

HEAT-RELATED MORTALITY IN LOUISIANA, 2024

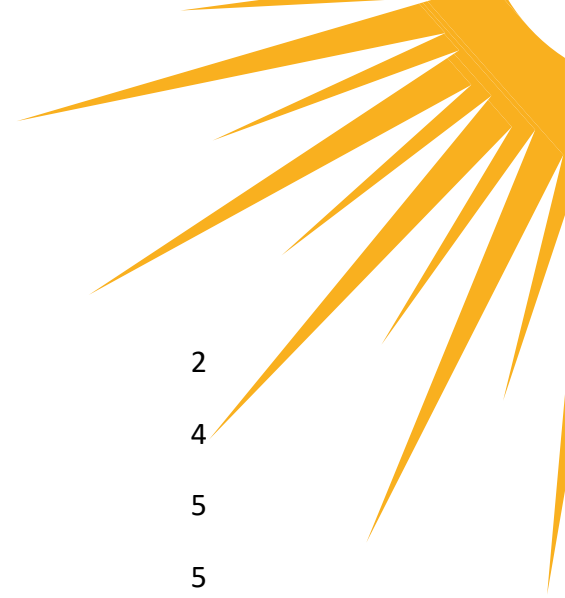
April 2026

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PROGRAM.

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OVERVIEW



This report summarizes heat-related deaths occurring in Louisiana in 2024. Exposure to extreme heat is a significant public health problem, and the primary cause of weather-related mortality in the U.S. Extreme summer heat is increasing in Louisiana and the U.S., and projections indicate that extreme heat events will become more frequent and intense in coming decades. Louisiana’s hot temperatures are compounded by high humidity, which worsens the impact of heat by making it harder for the body to cool itself.

Prolonged exposure to high temperatures can cause heat-related illness, including heat cramps, heat syncope, heat exhaustion, heat stroke, and death. Heat-related illness happens when the body is unable to maintain a normal body temperature, resulting in mild to moderate signs and symptoms, including heavy sweating, weakness, dizziness, fatigue, fainting, nausea or vomiting, and headache. If the body temperature continues to overheat, these signs and symptoms may progress to heat stroke, resulting in altered mental state or behavior, such as confusion, seizures, coma, and damage to internal organs. Heatstroke requires emergency medical treatment. The damage to internal organs worsens the longer treatment is delayed, increasing the risk of death.

The risk of heat-related illness is heightened for older people, those who have chronic illnesses, are socioeconomically disadvantaged, or work outside or in hot indoor environments. Air conditioning is the primary protective factor: individuals who are unhoused or live in buildings with no or limited air-conditioning for extended periods are at increased risk because their ability to regulate their body temperature is impaired.

Methods:

Heat-related deaths in Louisiana were identified using International Classification of Diseases, Tenth Revision (ICD-10) codes and keywords on the death certificate. Selected heat-related deaths included those listing ICD-10 codes X30 (exposure to excessive natural heat), P81.0 (environmental hyperthermia of newborn), or T67 (effects of heat and light) as the underlying cause of death or as one of the contributing causes. Records were also selected if the death certificate contained the keyword “heat” or “hyperthermia” in any cause of death. Death certificates with keyword(s) and no supporting heat-related cause of death code were reviewed to confirm that environmental heat caused or contributed to the fatality.

To assess the burden and risk factors associated with warm weather, we limited our analysis to Louisiana’s warm season: April through October. Details about the circumstances of the heat exposure and associated risk factors were obtained through review of death certificates, medical records, and OSHA work-related fatal injury reports. Information from coroner investigation reports was also included for all deaths in Orleans Parish, in addition to two deaths from other parishes.

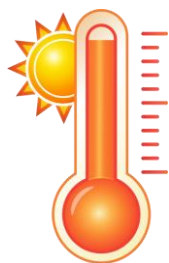
OVERVIEW CONTINUED

For the purposes of this report, heat-related deaths include heat caused and heat contributed deaths. Heat caused deaths are those in which environmental heat was directly involved in the sequence of conditions causing deaths. Heat contributed deaths are those in which environmental heat was a significant condition contributing to the death.

