2023-2025

# GEORGIA BURN INJURY CARE

## Inaugural Report



GEORGIA DEPARTMENT OF PUBLIC HEALTH

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# INTRODUCTION

This Georgia Burn Injury Care Report represents an aggregate three-year epidemiological analysis of burn registry data for years 2023, 2024, and 2025. In the future, this report will be compiled annually. Data were provided by Georgia's two designated burn centers using the quarterly online Office of EMS Trauma On-going Burn Center Performance Evaluation form (OBCPE). A combined total of 8,120 burn cases were reported by Doctors Hospital of Augusta Still Burn Center in Augusta, Georgia and Grady Burn Center in Atlanta, Georgia.

Georgia's Designated Burn Centers are part of the Georgia Trauma System. The Department of Public Health's Office of Emergency Medical Services and Trauma (OEMST) designates burn centers in Georgia. The burn centers participate in the American Burn Association (ABA) verification process and data bank. Georgia's Burn Centers provide regional burn care to patients in the southeastern United States and outside territories. During the three-year analysis period, Georgia had two designated burn centers. A map of the participating facilities in the Georgia Trauma System is provided in Appendix 1.

In 2023, the two burn centers collaborated to standardize their registry data abstraction processes. The variables included in this report were selected to provide readers with an overall picture of burn patient demographics, the frequency of burn injury types, outcomes, and survival rates in Georgia. The pediatric group includes patients younger than 18; whereas the adult group includes patients aged 18 or older.

The Georgia burn registry criteria are provided by the American Burn Association (Appendix 2).

The mission of the Georgia Trauma System is to save lives and provide the best possible outcomes through improved trauma care, burn care, and injury prevention. The OEMST System of Care Trauma and Burn Program is dedicated to collecting quality data and providing useful information to benefit the public health of Georgia's citizens.

This report's purpose is to inform the medical community, the public, and decision-makers about issues that characterize the most recent state of care for burn patients. The report has broad implications for epidemiology, injury prevention, research, education, acute care, resource allocation, and policy decisions.

The Georgia Department of Public Health, Office of EMS and Trauma, would like to thank both burn centers for their data contributions. Many thanks also go to the Georgia burn coordinators, registrars, and supporting staff for their great efforts in collecting data and improving data quality.

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# EXECUTIVE SUMMARY

This report presents an aggregate three-year analysis of burn registry data from Georgia's two designated burn centers for 2023-2025. A total of 8,120 burn cases were reported.

**8,120**
Burn Patients Reported

**98.0%**
Overall Survival Rate

**84%**
Discharged Home

**2**
Designated Burn Centers

**166**
Total Deaths

**>99%**
Pediatric Survival Rate

## KEY TAKEAWAYS

- Burn incidents increased 15.5% from 2024 to 2025.
- Adults (18+) represented 81% of all burn patients.
- More than half of all patients arrived by ambulance.
- Flame/contact burns were the most common injury types.
- The majority of patients (84%) were discharged home.

# DATA TABLES AND FIGURES

## Table 1: Incidents, Deaths, Fatality Rates, and Survival Rates by Year

This table summarizes burn incidents, deaths, fatality rates, and survival rates by age group and year. From 2023 to 2025, the total number of burn incidents increased from 2,605 to 3,009, despite a slight decrease in 2024. Of the 8,120 burn incidents reported during the three-year period, 6,572 (80.9%) involved adults and 1,548 (19.1%) involved pediatric patients. A total of 166 deaths were reported, including 161 (97.0%) among adults and 5 (3.0%) among pediatric patients. Overall, the pediatric survival rate was 99.7%, compared with 97.6% among adults.

| | Year 2023 | Year 2024 | Year 2025 | Total |
|---|---|---|---|---|
| **Adult** | 2,110 | 2,053 | 2,409 | **6,572** |
| **Adult Deaths** | 62 | 50 | 49 | **161** |
| **Adult Fatality Rate** | 2.90% | 2.40% | 2.00% | **2.40%** |
| **Adult Survival Rate** | 97.10% | 97.60% | 98.00% | **97.60%** |

| | Year 2023 | Year 2024 | Year 2025 | Total |
|---|---|---|---|---|
| **Pediatric** | 495 | 453 | 600 | **1,548** |
| **Pediatric Deaths** | 3 | 1 | 1 | **5** |
| **Pediatric Fatality Rate** | 0.60% | 0.20% | 0.20% | **0.30%** |
| **Pediatric Survival Rate** | 99.40% | 99.80% | 99.80% | **99.70%** |

| | Year 2023 | Year 2024 | Year 2025 | Total |
|---|---|---|---|---|
| **All Age** | 2,605 | 2,506 | 3,009 | **8,120** |
| **All Age Deaths** | 65 | 51 | 50 | **166** |
| **All Age Fatality Rate** | 2.50% | 2.00% | 1.70% | **2.00%** |
| **All Age Survival Rate** | 97.50% | 98.00% | 98.30% | **98.00%** |

## Figure 1A: Number of Incidents by Age Group and Year

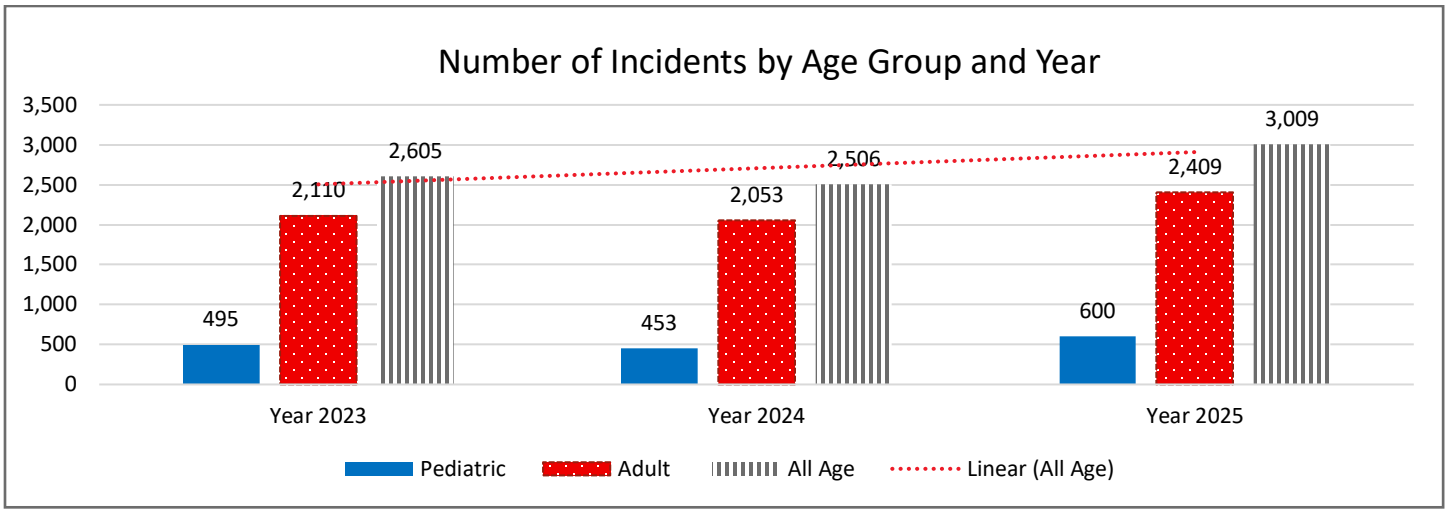



*Figure 1A: the highest frequency of burn injuries occurred in year 2025 and the trend is increasing. *

