

CARBON MONOXIDE POISONINGS

October 2015

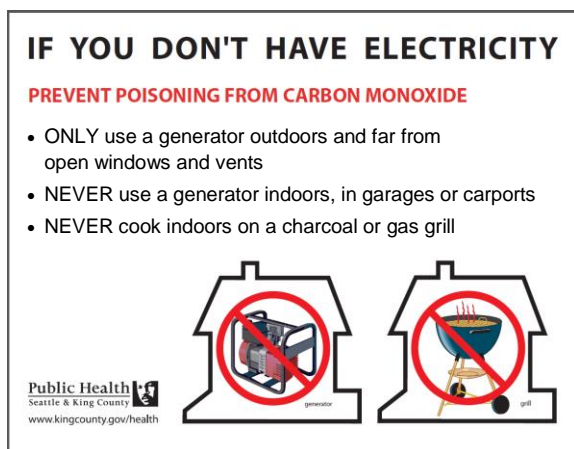


Image courtesy of King County (WA) Public Health

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

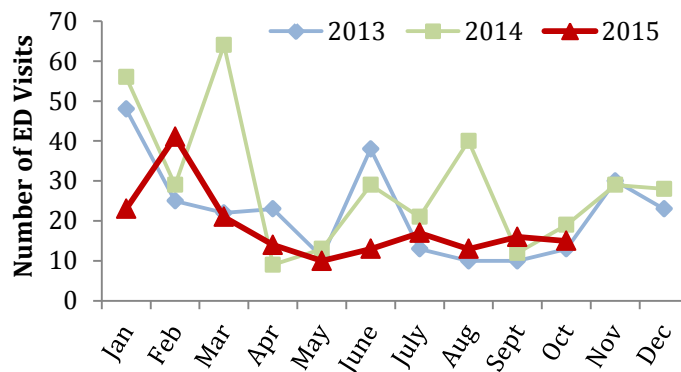


Table. 15 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
Sex	
Female	7 (47)
Male	8 (53)
Age Group (yrs.)	
0-9	0 (0)
10-24	8 (53)
25-44	2 (13)
45-64	4 (27)
65+	1 (7)
Disposition	
Discharged	15 (100)

	N (%)
Insurance	
Medicaid	1 (7)
Medicare	3 (20)
Private	1 (7)
Self-pay	4 (27)
Workers' compensation	3 (20)
Other/Unknown	3 (20)

Percentages may not add to 100 due to rounding

October 2015 CO Exposure Descriptions

- Five people went to the hospital and 150 people were evacuated due to elevated CO levels after construction workers used a propane-powered concrete grinder inside a mall.
- Four people were exposed to CO at home while running a portable generator in their basement.
- One person was exposed to CO at work while using a concrete saw indoors.

Carolinas Poison Center (CPC)

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

- 29 exposed people were mentioned:
 - 19 (66%) Female
 - 10 (34%) Male
- Site of exposure:
 - 2 (7%) Public Area
 - 19 (66%) Residence
 - 8 (28%) Workplace

NOTE: NC DETECT (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.

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.