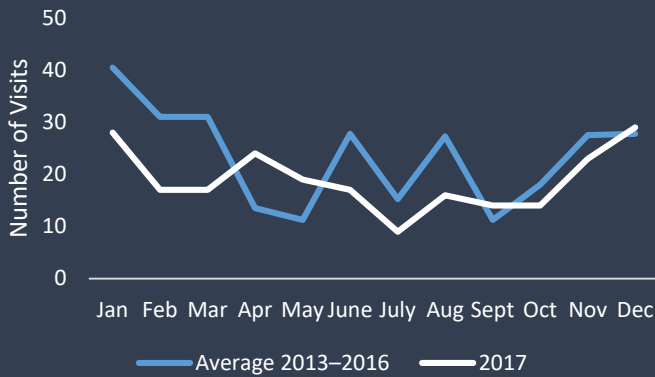


Carbon Monoxide Poisonings North Carolina, 2017

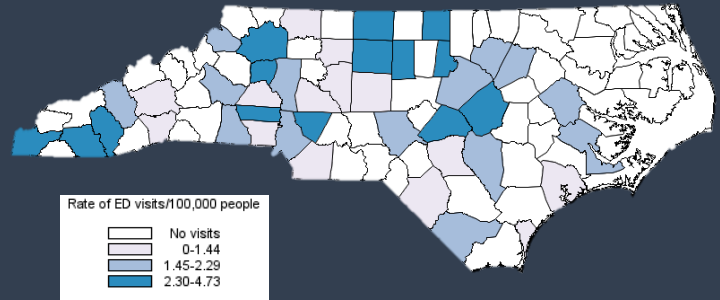
227

Emergency Department (ED) Visits for unintentional, non-fire-related carbon monoxide (CO) poisoning

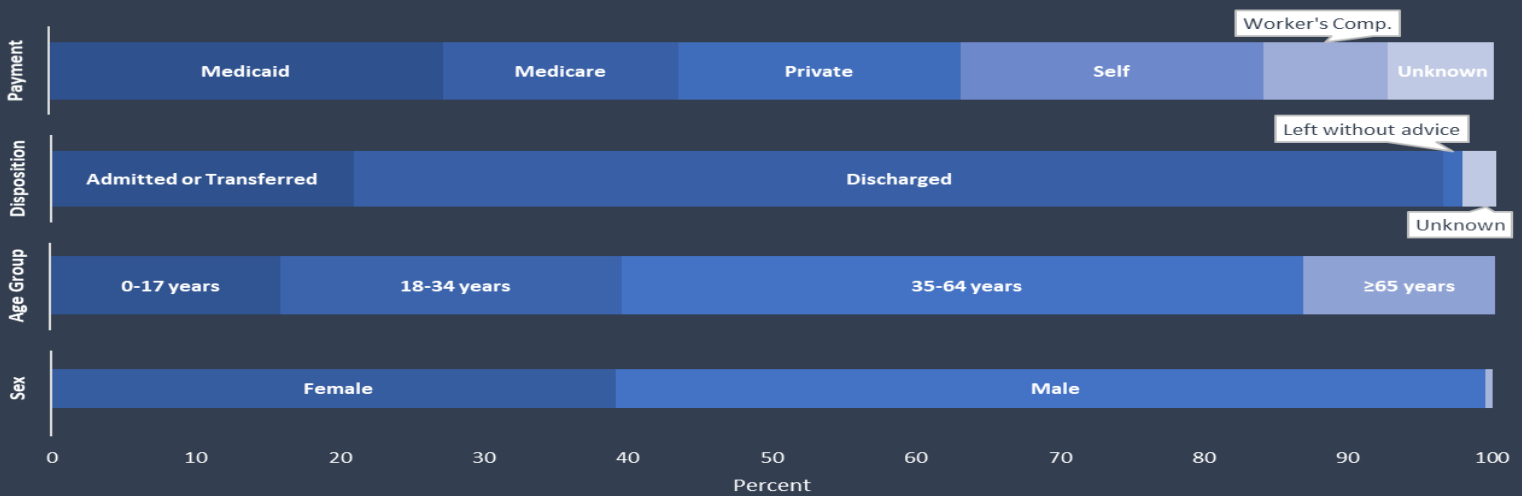
In 2017, the largest number of visits occurred during January and December; fewer ED visits occurred during summer than in previous years.



ED visits occurred throughout the state; the highest rates were found in western and northern counties.



Most patients were male, between 18 and 64 years old, and were discharged after their visit. Many payer types were used.



Exposures reported during ED visits included



Vehicles



Power Tools



Generators



Gas Leak or Appliance

For more information about CO poisoning prevention, visit <http://epi.publichealth.nc.gov/oea/z/co.html>

NOTE: NC DETECT (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 were excluded. CPC calls were filtered by substance and included when unintentional CO exposure 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.