## Figure 1B: Survival Rate by Age Group and Year

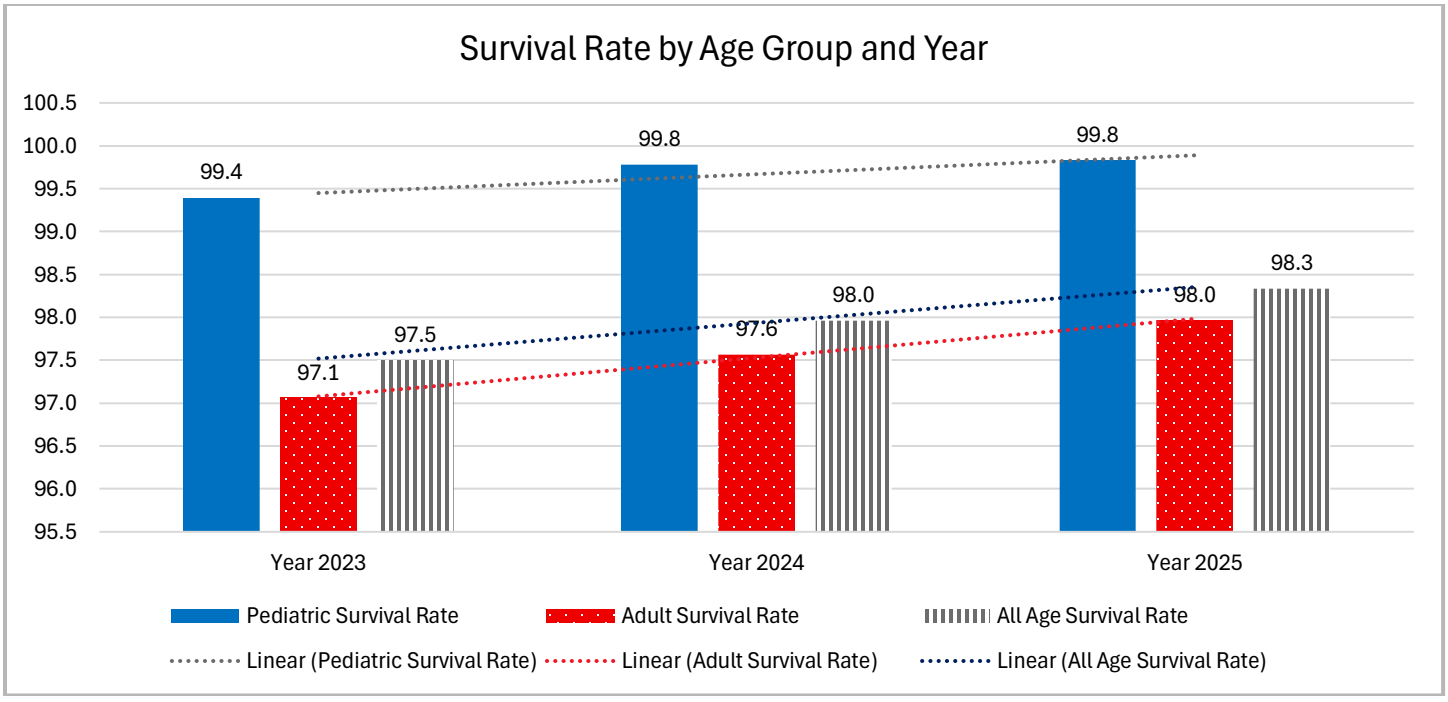


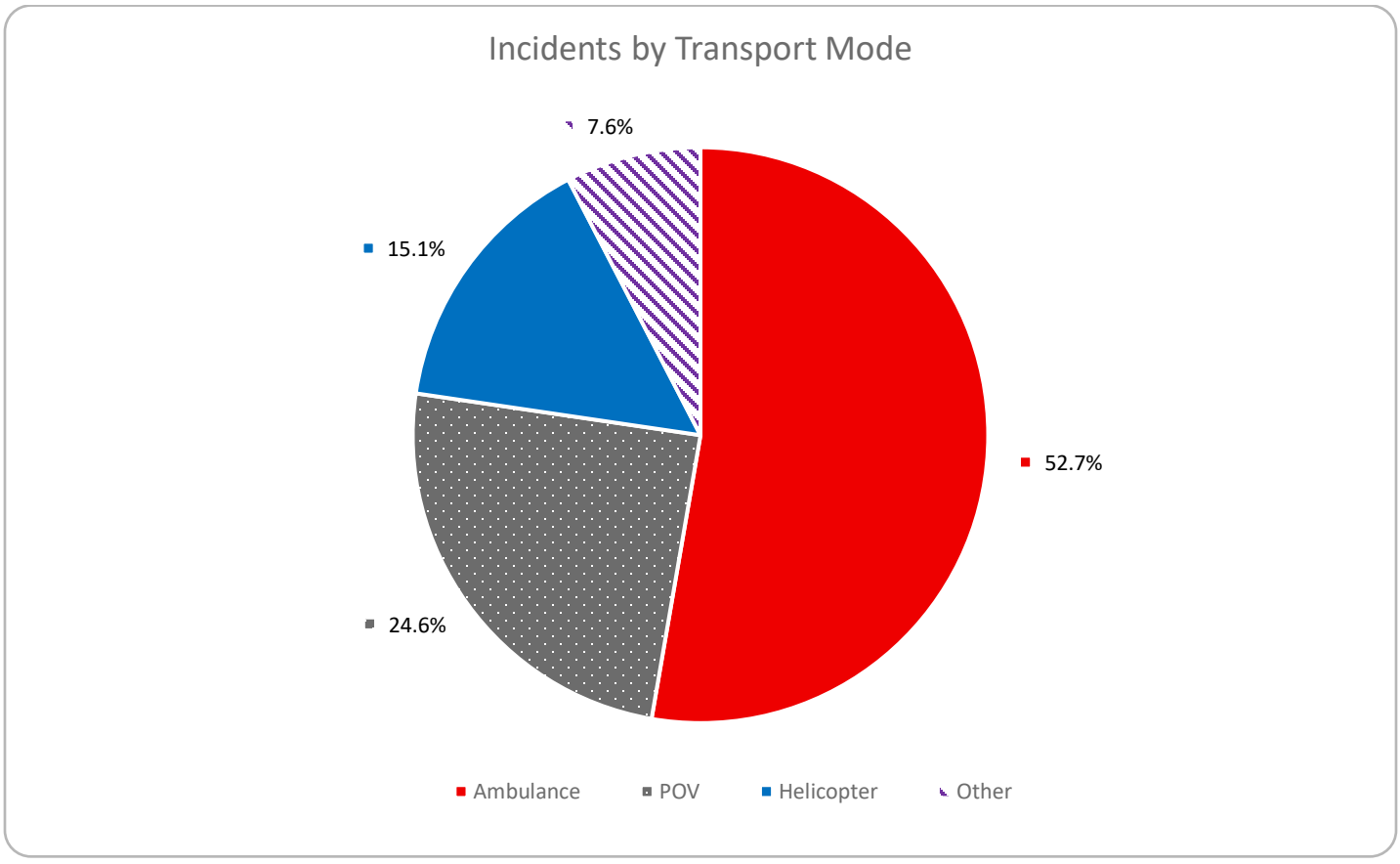

*Figure 1B: the pediatric survival rates are higher than the adult survival rates in each year. *
*The trends of pediatric, adult, and all-age survival rates increased from 2023 to 2025. *