Limitations:

This report may not capture all heat-related deaths during the reporting period. Heat-related deaths are underreported on death certificates for several reasons, including the challenges of diagnosing a heat-related death, lack of a standardized definition, and limited resources for investigating potential heat-related deaths. Deaths directly caused by heat are relatively straightforward to diagnose; however, determining when heat contributed to a death is more challenging. High temperatures can elevate the risk of fatalities from heart attacks and other cardiovascular diseases, and prolonged heat exposure can strain the body in many ways. Medical examiners, coroners, physicians, and other professionals responsible for completing death certificates do not consistently apply criteria to assess whether heat contributed to a death. Additionally, they often lack the resources to thoroughly investigate the circumstances, such as whether the individual had a pre-existing medical condition(s) or access to air conditioning. These gaps result in an undercount of heat-related deaths and inconsistent reporting across different jurisdictions.

To improve heat mortality reporting in Louisiana, the Louisiana Department of Health developed training resources for coroners, medical examiners, and clinicians about recognizing heat-related deaths and recording them on the death certificate ([Guidance for Identifying and Certifying Death from Environmental Heat Exposure](#)). The guidance stresses that a fatality is heat-related when exposure to a hot environment either causes or significantly contributes to the death. This approach considers the deceased person's general health, ambient outdoor and indoor (if relevant) temperature, and the circumstances of death, such as where they were and what they were doing. These details are critical to assessing the health impacts of heat, identifying common risk factors, and informing prevention strategies to reduce morbidity and mortality.

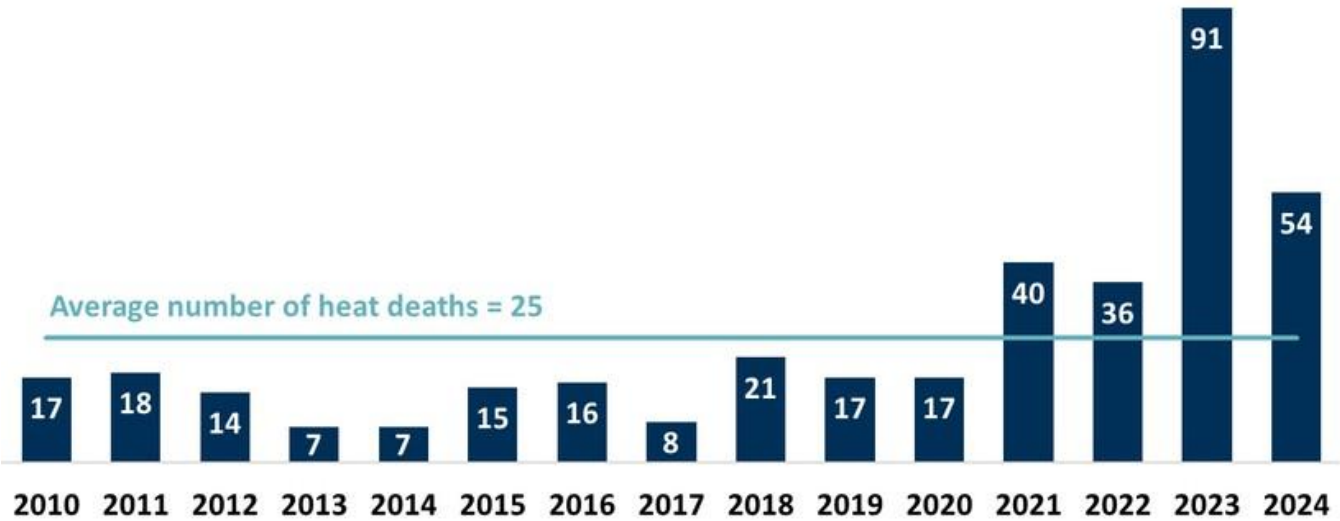


Visit the Louisiana Department of Health's [Heat-Related Illness: Data Dashboard and Guidance](#) webpage for current heat-related morbidity and mortality data. The dashboard is updated weekly from April through October.

