

# CARBON MONOXIDE POISONINGS

## MONTHLY REPORT

### September 2014

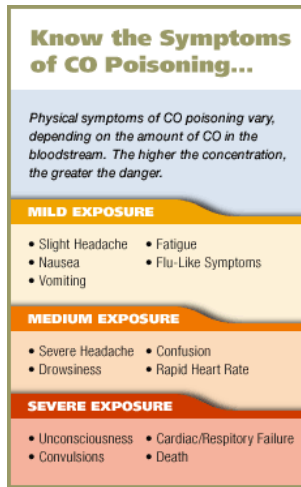


Image courtesy of Elkridge (MD) Volunteer Fire Department

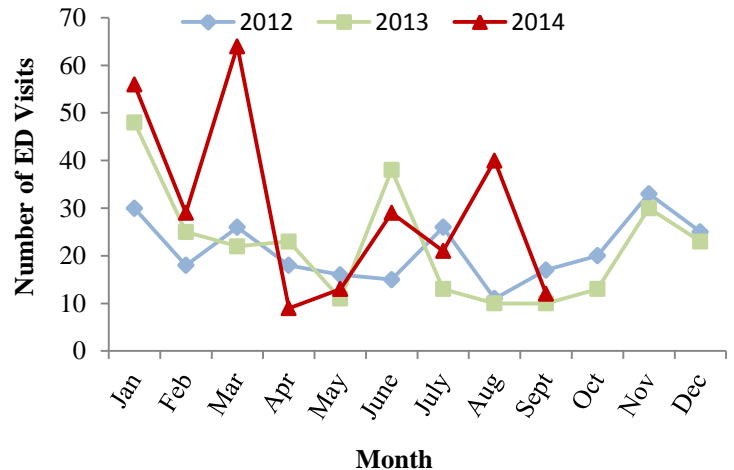
**Table 1.** Twelve emergency department (ED) visits related to unintentional non-fire related carbon monoxide (CO) poisoning were identified among North Carolina residents.

	N (%)
<b>Total</b>	12
Female	4 (33)
Male	8 (67)
<b>Age Group (yrs)</b>	
0–9	1 (8)
10–24	3 (25)
25–44	2 (17)
45–64	3 (25)
65+	3 (25)
<b>Exposure Site</b>	
Home	5 (42)
Vehicle	1 (8)
Workplace	1 (8)
Unspecified	5 (42)

	N (%)
<b>Disposition</b>	
Admitted	2 (17)
Discharged	7 (58)
Transferred	3 (25)
<b>Insurance</b>	
Medicaid	3 (25)
Medicare	4 (33)
Private	1 (8)
Self-pay	3 (25)
Other	1 (8)

Percentages may not add to 100 due to rounding.

**Figure 1.** ED visits related to unintentional non-fire-related CO poisoning by month and year, North Carolina



**Carolinan Poison Center (CPC):** The CPC received 13 calls<sup>1,2</sup> related to unintentional CO exposure in North Carolina and 2 calls requesting CO information.

- 24 exposed persons were mentioned:
  - 14 (58%) Female
  - 10 (42%) Male
- Site of exposure:
  - 19 (79%) Residence
  - 1 (4%) School
  - 4 (17%) Workplace

#### September 2014 CO Exposure Descriptions

- One person suffered serious injury from CO poisoning while sleeping in a mobile home in which a propane cooker had been left on all night.
- One person experienced CO poisoning at work while using a chain saw in a small room without adequate ventilation.

<sup>1</sup> 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.

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

**NOTE:** N.C. DETECT (Disease Event Tracking and Epidemiologic Collection Tool; [www.ncdetect.org](http://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 (identified by keywords “fire” or “smoke”) 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 NC 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 does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.