## Table 2: Incidents by Transport Mode

More than half of the patients (52.7%) were transported by ambulance, 24.6% by privately owned vehicle (POV), and 15.1% by helicopter. Other modes of transport included Police, Fire, Fixed-Wing aircraft, and unclassified methods. Modes with less than 0.2% prevalence were combined into the "Other" category.

| Transport Mode | Total | Percent |
|---|---|---|
| Ambulance | 4,243 | 52.7% |
| POV | 1,980 | 24.6% |
| Helicopter | 1,213 | 15.1% |
| Other | 612 | 7.6% |

## Figure 2: Incidents by Transport Mode

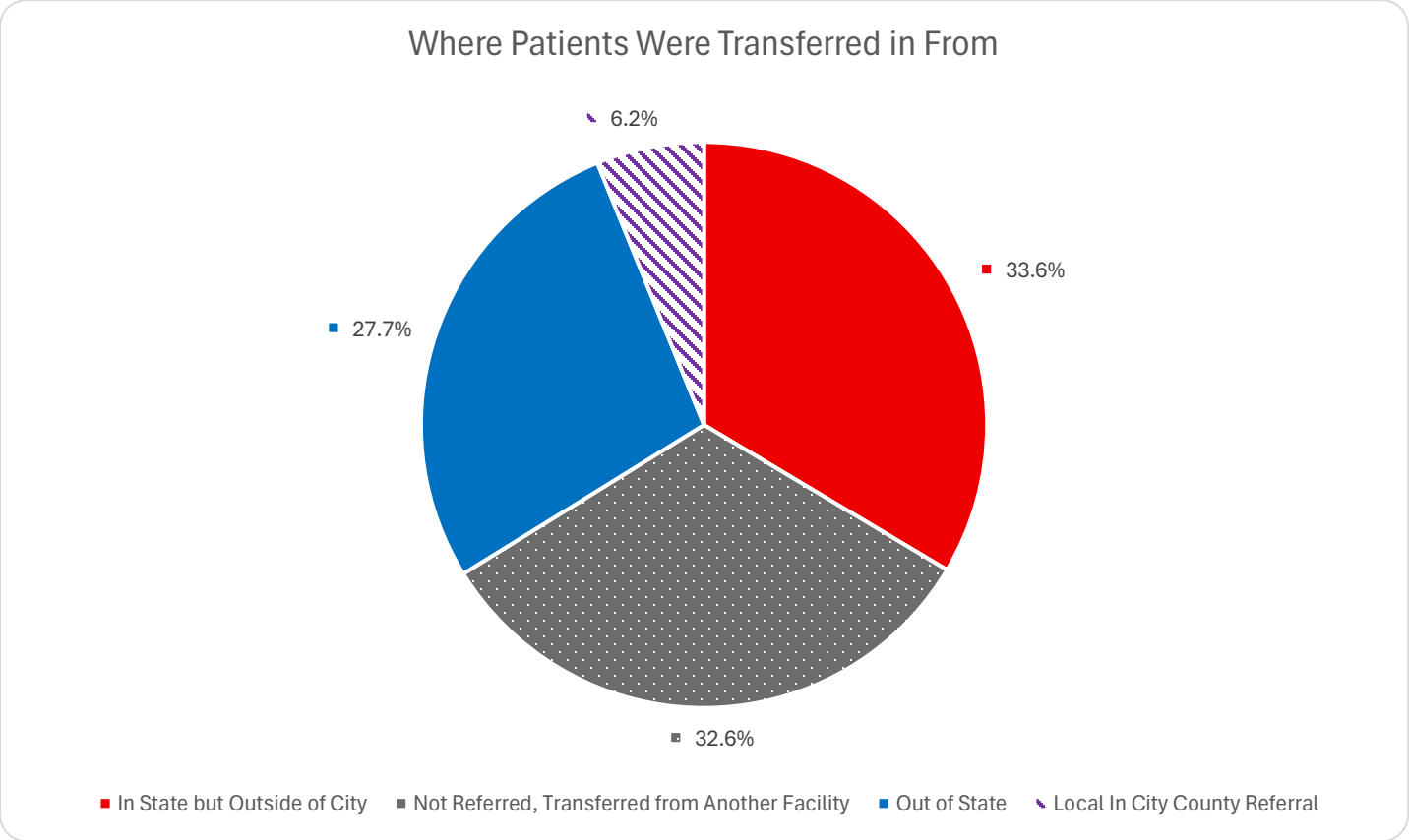


## Table 3: Where Patients Were Transferred in From

Approximately one-third of patients (33.6%) were transferred to a Georgia burn center from another in-state facility outside the burn center's city. An additional 32.6% were transferred from another facility but were not referred, **27.7% were transferred from out of state**, and 6.2% were transferred from a facility within the burn center's local city or county.

| Transferred in from | Total | Percent |
|---|---|---|
| In State but Outside of City | 2,667 | 33.6% |
| Not Referred, Transferred from Another Facility | 2,592 | 32.6% |
| Out of State | 2,198 | 27.7% |
| Local In City County Referral | 489 | 6.2% |
| **Total** | **7,946** | **100.0%** |

