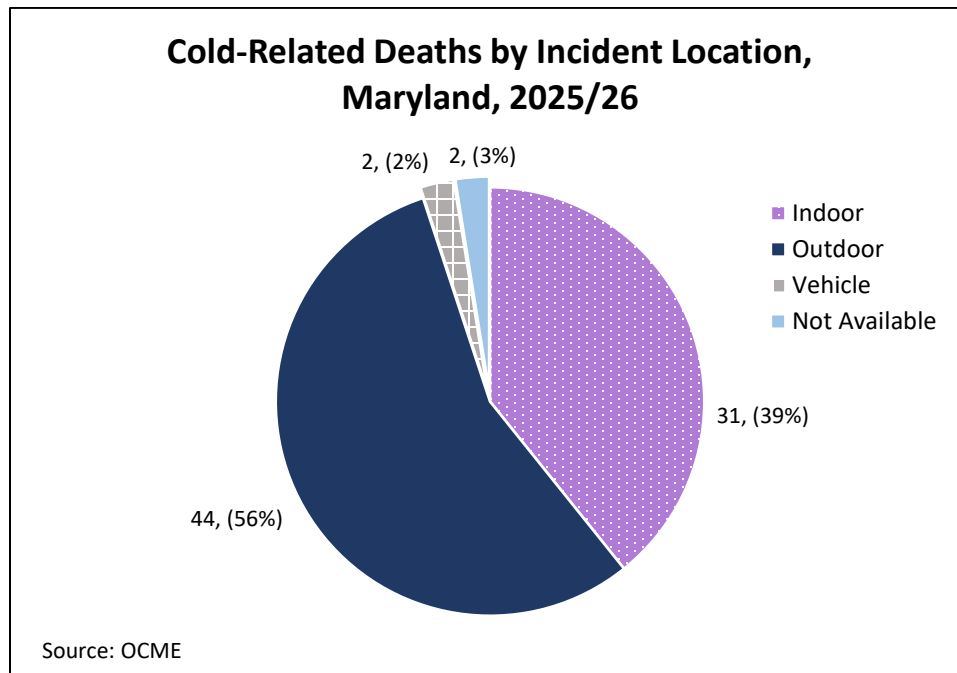


This season, 69.6% of decedents were reported to have circulatory conditions co-occurring with hypothermia at the time of death. Additionally, 36.7% had substance use-related conditions, 12.7% had endocrine and metabolic conditions, and 12.7% had traumatic injuries or falls co-occurring with hypothermia at the time of death.



Note: Decedents may have multiple co-occurring conditions at the time of death. Therefore, the sum of percentages for each season exceeds 100%.

Of the 79 cold-related deaths this season, 44 deaths (55.7%) occurred outdoors, 31 deaths (39.2%) occurred indoors, and 2 deaths (2.5%) occurred in vehicles.



Note: *Indoor* locations are areas protected from exposure to weather. *Outdoor* locations are exposed to weather. **Not Available** indicates that no incident location information was provided.

DISCUSSION

Cold-related illness and mortality are preventable but continue to occur among populations with increased vulnerability due to physiological, environmental, and social factors that limit their ability to tolerate cold exposure or access adequate heating sources. Adults aged 65 years and older are at elevated risk due to a higher prevalence of chronic medical conditions, age-related changes in the ability to maintain body temperature, and increased susceptibility to injury during hazardous winter conditions. Individuals with underlying health conditions such as cardiovascular disease, substance use disorders, and endocrine or metabolic disorders, may experience worsening symptoms during periods of extreme cold. Environmental hazards, such as snow, sleet, and ice, further increase the risk of falls and other trauma. Social factors, including living alone, limited mobility, and inadequate access to reliable heating sources also contribute to increased risk of cold-related illness and mortality. People experiencing homelessness are disproportionately affected due to prolonged exposure to low temperatures and limited access to shelter or warming centers. When possible, minimizing cold exposure and wearing appropriate [winter clothing](#), including layered and insulated gear, hats, mittens, and water-resistant footwear, are important protective measures to reduce heat loss and prevent cold-related illness.

