

CARBON MONOXIDE POISONINGS

MONTHLY REPORT

April 2014



Courtesy of Cornwall Council: www.cornwall.gov.uk/carbonmonoxide
and Carbon Monoxide Awareness Ltd: www.covictim.org

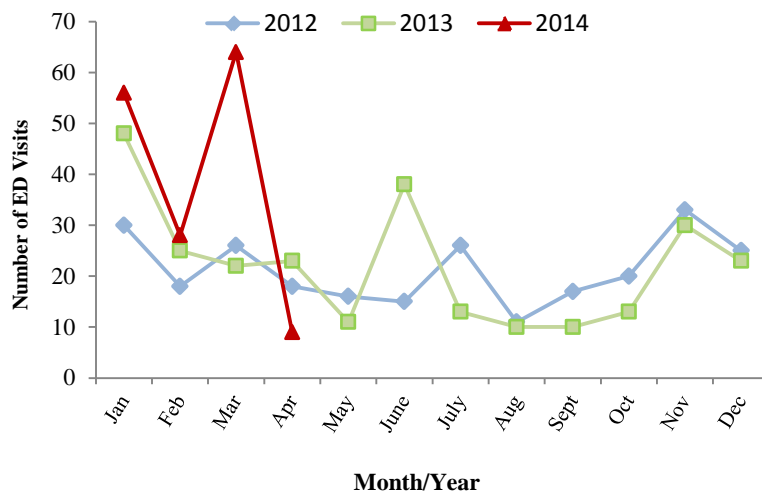
Emergency Department (ED) Visits: 9 visits related to unintentional non-fire related carbon monoxide (CO) poisoning were identified.

Table 1. ED visits related to unintentional non-fire-related CO poisoning, North Carolina

April 2014	ED Visits
	N (%)
Total	9
Female	6 (67)
Male	3 (33)
Age Group (years)	
0-9	0 (0)
10-24	0 (0)
25-44	4 (45)
45-64	3 (33)
65+	2 (22)
Exposure Site	
Home	0 (0)
Workplace	1 (11)
Unspecified	8 (89)
Disposition	
Admitted	3 (33)
Discharged	6 (67)

NOTE: N.C. DETECT (Disease Event Tracking and Epidemiologic Collection Tool; www.ncdetect.org) search criteria: 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. ED visits related to self-inflicted or fire-related exposures (identified by keywords "fire" or "smoke") were excluded. CPC calls were filtered by substance and calls were included when unintentional exposure to CO was documented (whether or not additional substances were mentioned). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

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



Carolinan Poison Center (CPC): In addition to ED visits, 12 calls^{1,2} related to unintentional CO exposure were captured through the CPC.

- 21 exposed persons were mentioned in the 12 calls:
 - 12 (57%) Female
 - 8 (38%) Male
 - 1 (5%) Unspecified
- Site of exposure:
 - 7 (33%) Residence
 - 13 (62%) Workplace
 - 1 (5%) Unidentified

April 2014 CO Exposure Descriptions

- Common symptoms described by victims included respiratory difficulty, headache, and vomiting.
- Medicaid and self-pay combined made up 44 percent of the payment sources for ED visits.
- Higher numbers of ED visits were noted during March's ice and snow storms, which resulted in many power outages.
- Higher numbers of ED visits were also noted on days of extreme cold and snow in January.

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

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