## Figure 3: Where Patients Were Transferred in From

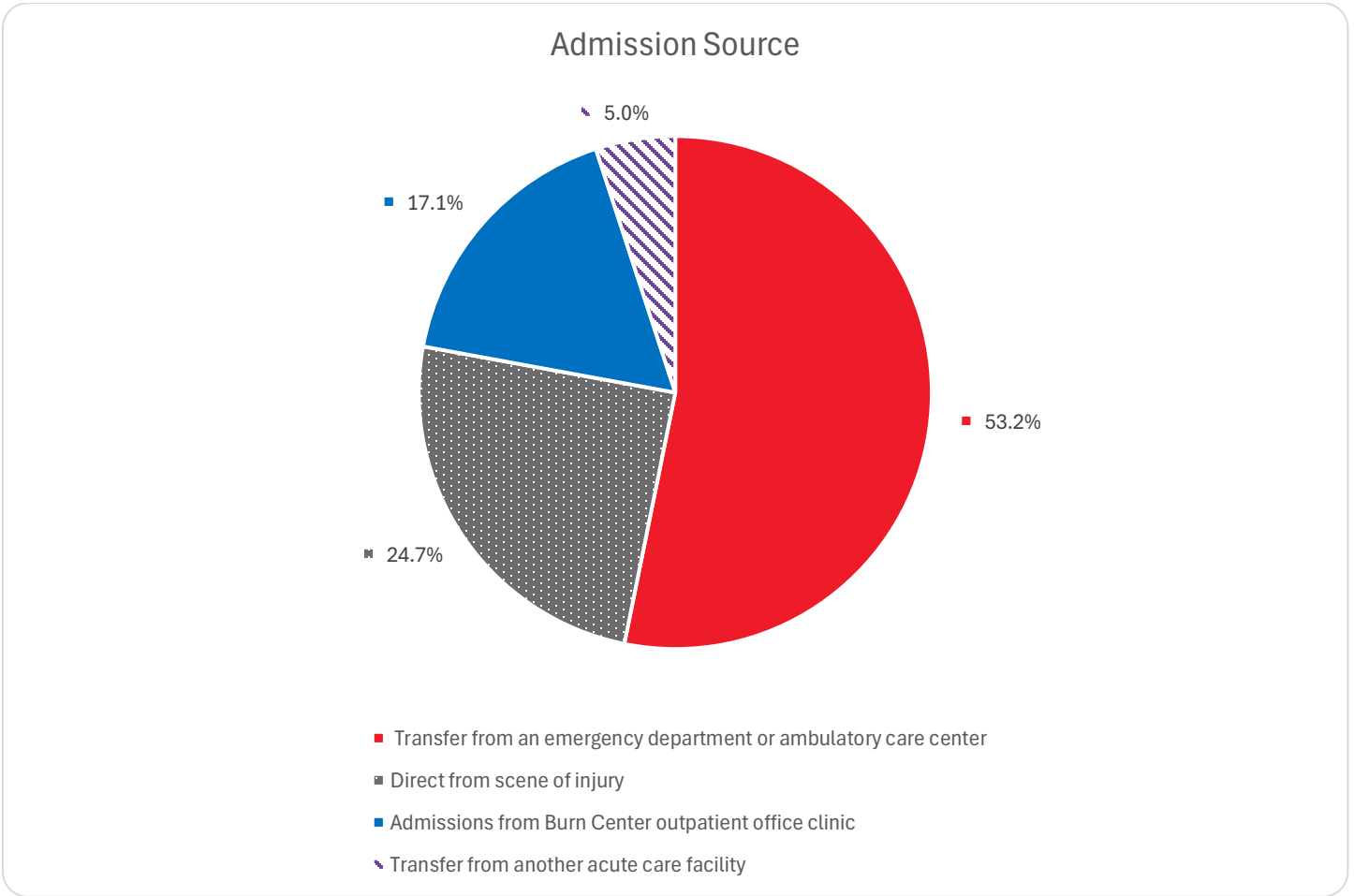


## Table 4: Admission Source

More than half of patients (53.2%) were admitted from an emergency department or ambulatory care center; 24.7% were admitted directly from the scene of injury; 17.1% were admitted from a burn center outpatient clinic, and 5.0% were transferred from another acute care facility.

| Admission Source | Total | Percent |
|---|---|---|
| Transfer from an emergency department or ambulatory care center | 4,271 | 53.2% |
| Direct from scene of injury | 1,983 | 24.7% |
| Admissions from Burn Center outpatient office clinic | 1,373 | 17.1% |
| Transfer from another acute care facility | 403 | 5.0% |
| **Total** | **8,030** | **100.0%** |