HEAT-RELATED DEATHS: 2010-2024

In 2024, Louisiana recorded 54 heat-related deaths, the second highest number ever documented in the state.

Heat-Related Deaths by Year, All Months 2010-2024

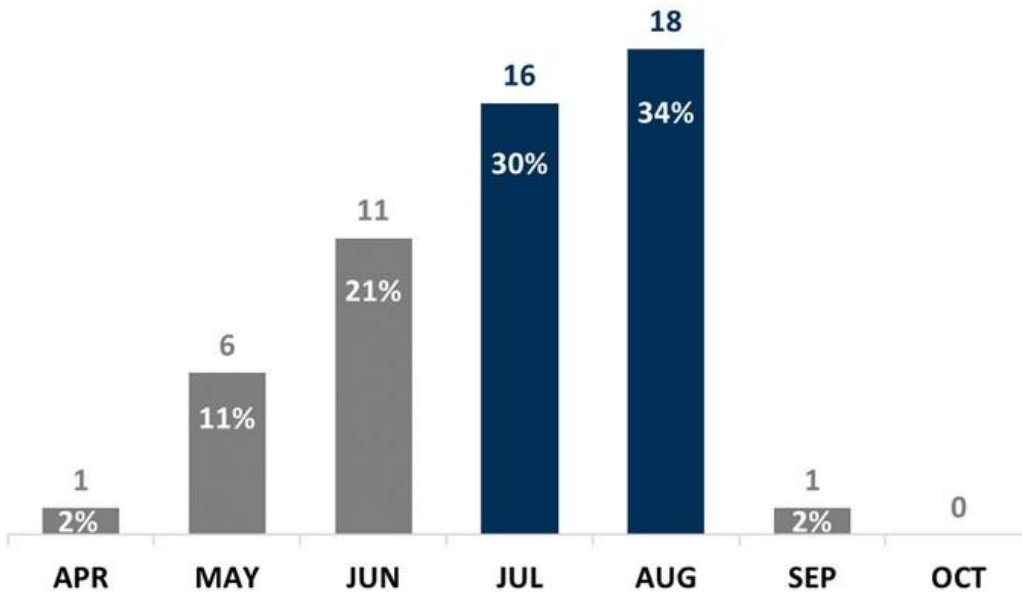


HEAT-RELATED DEATHS: APRIL - OCTOBER 2024

MONTH

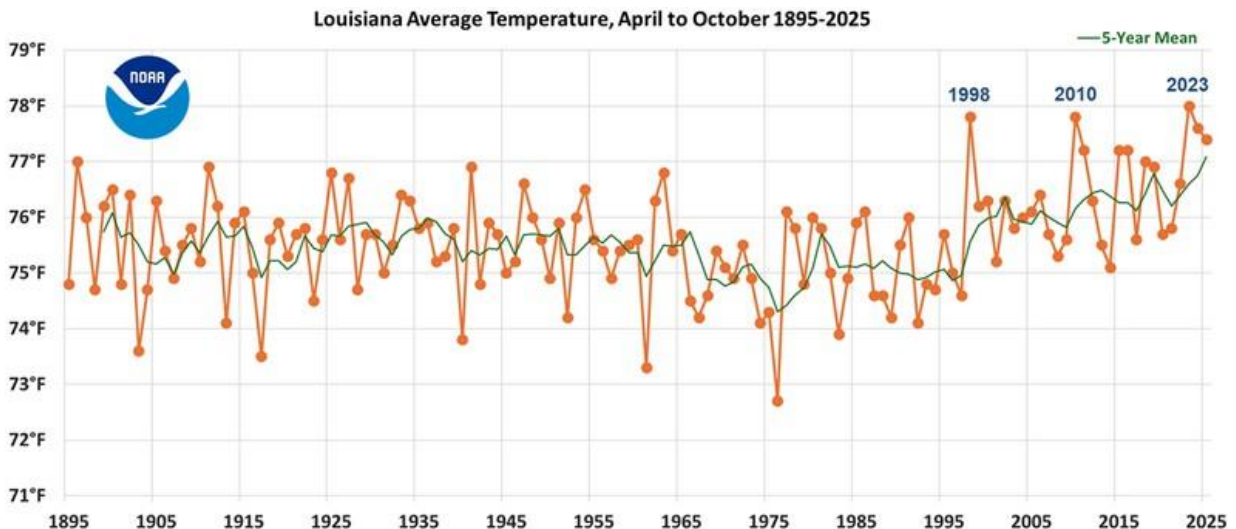
The following data refers to deaths that occurred between April and October 2024. There were 53 heat-related deaths during this seven-month period. August had the most deaths at 18 (34%).

