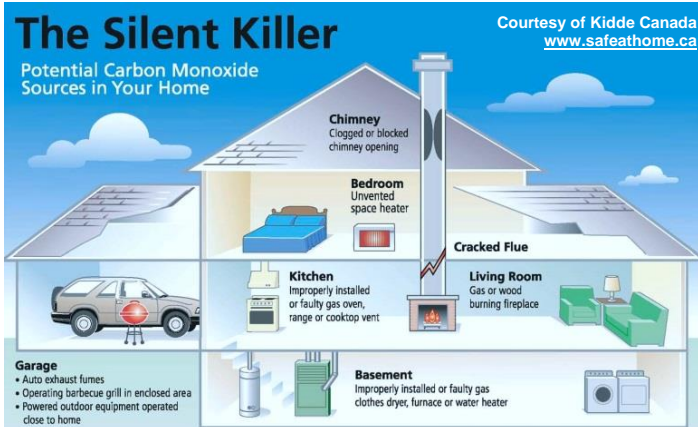


CARBON MONOXIDE POISONINGS MONTHLY REPORT May 2014



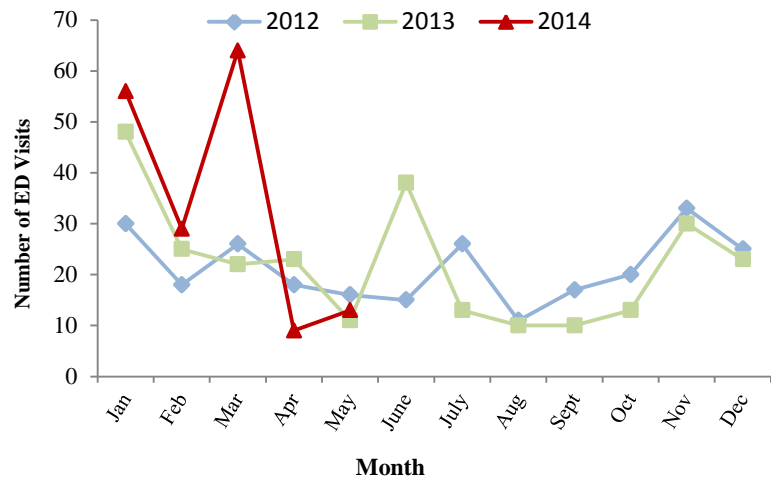
Emergency Department (ED) Visits: 13 visits related to unintentional non-fire related carbon monoxide (CO) poisoning were identified.

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

May 2014	ED Visits
	N (%)
Total	13
Female	7 (54)
Male	6 (46)
Age Group (years)	
0-9	1 (8)
10-24	3 (23)
25-44	5 (38)
45-64	4 (31)
65+	0 (0)
Exposure Site	
Home	5 (39)
Workplace	2 (15)
Unspecified	6 (46)
Disposition	
Admitted	3 (23)
Discharged	8 (62)
Unspecified	2 (15)

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



Carolinas Poison Center (CPC): In addition to ED visits, 13 calls^{1,2} related to unintentional CO exposure were captured through the CPC.

- 21 exposed persons were mentioned in the 13 calls:
 - 10 (48%) Female
 - 11 (52%) Male
- Site of exposure:
 - 19 (90%) Residence
 - 2 (10%) Workplace

May 2014 CO Exposure Descriptions

- Homes were the most frequently reported site of CO exposure for ED visits and CPC calls.
- Several CO poisoning incidents described gas leaks and generator use inside of a home as the cause for exposure.
- Medicaid and self-pay combined made up 54 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.