[Carbon monoxide \(CO\)](#) is a colorless, odorless, and tasteless gas produced by fuel-burning appliances, engines, and heaters that can accumulate rapidly in enclosed or poorly ventilated areas. CO poisoning is a significant and preventable cause of morbidity during and after winter weather events, particularly during power outages when alternative heating and power sources may be utilized. Portable generators, fuel-burning heaters, stoves, and vehicles operated in or near enclosed spaces are common sources of exposure. To reduce risk, generators should be used outdoors only and positioned at least 20 feet from buildings, with the exhaust positioned away from doors, windows, and vents. Vehicles should never be left running in enclosed or attached spaces, even if garage doors are open, and exhaust pipes should be cleared of snow or debris. CO detectors are essential for early detection and prevention of carbon monoxide exposure; devices should be tested regularly and maintained according to manufacturer recommendations to ensure proper function.

Targeted outreach and public health messaging with local resources and strategies to prevent cold-related illness and death should prioritize populations at increased risk, including individuals with chronic medical conditions, adults aged 65 and older, those who live or work outdoors, and those with limited access to heating sources. Messaging should emphasize the importance of seeking [heated environments](#), wearing appropriate winter clothing and protective gear, minimizing time spent outdoors during extreme cold, and avoiding alcohol or substance use that may impair thermoregulation. Messaging should also reinforce safe practices to prevent CO exposure. Additionally, community members should be encouraged to check on vulnerable individuals, including older adults, neighbors, and people living alone.

REFERENCES

Data Sources

Temperature Data: Temperature data is captured by the National Syndromic Surveillance Program (NSSP).

Cold-Related Illness Data: Emergency department and urgent care (ED/UC) visits and emergency medical services (EMS) calls for cold-related illness are from the Maryland Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). ESSENCE is a web-based syndromic surveillance system that integrates multiple data sources to rapidly identify disease outbreaks and unusual patterns of illness.

ED/UC visits for cold-related illness were identified using the [Cold-Related Illness v1](#) syndrome definition, which includes terms such as hypothermia, cold exposure, and frostbite. This syndrome definition aims to capture all emergency department and urgent care visits with chief complaints or discharge diagnoses relating to cold-related illness symptoms. The chief complaint is a free-text field capturing the patient's primary reason for seeking medical care. The discharge diagnosis is a coded field representing the provider's clinical impression of the patient's visit using standardized values outlined by the International Classification of Diseases (ICD) 10th Revision and SNOMED Clinical Terms (CT) code sets. This definition was developed by the [National Syndromic Surveillance Community of Practice \(NSSP CoP\)](#) using a definition previously developed by the Council of State and Territorial Epidemiologists (CSTE).

EMS calls for cold-related illness were identified using an EMS cold-related illness query developed by the [Maryland Institute for Emergency Medical Services Systems \(MIEMSS\)](#). This definition is used to query EMS pre-hospital care reports in which the EMS provider selected hypothermia as a primary or secondary impression of the patient's condition. The provider's impression is based solely on observed signs and symptoms, rather than on diagnostic testing.

Cold-Related Death Data: Cold-related deaths are reported by the Maryland [Office of the Chief Medical Examiner \(OCME\)](#). Included in this report are deaths occurring in Maryland during the Maryland Cold Season, for which the cause of death was hypothermia, the manner of death was accidental or undetermined, and OCME examined the body and/or medical records and issued a death certificate.

Social Media and Contact Information

For more information about extreme heat and emergency preparedness, follow the Office of Preparedness and Response on [Twitter](#) and [Facebook](#).

For media inquiries, please contact the Office of Communications: 410-767-6490

For more information on preparedness, visit the MDH Office of Preparedness and Response website: <https://preparedness.health.maryland.gov>

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