CARBON MONOXIDE POISONINGS

MONTHLY REPORT DECEMBER 2013



Courtesy of CDC: Tools.cdc.gov/ecards/

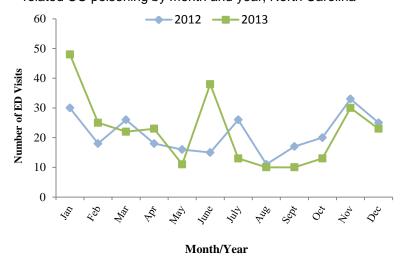
Emergency Department (ED) Visits: 23 visits related to unintentional non-fire related carbon monoxide (CO) exposure were identified.

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

December 2013	ED Visits
	N (%)
Total	23
Female	7 (30)
Male	16 (70)
Age Group (years)	
0–9	2 (9)
10–24	7 (30)
25–44	8 (35)
45–64	6 (26)
65+	0 (0)
Exposure Site	
Home	5 (22)
Public building	1 (4)
Workplace	2 (9)
Unspecified	15 (65)
Disposition	
Admitted	1 (4)
Discharged	20 (88)
Transferred	1 (4)
Unspecified	1 (4)

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 (whether or not additional substances were mentioned) was documented. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

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



Carolinas Poison Center (CPC): In addition to ED visits, 21 calls^{1, 2} related to unintentional CO exposure were captured through the CPC.

- 38 exposed persons were mentioned in the 21 calls:
 - o 21 (55%) Female
 - o 13 (34%) Male
 - o 4 (11%) Unspecified
- Site of Exposure:
 - o 33 (87%) Residence
 - 4 (11%) Workplace
 - o 1 (2%) Public Area

December 2013 CO Exposure Descriptions

- 37 percent of exposed persons described in CPC calls were 18 years or younger.
- Medicaid and self-pay combined made up 43 percent of the payment sources for ED visits.
- The high number of ED visits in June 2013 was largely due to an occupational CO incident.

¹We do not have the ability to determine the extent of overlap (if any) 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.