## Figure 4: Admission Source

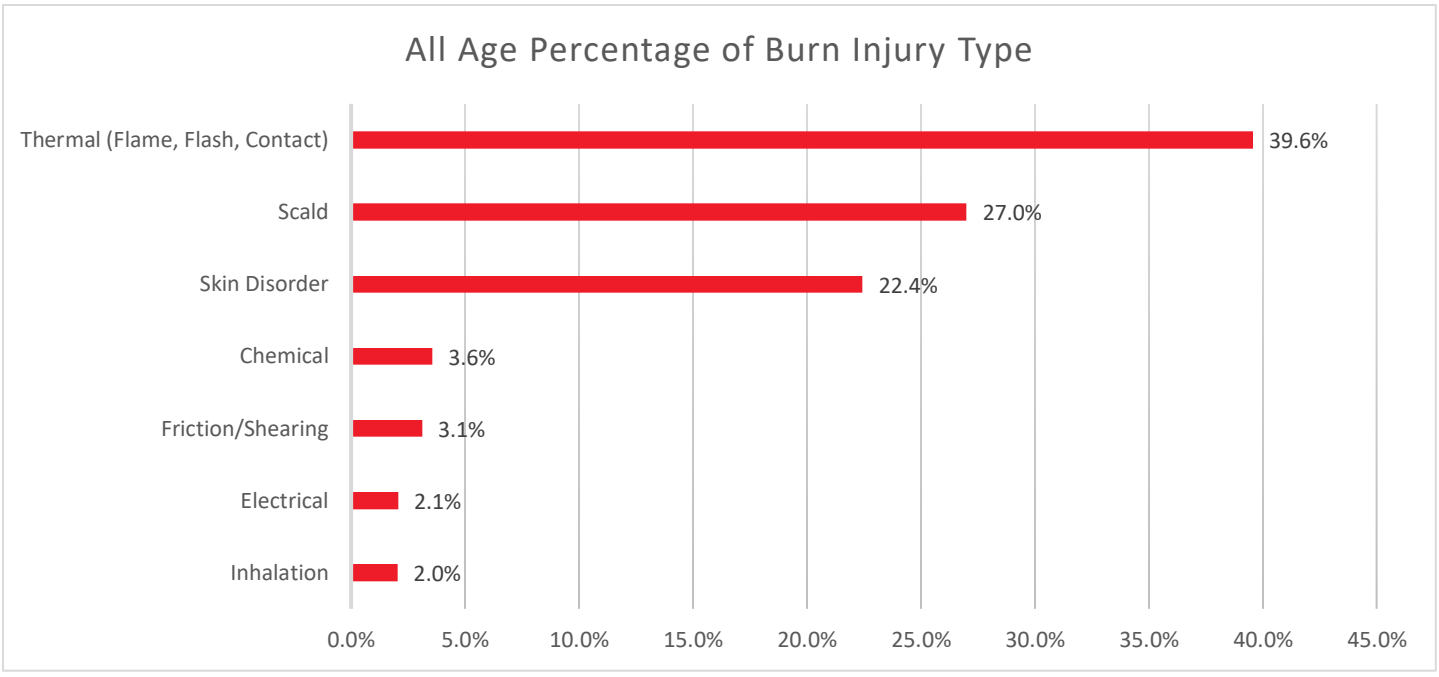


## Table 5: Burn Injury Type

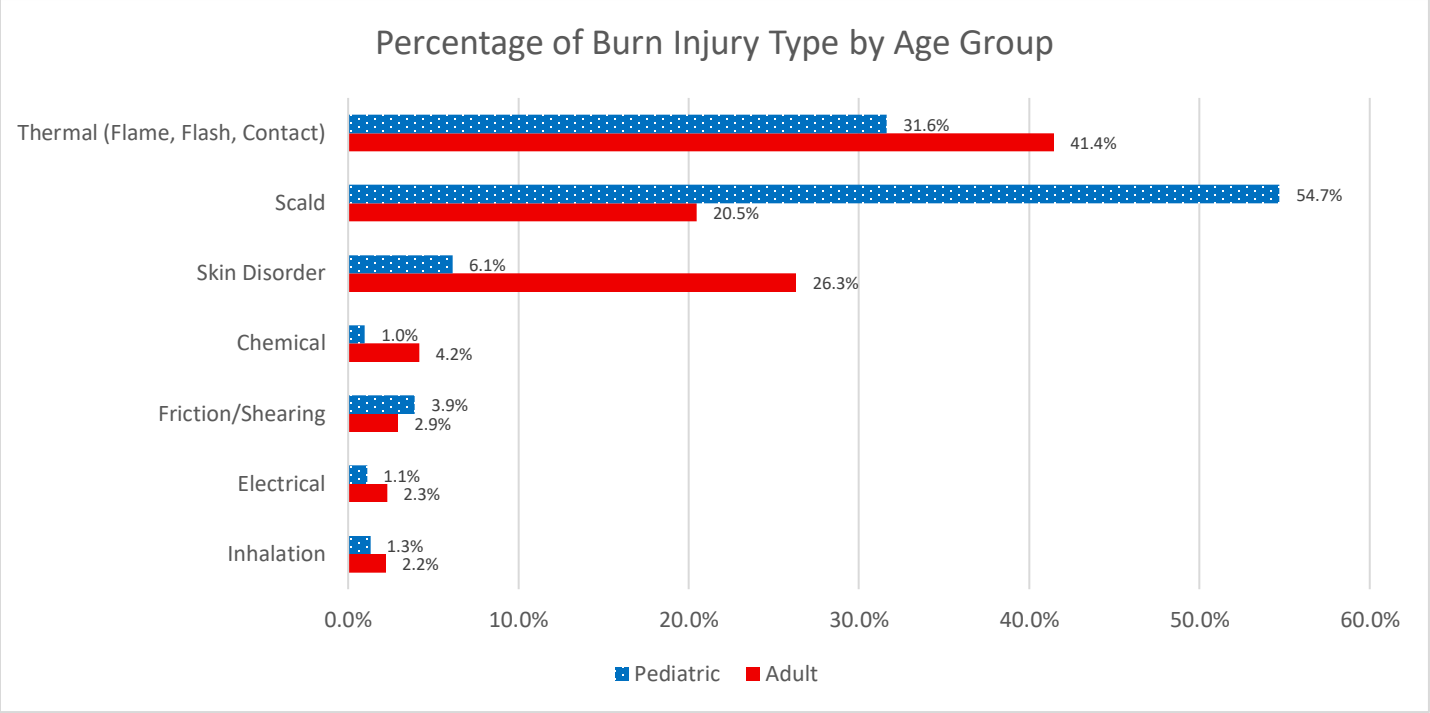
For all ages, thermal injuries were the most frequent (39.6%) burn injury type, followed by scald injury (27.0%) and skin disorder (22.4%). For the adult group, **thermal** injuries were the most frequent (41.4%) burn injury type, followed by skin disorder (26.3%) and scald (20.5%). For the pediatric group, **scald** injuries were the most frequent (54.7%), followed by the thermal injuries (31.6%) and skin disorder (6.1%). The distribution of burn injury types differed between pediatric and adult patients, with scald injuries accounting for more than half of pediatric burn injuries.

| Type | Adult 18+ y/o | Percent | Peds <=17 | Percent | Total | Percent |
|---|---|---|---|---|---|---|
| Thermal (Flame, Flash, Contact) | 2,682 | 41.4% | 484 | 31.6% | 3,166 | 39.6% |
| Scald | 1,324 | 20.5% | 837 | 54.7% | 2,161 | 27.0% |
| Skin Disorder | 1,702 | 26.3% | 94 | 6.1% | 1,796 | 22.4% |
| Chemical | 270 | 4.2% | 15 | 1.0% | 285 | 3.6% |
| Friction/Shearing | 189 | 2.9% | 60 | 3.9% | 249 | 3.1% |
| Electrical | 148 | 2.3% | 17 | 1.1% | 165 | 2.1% |
| Inhalation | 143 | 2.2% | 20 | 1.3% | 163 | 2.0% |
| Radiant/Laser | 14 | 0.2% | 3 | 0.2% | 17 | 0.2% |
| **Total** | **6,472** | **100.0%** | **1,530** | **100.0%** | **8,002** | **100.0%** |

## Figure 5A: All Age Percentage of Burn Injury Type



## Figure 5B: Percentage of Burn Injury Type by Age Group



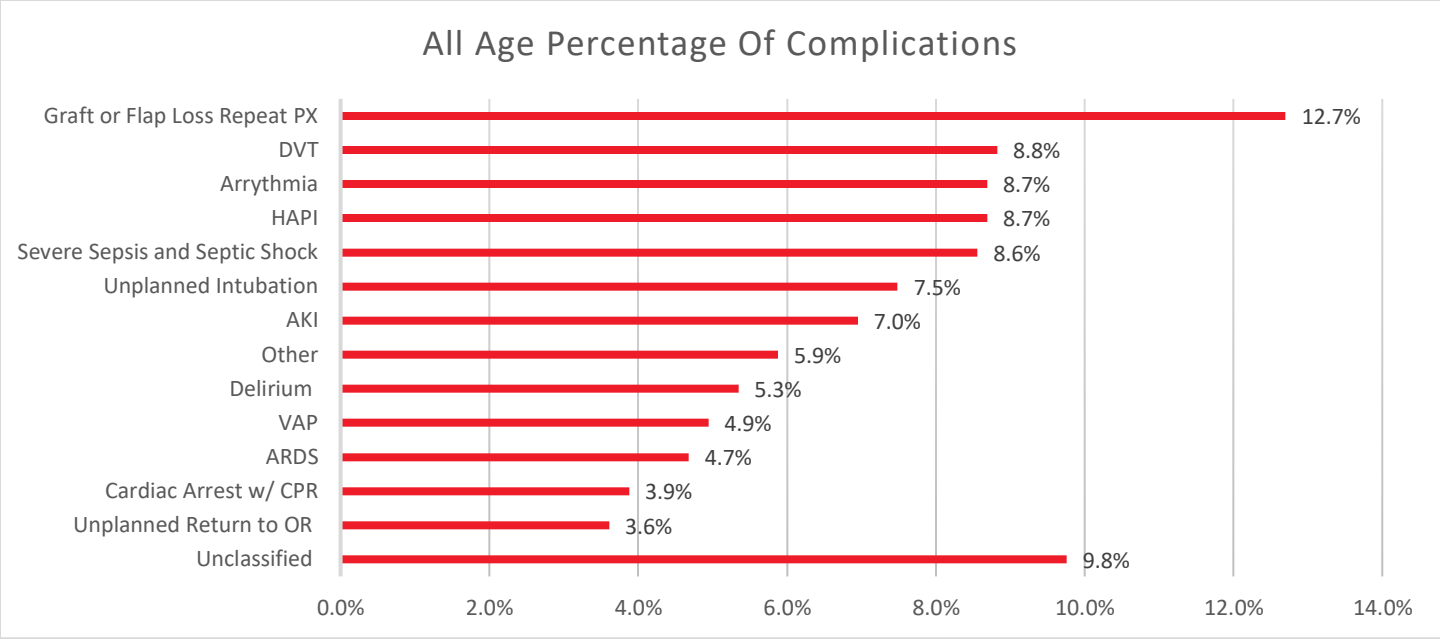
## Table 6: Types of Complications

This table presents the number and percentage of complications. Among adults, Graft or Flap Loss Repeat PX (12.8%) was the most frequent complication, followed by DVT (8.9%), Arrhythmia (8.9%), and HAPI (8.8%). Among pediatric patients, VAP and Cardiac Arrest w/CPR were the most frequent complications. Across all age groups, Graft or Flap Loss requiring repeat procedure (12.7%) was the most common complication, followed by DVT (8.8%), HAPI (8.7%), Arrhythmia (8.7%), and Severe sepsis or Septic Shock (8.6%). Complications that individually accounted for less than 3% of cases were combined into the "Unclassified" category.

