# CARBON MONOXIDE POISONINGS

## May 2016

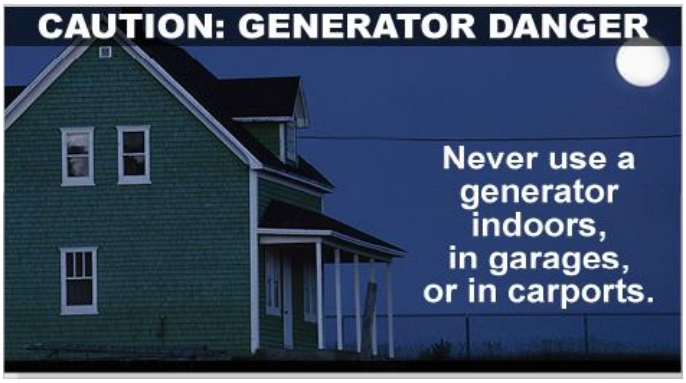


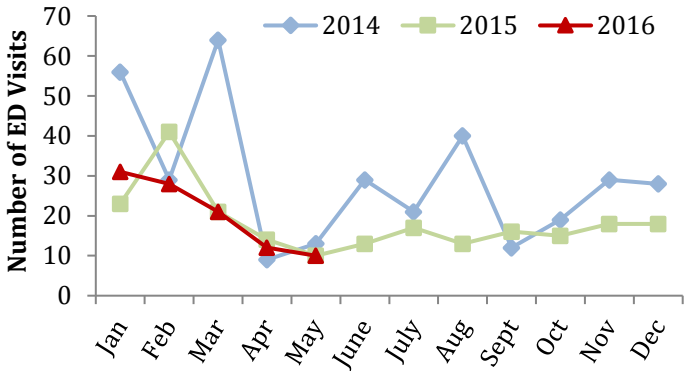

Image courtesy of CDC: Tools.cdc.gov/ecards/

**Table.** 10 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

| | N (%) |
|---|---|
| **Sex** | |
| Female | 5 (50) |
| Male | 5 (50) |
| **Age Group (yrs.)** | |
| 0–9 | 3 (30) |
| 10–24 | 2 (20) |
| 25–44 | 2 (20) |
| 45–64 | 3 (30) |
| 65+ | 0 (0) |

| | N (%) |
|---|---|
| **Disposition** | |
| Discharged | 10 (100) |
| **Insurance** | |
| Medicaid | 2 (20) |
| Self-pay | 3 (30) |
| Workers' Compensation | 5 (50) |

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




### May 2016 CO Exposure Notes

- Half of ED visits for CO poisoning resulted from exposure to CO in the workplace. One worker was exposed to CO at an airport.

### Carolinas Poison Center (CPC)

The CPC received 12 calls[1, 2] related to unintentional CO exposure in North Carolina, one call requesting CO information, and one call related to CO alarm use.

- 15 exposed people were mentioned:
  - 6 (40%) Female
  - 9 (60%) Male
- Site of exposure:
  - 10 (67%) Residence
  - 5 (33%) Workplace

[1]We do not have the ability to determine the extent of overlap 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.

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.