

# CARBON MONOXIDE POISONINGS

## November 2015

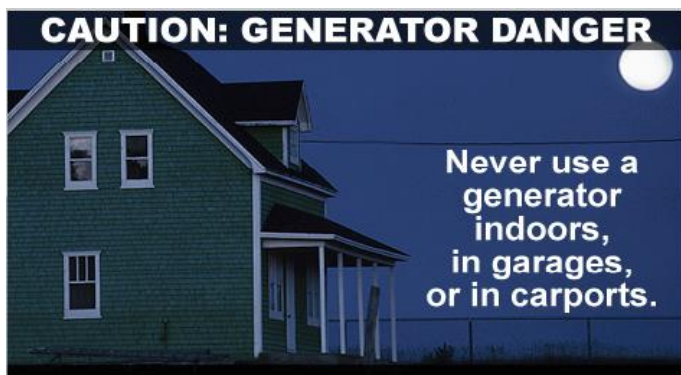
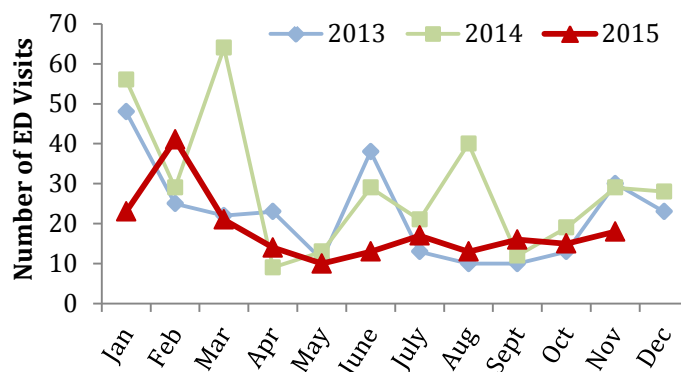


Image courtesy of CDC: [Tools.cdc.gov/ecards/](http://Tools.cdc.gov/ecards/)

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



**Table.** 18 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
<b>Sex</b>	
Female	9 (50)
Male	9 (50)
<b>Age Group (yrs.)</b>	
0-9	1 (6)
10-24	3 (17)
25-44	4 (22)
45-64	9 (50)
65+	1 (6)
<b>Disposition</b>	
Admitted	3 (17)
Discharged	7 (39)
Transferred	2 (11)
Other/ Unknown	6 (33)

	N (%)
<b>Insurance</b>	
Medicaid	5 (28)
Medicare	2 (11)
Private	5 (28)
Self-pay	2 (11)
Workers' compensation	1 (6)
Other	3 (17)

Percentages may not add to 100 due to rounding

### November 2015 CO Exposure Descriptions

- Three workers were taken to the hospital after being exposed to carbon monoxide from a forklift being operated inside a commercial building.

### Carolinas Poison Center (CPC)

The CPC received 16 calls<sup>1,2</sup> related to unintentional CO exposure in North Carolina, three calls requesting CO information, and one call about CO alarm use.

- 41 exposed people were mentioned:
  - 20 (49%) Female
  - 21 (51%) Male
- Site of exposure:
  - 33 (81%) Residence
  - 7 (17%) Workplace
  - 1 (2%) Other

<sup>1</sup>We do not have the ability to determine the extent of overlap between CPC calls and ED visits. Therefore, they are analyzed separately.

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

**NOTE:** NC DETECT ([www.ncdetect.org](http://www.ncdetect.org)) search criteria for ED visits: ICD-10-CM code T58 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.