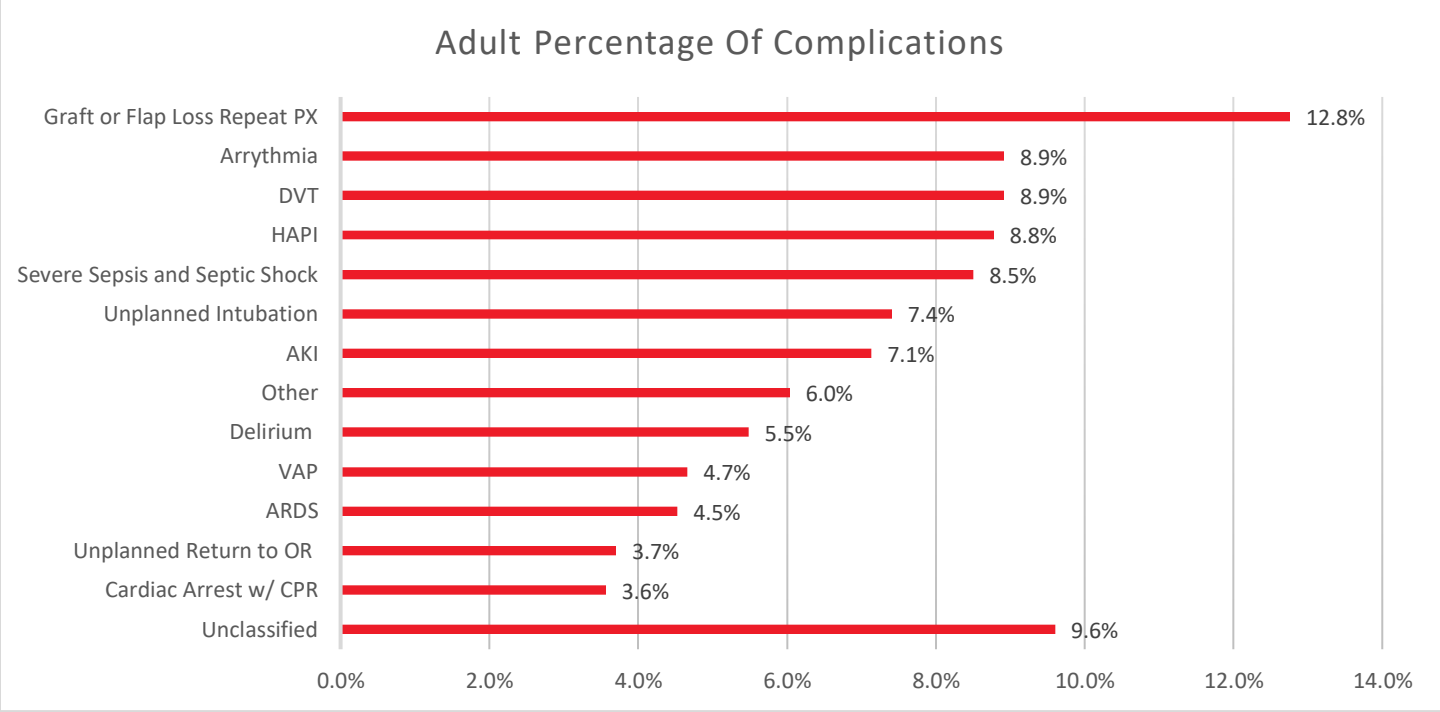
*Unclassified complications include: Aspiration Pneumonia, Catheter Associated Urinary Tract Infection, Osteomyelitis, Surgical Site Infection, Stroke CVA, Acute Adrenal Insufficiency, Brain Death, Pulmonary Embolism, CLABSI, C Diff Infection, Acute Stress Disorder, Alcohol Withdrawal Syndrome, Myocardial Infarction, Compartment Syndrome, Rhabdomyolysis.

| Complications | Adult | Adult Percent | Pediatrics Percent | Pediatrics Percent | All Age Total | All Age Percent |
|---|---|---|---|---|---|---|
| Graft or Flap Loss Repeat PX | 93 | 12.8% | 2 | 10.5% | 95 | 12.7% |
| DVT | 65 | 8.9% | 1 | 5.3% | 66 | 8.8% |
| HAPI | 64 | 8.8% | 1 | 5.3% | 65 | 8.7% |
| Arrythmia | 65 | 8.9% | 0 | 0.0% | 65 | 8.7% |
| Severe Sepsis and Septic Shock | 62 | 8.5% | 2 | 10.5% | 64 | 8.6% |
| Unplanned Intubation | 54 | 7.4% | 2 | 10.5% | 56 | 7.5% |
| AKI | 52 | 7.1% | 0 | 0.0% | 52 | 7.0% |
| Other | 44 | 6.0% | 0 | 0.0% | 44 | 5.9% |
| Delirium | 40 | 5.5% | 0 | 0.0% | 40 | 5.3% |
| VAP | 34 | 4.7% | 3 | 15.8% | 37 | 4.9% |
| ARDS | 33 | 4.5% | 2 | 10.5% | 35 | 4.7% |
| Cardiac Arrest w/ CPR | 26 | 3.6% | 3 | 15.8% | 29 | 3.9% |
| Unplanned Return to OR | 27 | 3.7% | 0 | 0.0% | 27 | 3.6% |
| Unclassified | 70 | 9.6% | 3 | 15.8% | 73 | 9.8% |
| **TOTAL** | **729** | **100.0%** | **19** | **100.0%** | **748** | **100.0%** |

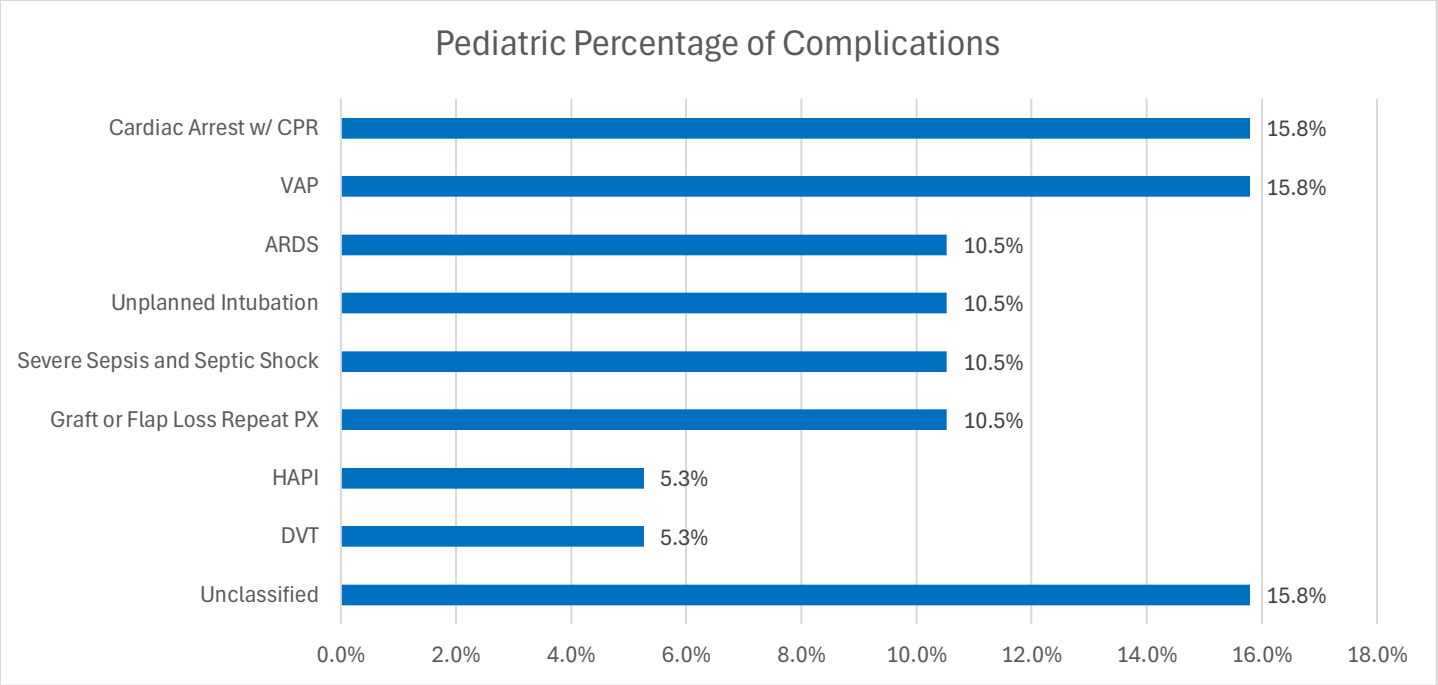
## Figure 6A1: All Age Percentage of Complications