July and August accounted for 64% of heat-related deaths during the warm season in 2024.



TEMPERATURE

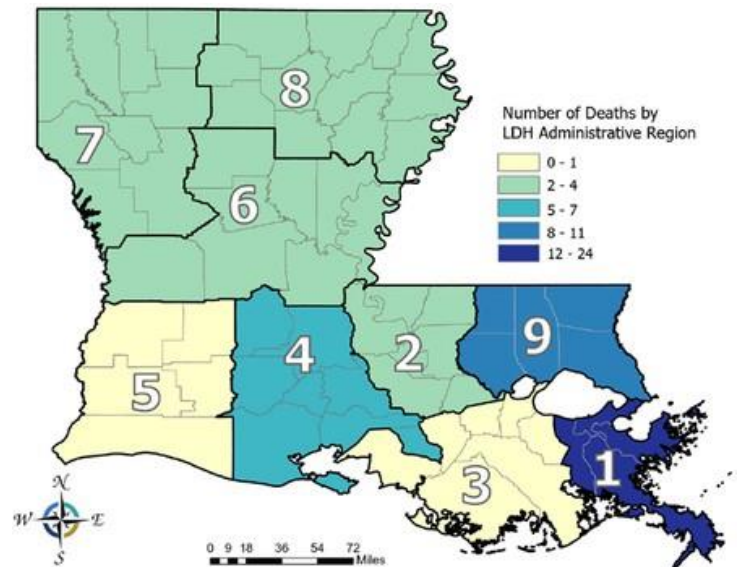
Temperature data from the National Centers for Environmental Information’s U.S Climate Divisional Database are shown in the following figure. The orange line shows the statewide average temperature for the warm season (April–October) from 1895 to 2025. The 5-year moving average is represented by the green line. The hottest year was 2023 with an average temperature of 78°F, followed by 77.8°F in both 1998 and 2010.



LOCATION OF OCCURRENCE

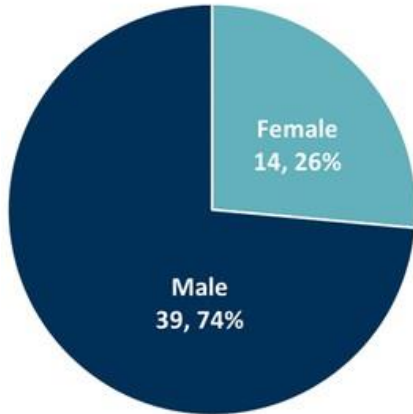
Deaths were categorized based on the Louisiana Department of Health region where the death occurred. Southeast Louisiana (Region 1) accounted for 45% of all heat-related deaths. This region includes Orleans, Jefferson, St. Bernard, and Plaquemines parishes. The Northshore (Region 9) had the second highest number of deaths (N=11, or 21%). All decedents were Louisiana residents except for two.

