

CARBON MONOXIDE POISONINGS

December 2015

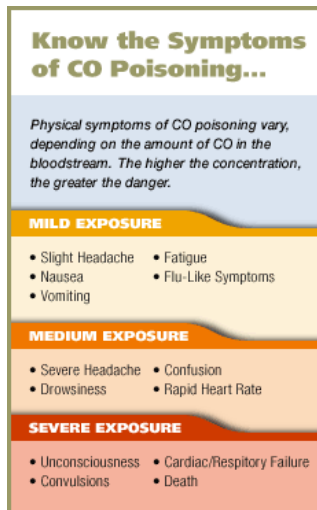


Image courtesy of Elkridge (MD) Volunteer Fire Department

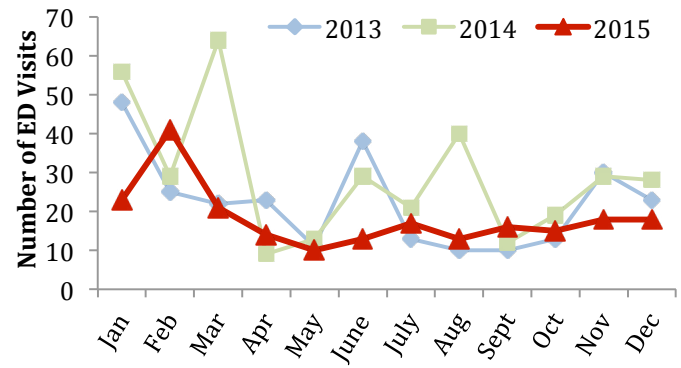
Table. 18 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
Sex	
Female	8 (44)
Male	10 (56)
Age Group (yrs.)	
0-9	0 (0)
10-24	4 (22)
25-44	5 (28)
45-64	6 (33)
65+	3 (17)
Disposition	
Admitted	5 (28)
Discharged	10 (56)
Left without advice/ against medical advice	3 (17)

	N (%)
Insurance	
Medicaid	4 (22)
Medicare	3 (17)
Private	3 (17)
Self-pay	2 (11)
Workers' compensation	5 (28)
Unknown	1 (6)

Percentages may not add to 100 due to rounding

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



December 2015 CO Exposure Descriptions

- Four employees of a pharmacy went to the hospital after being exposed to CO from a faulty gas heater at their workplace.

Carolinans Poison Center (CPC)

The CPC received 20 calls^{1,2} related to unintentional CO exposure in North Carolina and two calls related to CO alarm use.

- 31 exposed people were mentioned:
 - 16 (52%) Female
 - 13 (42%) Male
 - 2 (6%) Unknown
- Site of exposure:
 - 1 (3%) Public Area
 - 27 (87%) Residence
 - 2 (6%) Workplace
 - 1 (3%) Other

¹We do not have the ability to determine the extent of overlap between CPC calls and ED visits. Therefore, they are analyzed separately.

²We do not have the ability to determine if CPC calls were related to fires.

NOTE: NC DETECT (www.ncdetect.org) search criteria for ED visits: ICD-10-CM code T58 for N.C. residents who visited N.C. 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.