## Figure 6A2: Adult Percentage of Complications



## Figure 6A3: Pediatric Percentage of Complications

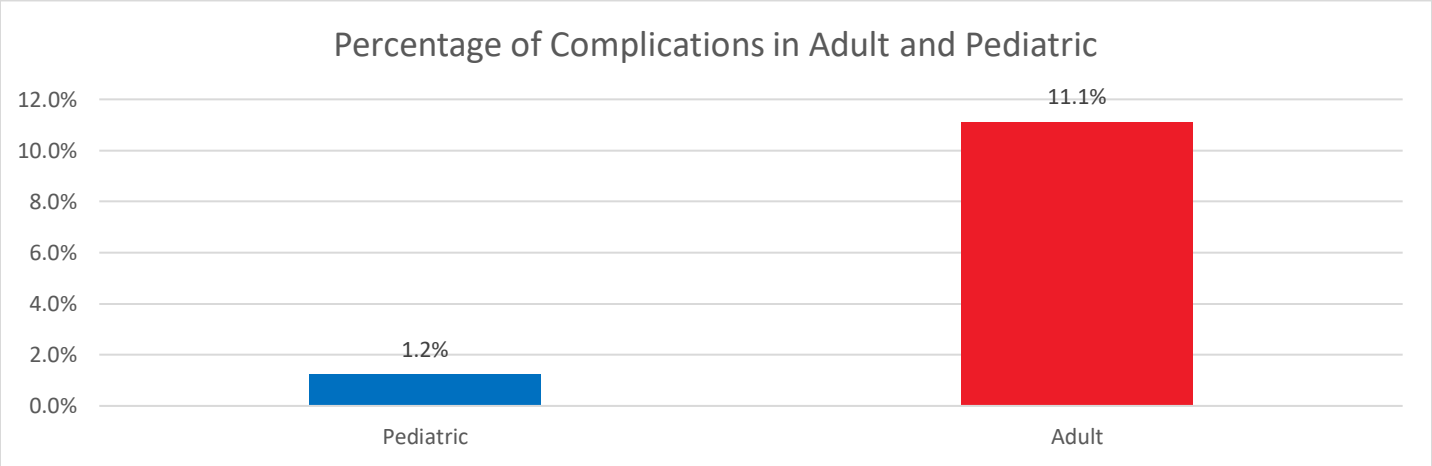



## Table 6B: Percentage of all Complications by Age Group

The percentage of complications in the adult group was much higher than that in the Pediatric group.

| Age Group | Incidents | Complications | Percent of Complications |
|---|---|---|---|
| Pediatric | 1,548 | 19 | 1.2% |
| Adult | 6,572 | 729 | 11.1% |

