CARBON MONOXIDE POISONINGS

July 2016

CARBON MONOXIDE (CO) POISONING



SEEN



SMELLED



HEARD



Image courtesy of the Centers for Disease Control and Prevention (CDC)

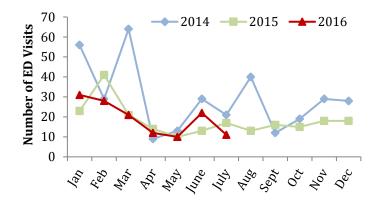
<u>Table.</u> 11 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
Sex	
Female	4 (36)
Male	7 (64)
Age Group (yrs.)	
0–9	3 (27)
10–24	1 (9)
25–44	2 (18)
45–64	3 (27)
65+	2 (18)

	N (%)
Disposition	
Admitted	1 (9)
Discharged	9 (82)
Unknown	1 (9)
Insurance	
Medicare	3 (27)
Private	4 (36)
Self-pay	1 (9)
Unknown	3 (27)

Note: Percentages may not add to 100 due to rounding.

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



July 2016 CO Exposure Descriptions

 Motor vehicle exhaust was the source of CO for 7 (64%) of the patients who visited the ED for CO poisoning. One man passed out while working on his car in his garage, and another man was exposed to CO while riding in a taxi.

Carolinas Poison Center (CPC)

The CPC received 21 calls^{1,2} related to unintentional CO exposure in North Carolina, five calls related to CO alarm use, and two calls requesting CO information.

- 24 exposed people were mentioned:
 - o 12 (50%) Female
 - o 12 (50%) Male
- Site of exposure:
 - 1 (4%) Public Area
 - o 19 (79%) Residence
 - o 1 (4%) Workplace
 - 3 (13%) Other

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-10-CM code T58 for N.C. residents who visited N.C. 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.