LDH REGION	Count (%) of Deaths
Region 1 – SOUTHEAST	24 (45%)
Region 2 – CAPITAL REGION	2 (4%)
Region 3 – SOUTH CENTRAL	0 (0%)
Region 4 – ACADIANA	7 (13%)
Region 5 – SOUTHWEST	1 (2%)
Region 6 – CENTRAL	2 (4%)
Region 7 – NORTHWEST	4 (8%)
Region 8 – NORTHEAST	2 (4%)
Region 9 – NORTHSHORE	11 (21%)



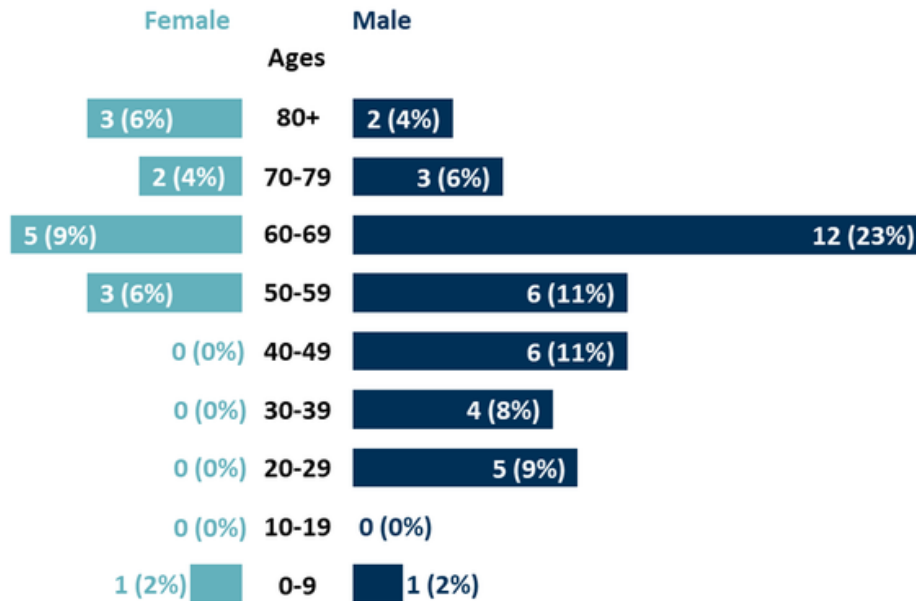
DEMOGRAPHICS

SEX: Males accounted for 74% of all deaths.



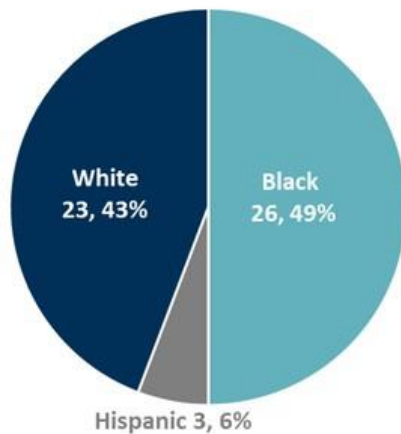
SEX BY AGE:

Fifty-two percent of all deaths occurred among individuals aged 60 or older. For ages 20-49, all decedents were male (N=15, 28%).



RACE & ETHNICITY:

Black residents accounted for the most deaths (49%), followed by White residents (43%). Three decedents were Hispanic (6%).*†



*N=1 is Unknown race and ethnicity.

