

CARBON MONOXIDE POISONINGS

March 2015

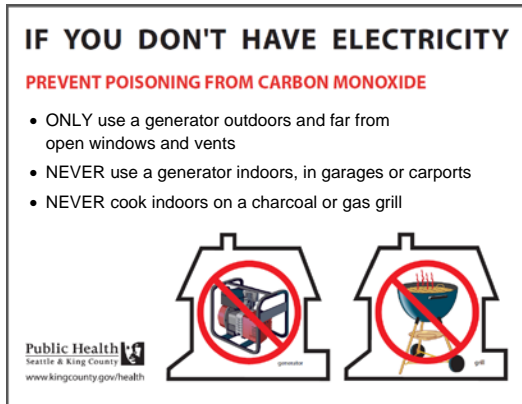


Image courtesy of King County (WA) Public Health

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

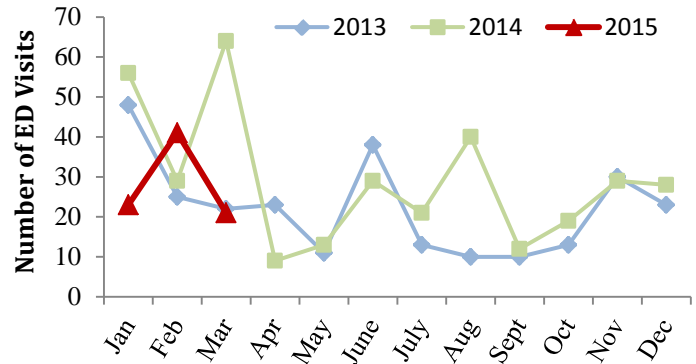


Table. 21 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)		N (%)
Sex		Insurance	
Female	13 (62)	Medicaid	3 (14)
Male	8 (38)	Medicare	2 (10)
Age Group (yrs)		Private	3 (14)
0-9	4 (19)	Self-pay	2 (10)
10-24	2 (10)	Workers' compensation	4 (19)
25-44	9 (43)	Other	4 (19)
45-64	5 (24)	Unspecified	3 (14)
65+	1 (5)		
Disposition			
Admitted	2 (10)		
Discharged	14 (67)		
Observation	3 (14)		
Transferred	2 (10)		

Percentages may not add to 100 due to rounding

March 2015 CO Exposure Descriptions

- Three residents of a home and four police officers were exposed to CO after a car was unintentionally left running overnight in the home's attached garage.
- Several people were exposed to CO while using a charcoal grill inside their home.

Carolinas Poison Center (CPC)

The CPC received 26 calls^{1,2} related to unintentional CO exposure in North Carolina, 2 calls requesting CO information, and 2 calls related to CO alarm use.

- 49 exposed people were mentioned:
 - 25 (51%) Female
 - 18 (37%) Male
 - 6 (12%) Unknown
- Site of exposure:
 - 29 (59%) Residence
 - 13 (27%) Workplace
 - 7 (14%) Other/ Unknown

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-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.