

# CARBON MONOXIDE POISONINGS

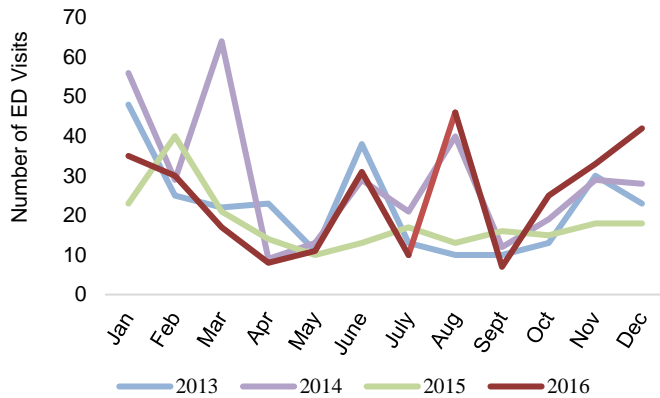
## 2016 Annual Report

### Emergency Department (ED) Visits

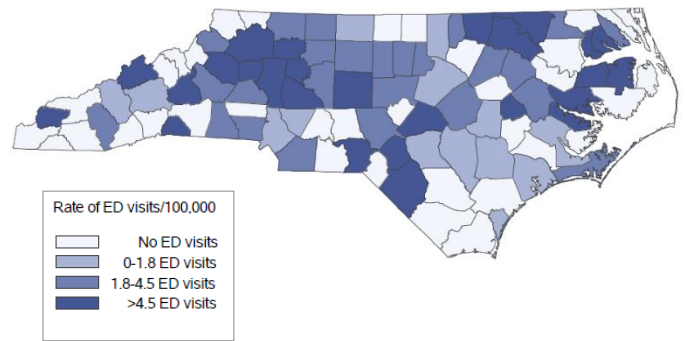
In 2016, there were **295 ED visits** for unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina.

- Common exposure sources: generators, vehicles, propane/kerosene heaters, power tools, HVAC systems
- August and December had the greatest number of ED visits (Figure 1), potentially due to weather-related power outages
- ED visits occurred in all regions of the state (Figure 2)

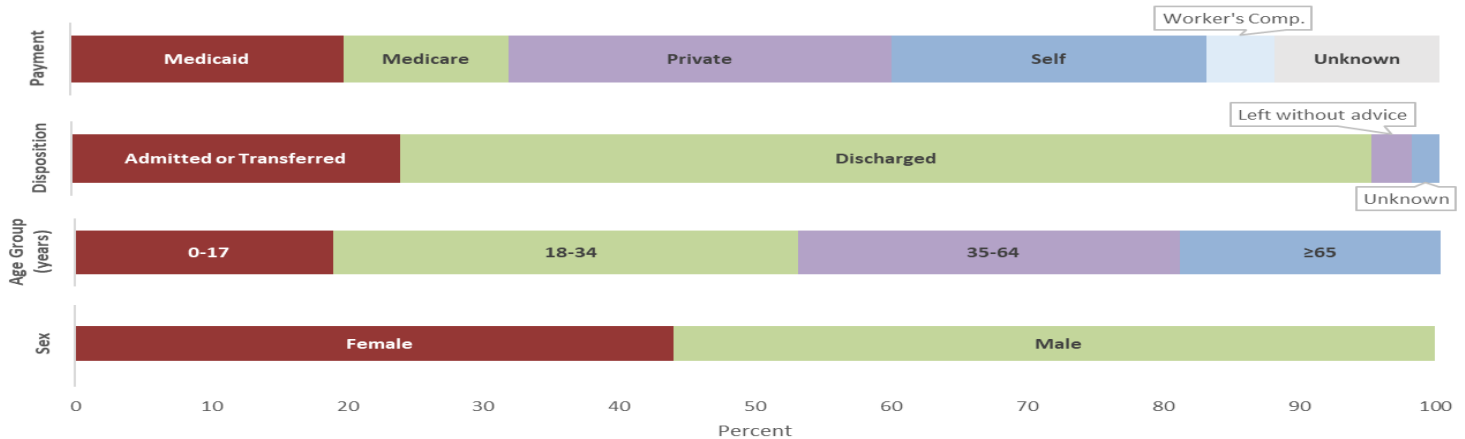
**Figure 1.** ED visits related to unintentional, non-fire related CO poisoning by month and year, North Carolina, 2013–2016



**Figure 2.** Rate of ED visits related to unintentional, non-fire related CO poisoning by county, North Carolina, 2016

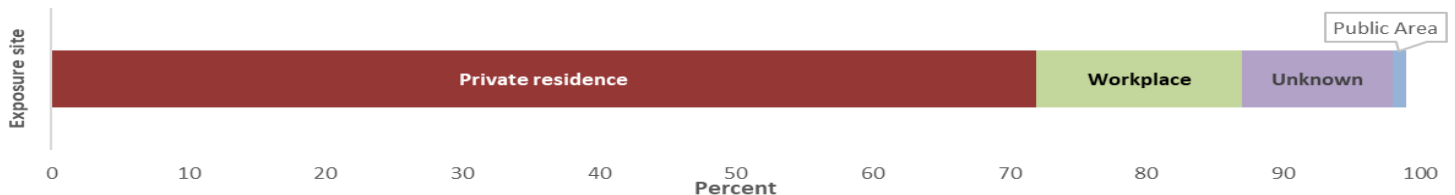


**Figure 3.** Characteristics of patients and ED visits related to unintentional, non-fire related CO poisoning, North Carolina, 2016



### Carolinas Poison Center (CPC) Calls

CPC received **208 calls** about unintentional CO exposure in North Carolina; **396 exposed people** were mentioned,\* who were reported to be exposed to carbon monoxide in the following locations.



\*We are not able to determine if CPC calls are related to fires and cannot identify overlap between CPC calls and ED visits.

For information about CO poisoning prevention, visit [http://epi.publichealth.nc.gov/oe/a\\_z/co.html](http://epi.publichealth.nc.gov/oe/a_z/co.html)

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 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.