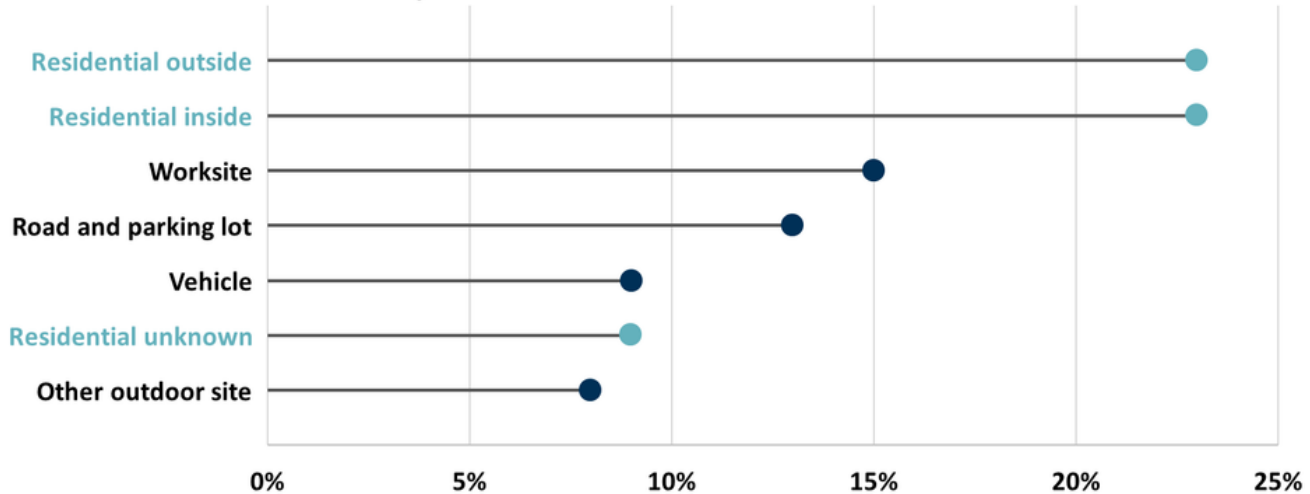
†Racial groups are reported as non-Hispanic.

PLACE OF INJURY

Place of injury is where the heat exposure occurred and usually reflects where the person was found. Heat-related deaths occurred in an outdoor setting for 68% (N=36) of the deaths and in an indoor setting for 23% (N=12). The location was unknown for 9% of the deaths (N=5).

The place of injury categories include residential outside (N=12, 23%), residential inside (N=12, 23%), worksite (N=8, 15%), road and parking lot (N=7, 13%), vehicle (N=5, 9%), residential unknown (N=5, 9%), and other outdoor site (N=4, 8%). Worksite includes outdoor work locations (e.g., agricultural field, landscape areas, and construction sites). Vehicle includes cars.

55% of the 2024 deaths were exposed to heat at residential locations.



Type of Residence

The types of residence for the 12 decedents who died inside their residence includes houses (N=7), apartments/condos (N=4), and a mobile home (N=1).

Air Conditioning Use

There were 12 decedents who died inside their residence. Information on air conditioning (AC) status was provided by coroners for 9 of the decedents. A/C was present but not working for N=8, unknown if A/C present or working for N=3, and the heater was on for N=1.

Working

Eight deaths were due to work-related heat exposure (15%). The workers were all men and ranged in age from 20 to 59 years, with the 20-29 age group accounting for four (50%) of the workers. Race and ethnicity breakdowns include: White (N=3), Black (N=2), and Hispanic (N=3). These workers were involved in activities such as agriculture, landscaping (e.g., cutting grass, tree work), and construction.

