

CARBON MONOXIDE POISONINGS

2014

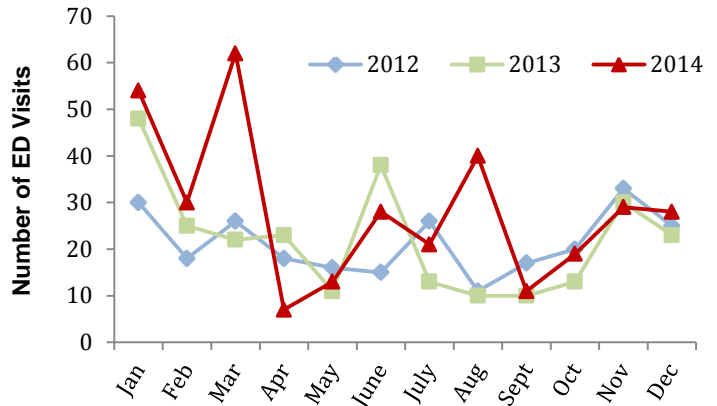
Emergency Department (ED) Visits

342 ED visits related to unintentional, non-fire related carbon monoxide (CO) poisoning were identified in North Carolina in 2014

	N (%)		N (%)
Sex		Disposition	
Female	168 (49)	Admitted	34 (10)
Male	174 (51)	Discharged	266 (78)
Age Group (Yrs.)		Left without advice	7 (2)
0–17	58 (17)	Observation	3 (<1)
18–34	105 (31)	Other / Unknown	4 (1)
35–64	142 (41)	Transferred	28 (8)
65+	37 (11)	Insurance	
Exposure Site		Medicaid	70 (20)
Home	86 (25)	Medicare	48 (14)
Public Building	6 (2)	Other / Unknown	43 (13)
School	1 (<1)	Private	74 (22)
Unspecified	168 (49)	Self-Pay	56 (16)
Vehicle	14 (4)	Worker's Compensation	51 (15)
Workplace	67 (20)		

Percentages may not add to 100 due to rounding

Figure 1. ED visits related to unintentional, non-fire related CO poisoning by month and year, North Carolina, 2012–2014



Summary of ED Visits

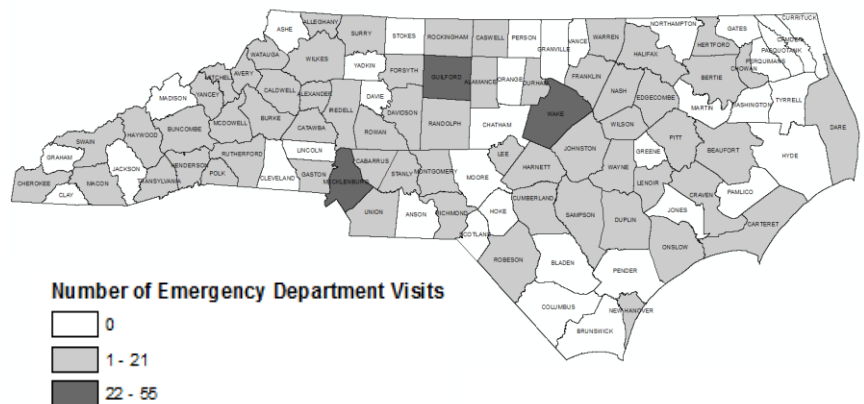
- Age group 35–64 was admitted or transferred¹ more often (51%) compared to other age groups in 2014.
- A greater number of ED visits for CO poisoning occurred in 2014 compared to 2013 (266) and 2012 (255).
- March 2014 had highest number of ED visits, potentially due to a high occurrence of ice and snow storms.
- Common reported exposure sources were gas generators and portable heaters.

Carolinas Poison Center (CPC) Calls

CPC received 202 calls^{2,3} related to unintentional CO exposure in North Carolina, 18 calls requesting CO information, and 12 calls related to CO alarm use.

- A total of 345 exposed people were mentioned:
 - 179 (47%) Female
 - 163 (52%) Male
 - 3 (<1%) Unknown
- Site of exposure:
 - 16 (5%) Other
 - 2 (1%) Public area
 - 271 (78%) Residence
 - 1 (<1%) School
 - 55 (16%) Workplace

Figure 2. 2014 North Carolina ED Visits by County



¹Hospital admission or transfer disposition can be used as a possible indicator of severity of ED visit.

²We do not have ability to determine extent of overlap between CPC calls and ED visits. Therefore, they are analyzed separately.

³We do not have ability to determine if CPC calls were related to fires.

NOTE: NC DETECT (www.ncdetect.org) search criteria for ED visits: ICD-9-CM diagnostic code 986 or external cause of injury code E868.3, E868.8, E868.9, E982.1, E868.2 or E982.0 for North Carolina residents who visited North Carolina hospitals. ED visits related to self-inflicted or fire-related exposures were excluded. CPC calls were filtered by substance and included when unintentional CO exposure, CO alarm use or a request for CO information was documented.

NC DETECT is a statewide public health syndromic surveillance system, funded by the N.C. Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee is not responsible for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.