

CARBON MONOXIDE POISONINGS

July 2015

Sources of Carbon Monoxide



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

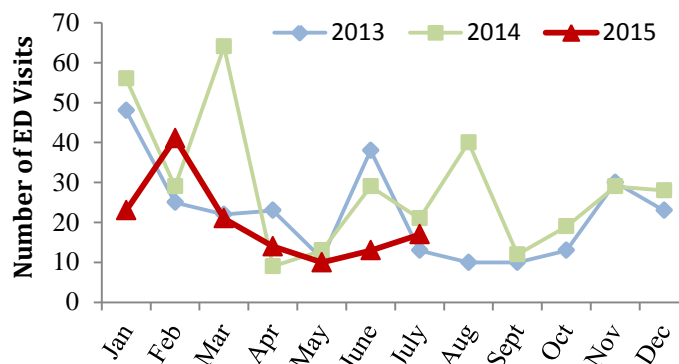


Table. 17 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
Sex	
Female	8 (47)
Male	9 (53)
Age Group (yrs.)	
0–9	1 (6)
10–24	3 (18)
25–44	9 (53)
45–64	3 (18)
65+	1 (6)
Disposition	
Admitted	2 (12)
Died	1 (6)
Discharged	14 (82)

	N (%)
Insurance	
Medicaid	4 (24)
Medicare	1 (6)
Private	3 (18)
Self-pay	6 (35)
Workers' compensation	1 (6)
Other/ Unspecified	2 (12)

Percentages may not add to 100 due to rounding

July 2015 CO Exposure Descriptions

- Two people were exposed to CO while using a pressure washer in an unventilated basement.

Carolinas Poison Center (CPC)

The CPC received 18 calls^{1,2} related to unintentional CO exposure in North Carolina and 1 call related to CO alarm use.

- 36 exposed people were mentioned:
 - 25 (69%) Female
 - 11 (31%) Male
- Site of exposure:
 - 33 (92%) Residence
 - 3 (8%) Workplace

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.