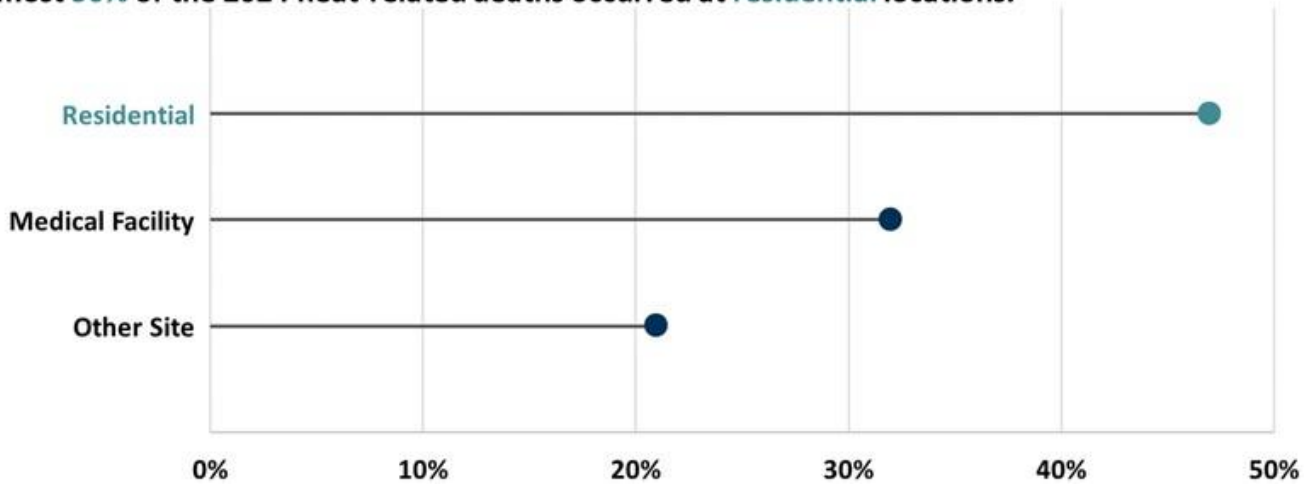
Homelessness

Five individuals (9%) were homeless at the time of death. All were male, ranging in age from 30 to 69 years. Two were Black, two were White, and one was of unknown race and ethnicity.

PLACE OF DEATH

The place of death was grouped into three categories: residential, medical facility, and other site. Residential (N=25, 47%) includes inside or outside the decedent's home (N=24) or other home (N=1). Medical facility (N=17, 32%) includes emergency department (N=12) and inpatient care (N=5). Other site (N=11, 21%) includes public locations (N=6), worksite locations (N=3), and vehicles (N=2).

Almost 50% of the 2024 heat-related deaths occurred at residential locations.



HEALTH CONDITIONS

Certain health conditions put individuals at increased risk of heat-related illness. Sixty-eight percent of the heat-related deaths had a diagnosis of cardiovascular disease; 32% involved substance use. Substance use includes alcohol and/or drug use. Other health conditions included diabetes and endocrine disorders (26%) and mental health and neuropsychiatric conditions (13%).

Health Conditions	Number (%) Deaths*
Cardiovascular Diseases	36 (68%)
Substance Use	17 (32%)
Diabetes Mellitus and Endocrine Disorders	14 (26%)
Mental Health and Neuropsychiatric Conditions	7 (13%)

**Some decedents had more than one health condition.*

RESOURCES

The Louisiana Department of Health has developed multiple training and education resources aimed to protect Louisiana communities and workers from the dangers of extreme heat.

Heat-related training resources are listed below by target audience.

Coroners, Medical Examiners, and Physicians

- [Guidance for Identifying and Certifying Death from Environmental Heat Exposure](#)

Employers and Workers

Preventing Heat Illness at Work: this training toolkit includes 5 factsheets that Louisiana employers can use to protect their workforce from the dangers of heat stress.

- [Heat Illness Prevention | What Employers Can do to Protect Workers from Heat](#)
 - A guide to the core elements of employer heat prevention activities: training, scheduling, monitoring, and acclimatization.
- [Heat Illness Prevention | What Workers Need to Know](#)
 - A guide to the core elements of worker trainings.
- [Heat Illness Prevention | Water, Rest and Shade](#)
 - Details about the three essential prevention elements.
- [Heat Illness](#)
 - Overview of how to recognize the symptoms and respond to heat illness.
- [Employer's Daily Checklist](#)
 - Use this checklist to reinforce trainings and safe work practices.

Schools: Teachers, administrators, parents, and students

- K-12 Extreme Heat Guidance

General Public

- [Heat and Health: What You Need to Know](#)
- [Beat the Heat: Checklist for Older Adults](#)
- [Pregnant Women: Pg1, Pg2](#)