

# CARBON MONOXIDE POISONINGS

## 2015

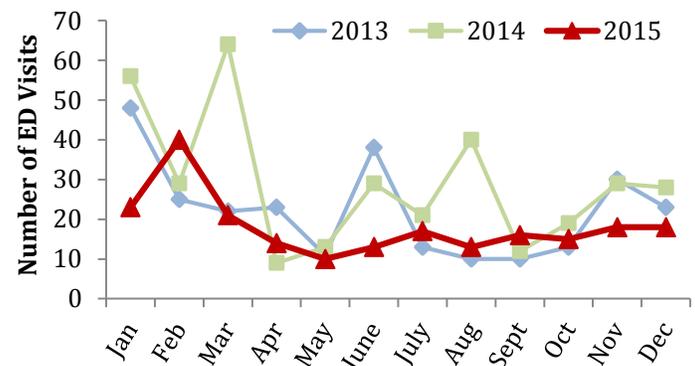
### Emergency Department (ED) Visits

218 ED visits related to unintentional, non-fire related carbon monoxide (CO) poisoning were identified in North Carolina in 2015

Sex		Disposition	
	N (%)		N (%)
Female	106 (49)	Admitted	29 (13)
Male	112 (51)	Died	1 (<1)
Age Group (Yrs.)		Insurance	
0-17	29 (13)	Medicaid	45 (21)
18-34	70 (32)	Medicare	34 (16)
35-64	93 (42)	Other / Unknown	35 (16)
65+	26 (12)	Private	42 (19)
Exposure Site		Self-Pay	32 (15)
Home	29 (13)	Worker's Compensation	30 (14)
Public Building	2 (1)		
School	0 (0)		
Unspecified	150 (69)		
Vehicle	5 (3)		
Workplace	32 (15)		

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, 2013-2015



### Summary of ED Visits

- A decline of ED visits for CO poisoning was observed in 2015 compared to 2014 (342) 2013 (266) and 2012 (255)
- February 2015 had highest number of ED visits, potentially due to a high occurrence of ice and snow storms
- Occupational CO exposures accounted for 15 % equally distributed among males and females, 10% stayed overnight for observation, and 10% used self-pay as a method of payment instead of workers' compensation

### Carolinas Poison Center (CPC) Calls

CPC received 219 calls<sup>2, 3</sup> related to unintentional CO exposure in North Carolina, 18 calls requesting CO information, and 20 calls related to CO alarm use.

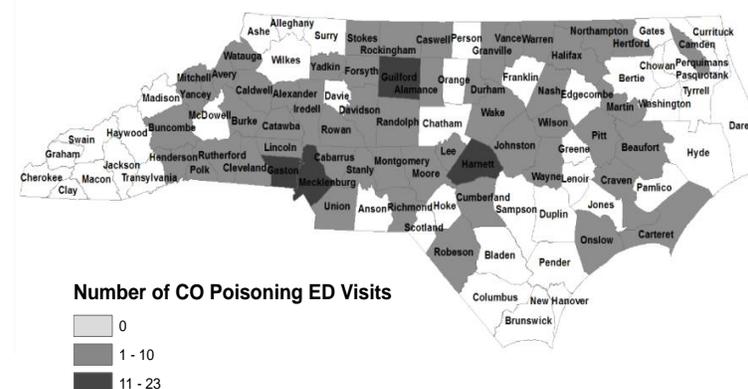
- A total of 366 exposed people were mentioned:
  - 197 (47%) Female
  - 155 (52%) Male
  - 14 (<1%) Unknown
- Site of exposure:
  - 13 (5%) Other/Unknown
  - 7 (1%) Public area
  - 289 (78%) Residence
  - 1 (<1%) School
  - 56 (16%) Workplace

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

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

<sup>3</sup>We do not have ability to determine if CPC calls were related to fires.

**Figure 2.** 2015 North Carolina ED Visits by County



**NOTE:** NC DETECT ([www.ncdetect.org](http://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.