## Figure 6B: Percentage of Complications by Adult and Pediatric Age Group

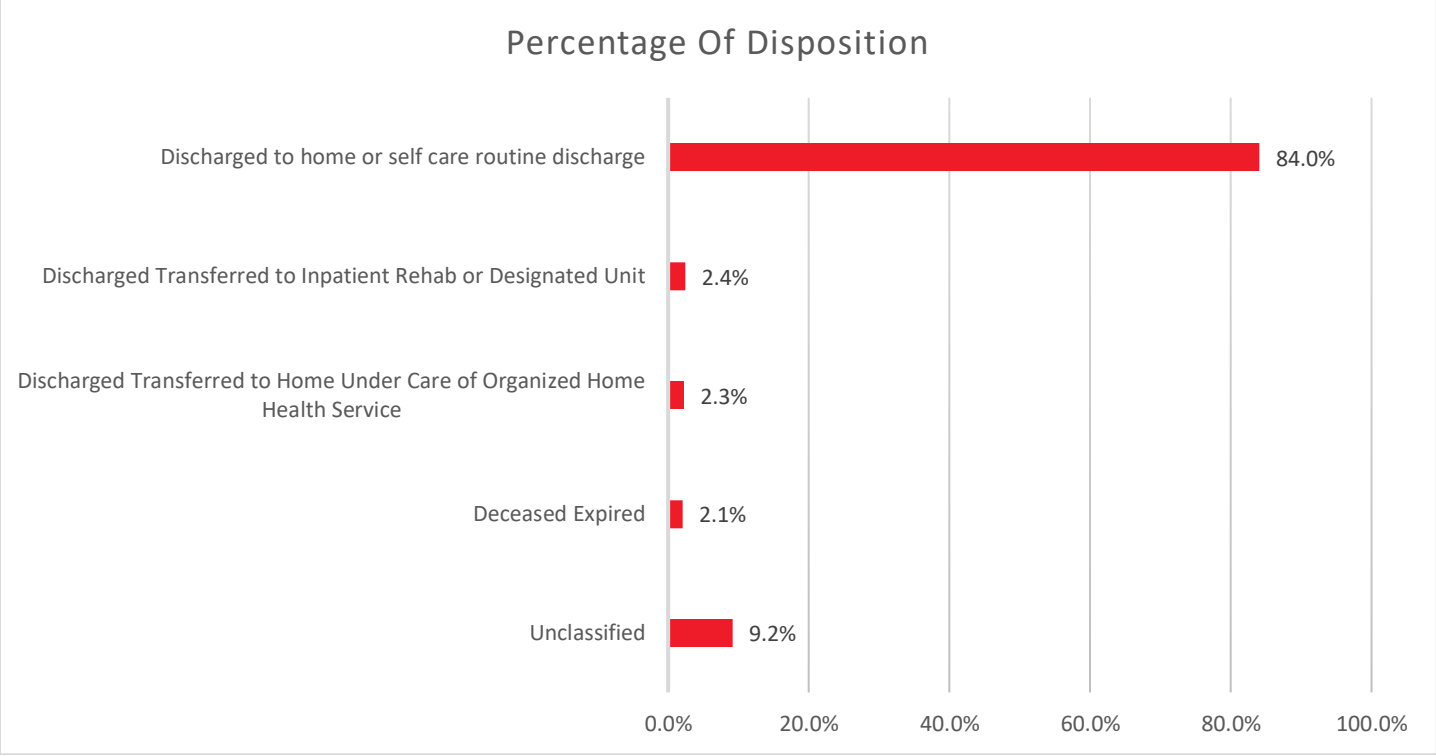


## Table 7: Hospital Disposition

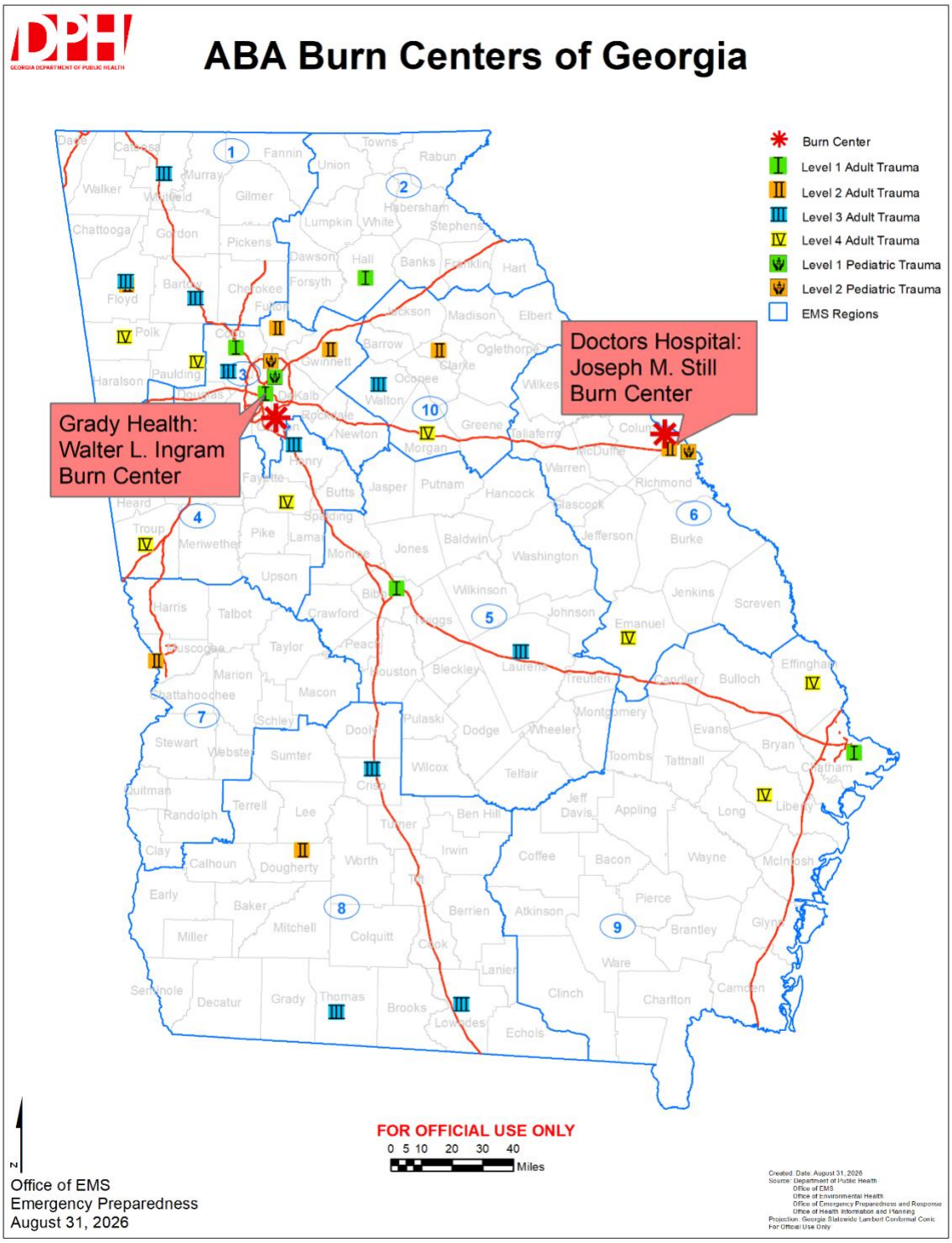
This table presents the hospital discharge dispositions for 7,997 burn cases (with 123 records missing disposition data). The overall hospital mortality rate was 2.1%, representing 166 deaths. Most patients (84.0%) were discharged home or to self-care. The 'unclassified' category includes dispositions under 2%.

| Disposition | Total | Percent |
|---|---|---|
| Discharged to home or self-care routine discharge | 6,720 | 84.0% |
| Discharged Transferred to Inpatient Rehab or Designated Unit | 194 | 2.4% |
| Discharged Transferred to Home Under Care of Organized Home Health Service | 182 | 2.3% |
| Deceased/Expired | 166 | 2.1% |
| Unclassified | 735 | 9.2% |
| **Total** | **7,997** | **100.0%** |

## Figure 7: Percentage of Disposition



# APPENDIX 1: GEORGIA TRAUMA SYSTEM MAP



# APPENDIX 2: ABA REGISTRY CRITERIA

The data presented in the Georgia Burn Injury Report is provided by the designated burn centers in Georgia. The facilities are verified by the American Burn Association (ABA); therefore, centers follow the data quality standards established by the ABA. The ABA Burn Care Quality Data Dictionary applies to all patient data submitted to the ABA registry. Facilities have the option to use the ABA Burn Care Quality platform or another software.

Per the ABA data dictionary, patients included in the registry must meet admission, diagnosis, and length of stay requirements. Acceptable admissions include patients admitted by the burn service; patients initially seen by another service and subsequently transferred to the burn service; follow-up admissions; and admissions for reconstructive treatment of an unhealed acute burn or nonburn injury.

Burn registry records must contain a diagnosis from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code ranges:

- T20-T32, T58, or T59
- S00, S07, S10, S17, S20, S28, S30, S38, S40, S47, S50, S57, S60, S67, S70, S77, S80, S87, S90, or S97
- L12 or L51
- D65
- M72.6

In addition to a qualifying ICD-10-CM diagnosis code, burn registry patients must meet one or more of the following eligibility requirements:

- had a surgical operation at the burn center regardless of hospital length of stay,
- died at the burn center
- had a length of stay of 24 hours (1 day) or more,
- admitted and discharged home alive after a burn center length of stay of less than 24 hours, including Observation status patients admitted to the burn service.

Exclusions for burn registry records:

- admissions to a burn center outpatient setting
- initial admissions for reconstructive treatment of an already healed acute burn or non-burn injury
- patients who arrive in the emergency department with no pulse and without the return of spontaneous cardiac circulation.

# APPENDIX 3: ABBREVIATIONS AND DEFINITIONS

- ABA: American Burn Association
- AKI: Acute Kidney Injury
- ARDS: Acute Respiratory Distress Syndrome
- BCQ: Burn Care Quality
- CPR: Cardiopulmonary Resuscitation
- DVT: Deep Vein Thrombosis
- ER: Emergency Room
- HAPI: Hospital-Acquired Pressure Injury
- ICD-10-CM: International Classification of Diseases, Tenth Revision, Clinical Modification
- OEMST: Office of Emergency Medical Services and Trauma
- OBCPE: On-Going Burn Center Performance Evaluation
- OR: Operating Room
- VAP: Ventilator-Associated Pneumonia


DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH