Introduction to US Poison Control Centers and Arizona Poisoning Data



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Outline

- History of the American Association of Poison Control Centers
- Outline Cost and Savings of US Poison Centers
- Introduction to National Poison Data System and Fatality Data
- Overview of Arizona Poison Control Centers and Poisoning Data

History of US Poison Centers

- 1940s Large increase types of medications
- First specialized 'Toxicology Ward' Budapest
- First drug information center Netherlands
- 1953 First US poison center opens Chicago, IL
- 1978 661 US poison centers (no regulation)
- 2015 55 US Poison Control Centers (PCCs)

American Association of Poison Control Centers (AAPCC)



- 1958 AAPCC established to help regulate centers
- 1962 President Kennedy established a National Poison Prevention Week (3rd week of March)
- 2002 US Federal Government did two things:
 - ~ \$28 million/year Federal funding
 - Established a toll-free number: 1-800-222-1222

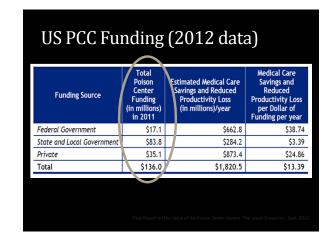
Health Resources and Services Administration (HRSA)

- Poison Control Program funds the national
- Poison Help toll-free number 1-800-222-1222
- Provides PCC Grants:
- Treatment recommendations for poisonings
- Certification requirements
- Conduct evaluations of poison prevention strategies and activities

History - AAPCC

- American Association of Poison Control Centers
- Includes 55 certified US poison centers that cover the entire United States and:
 - Puerto Rico
 - Guam
 - US Virgin Islands
 - · American Samoa
 - Federated States of Micronesia

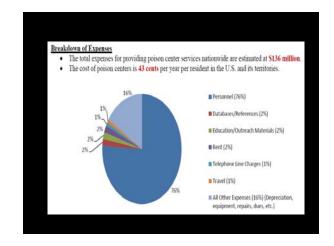


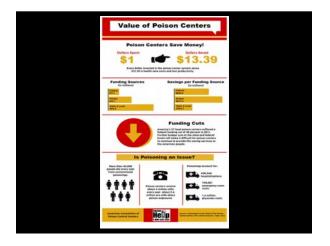


US PCC Cost Savings

- Federal government report concluded that US PCCs save \$1.82 billion / year:
- \$752.9 million/year in health care utilization
- \$441.1 million/year in reduced hospital stay
- This results in \$13.39 saving per \$1 invested

The Lewin Group, Inc: 9/26/2012





AAPCC Support of US PCCs

- Providing accreditation and education
- Partnering with federal and state agencies (EPA, HRSA, CDC) and private industries
- Maintaining National Poison Data System
- Providing custom toxico-surveillance reports

AAPCC Criteria for Certification (revised 7/05)

A Certified Poison Center "provides the following services to a [designated] region:

- poison information, telephone advise and consultation
- · hazard surveillance to achieve hazard elimination
- · professional and public education
- meet AAPCC criteria for certification

AAPCC Criteria: PCC Services

<u>Provide information 24 hours/day - 365 days/year to the public and health professionals</u>

- At all times, must have:
- o at least one staff member in the center
- o Physician (Medical Toxicology) real-time backup

Must be accessible by telephone from all areas

- "Use / promote" 800-222-1222 Free for lay public
- Sufficient infrastructure Disaster plan
- Access for hearing-impaired / non-English speakers

AAPCC Criteria: PCC Staffing

- Specialists in Poison Information (SPI):
 - Nurse
 - Pharmacist
 - Physician
- Must complete a PCC training program
- Must take a national certification examination every 7 years (is then a Certified-SPI)

AAPCC Criteria: PCC Staffing

- Specialists in Poison Information (SPI)
- Annual average of 16 hrs/week in PCC (8 hrs/week for CSPIs)
- 100% dedicated to poison center activities
- 50% of SPI FTEs must be C-SPIs
- At least 2000 human exposures / SPI FTE

AAPCC Criteria: PCC Staffing

 Poison Information Provider (PIP) - "must be qualified to understand and interpret ... poison information resources and transmit information to both health care professionals and the public."

Must have:

- o "appropriate health-oriented background"
- On-site medical backup (CSPI, MD, Tox MD)

Poisindex[®]

- Software database used by PCCs to code calls
- Contains >400,000 chemical and products
- Each product has a unique product code
- Further sorted into a system of generic codes

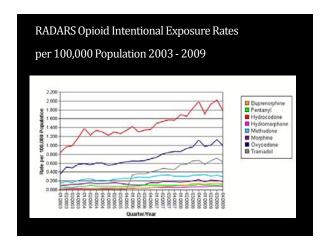
US RADARS® System?

- The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS*)
- · Collects prescription drug abuse data
- 2002: developed due to increasing rates of prescription opioid abuse
- 2006: PCCs became involved

Prescription Drug Classes

- Opioids
 - Oxycodone
 - Fentanyl
 - Hydrocodone
 - o Hydromorphone
 - o Morphine
 - Methadone
 - Buprenorphine
 - Tramadol

- Stimulants
 - Methylphenidate
 - o Amphetamines



National Poisoning Data System (NPDS)

- AAPCC and CDC joint venture
- All 55 certified PCCs upload case data to NPDS
- Automatic electronic upload every ~ 8 minutes
- Data Collected:
 - o Call volume
 - oClinical effects
 - Exposure info

Nation Poisoning Data System

NPDS Goals:

- · Identify injury patterns
- Monitor product safety
- Conduct post market surveillance
- Detect chemical exposure events and participate in effective responses
- Improve public health surveillance

National Poison Data System

- Analytical Data that can be studied:
- Individual Case Listing Deliverables
- Surveillance Definition
- Custom Tables
- Case Narrative
- Fatality Abstracts

National Poisoning Data System

- Publishes an annual report of summarized calls, trends and selected death abstracts submitted to AAPCC poison centers:
 - Clinical Toxicology
 - (2013 data published ~ 12/14)

US Poisoning Data: NPDS Report

Clinical Toxicology (2014), **52**, 1032–1283 Copyright O 2014 Informa Healthcare USA, In SSSN: 1556-3650 print / 1556-9519 online DOI: 10.3109/15563650.2014.987397 informa healthcare

NPDS REPORT 2013

2013Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 31st Annual Report

AMES B. MOWRY, DANIEL A. SPYKER, LOUIS R. CANTILENA JR, NAYA MCMILLAN, MARSHA FORD

US NPDS Data: Call Types

- Human exposure: confirmed case involving a human exposure to a drug/chemical/toxin
- Animal exposures: call concerning an animal
- Information: information only

2013 NPDS Data

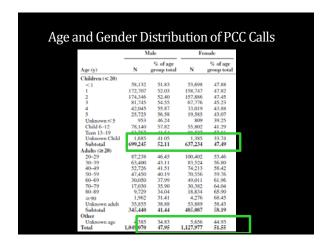
- 3.06 million calls to US PCCs
 - 2.188 million human exposures
 - 59,000 animal exposures
 - 806,000 information only calls
 - ~ 1 call every 10 seconds

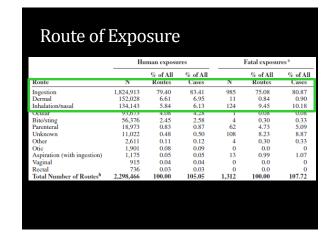
2012 US Poisoning Numbers

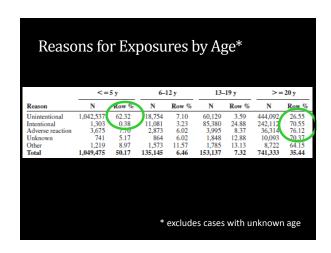
- 1.4 primary care physician (clinic) visits
- 749,061 Emergency Department visits
- 438,244 hospital admissions

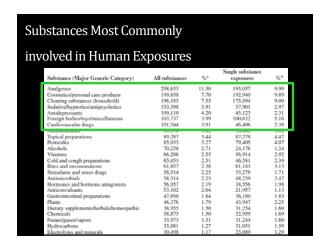
Origin of calls to US PCCs

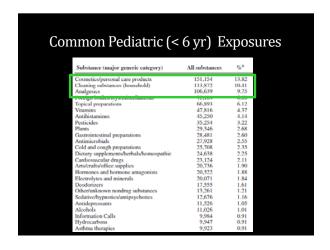
	Site of caller		Site of exposure		
Site	N	%	N	%	
Residence					
Own	1,539,136	70.34	1,994,810	91.17	
Other	32,014	1.46	50,310	2.30	
Workplace	24,320	1.11	35,563	1.63	
Health care facility	443,318	20.26	6,083	0.28	
School	9,691	0.44	27,961	1.28	
Restaurant/food service	436	0.02	4,766	0.22	
Public area	6,707	0.31	20,482	0.94	
Other	125,752	5.75	24,827	1.13	
Unknown	6,639	0.30	23,211	1.06	





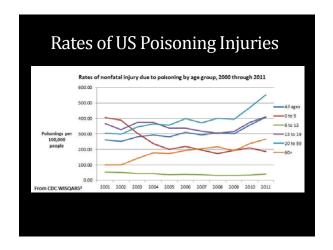


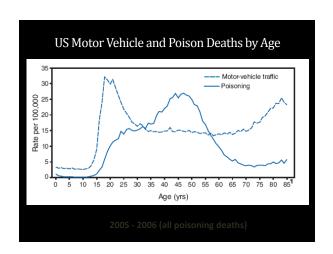




Common Adult (>19 yr) Exposures					
Substance (major generic category)	All substances	g _b	Single substance exposures	%°	
Analgesics	138,440	12.18	63,555	9.55	
Sedative/hypnotics/antipsychotics	119,784	10.54	38,138	5.73	
Antidepressants	74,818	6.58	25,534	3.84	
Cleaning substances (household)	66.408	5.84	52,395	7.87	
Alcohols	52,430	4.61	10,422	1.57	
Pesticides	42,055	3.70	38,022	5.71	
Bites and envenomations	41,400	3.64	40,966	6.15	
Anticonvulsants	38,709	3.41	13,606	2.04	
Antihistamines	33,625	2.96	16,578	2.49	
Cosmetics/personal care products	32,010	2.82	29,374	4.41	
Hormones and hormone antagonists	31,223	2.75	19,038	2.86	
Stimulants and street drugs	30,928	2.72	14,375	2.16	
Fumes/gases/vapors	24,349	2.14	22,270	3.35	
Chemicals	23,430	2.06	19,023	2.86	
Antimicrobials	22,409	1.97	16,034	2.41	
Cold and cough preparations	20,828	1.83	11,232	1.69	
Muscle relaxants	20,351	1.79	7,117	1.07	
Hydrocarbons	18,735	1.65	17,266	2.59	
Topical preparations	17,288	1.52	16,645	2.50	
Gastrointestinal preparations	15,005	1.32	7,599	1.14	
Foreign Bodies/toys/miscellaneous	13,582	1.19	12,632	1.90	
Miscellaneous drugs	12,173	1.07	6,095	0.92	
Information calls	11,844	1.04	10,466	1.57	
Other/unknown nondrug substances	11,514	1.01	10,092	1.52	

Management Site of Human Exposures				
Site of management	N	%		
Managed on site, non-health care facility	1,502,483	68.7		
Treated/evaluated and released Admitted to critical care unit Patient lost to follow-up/left AMA Admitted to noncritical care unit Admitted to psychiatric facility Subtotal (managed in HCF) Other Refused referral Unknown	286,690 99,117 86,725 67,114 61,996 601,642 27,929 33,305 22,654 2,188,013	13.1 4.5 4.0 3.1 2.8 27.5 1.3 1.5 1.0		







US Poisoning Deaths: 2008

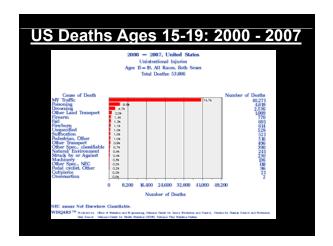
- Poisoning deaths caused by medications increased from 60% to 90%
- 40% of medication deaths are caused by an opiate
 - o 76% accidental
 - o 16% suicide
 - o 8% unknown

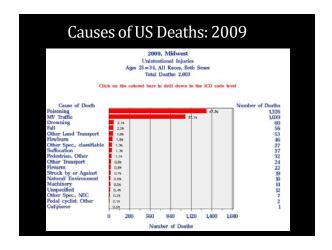
US Poisoning Deaths: 2013

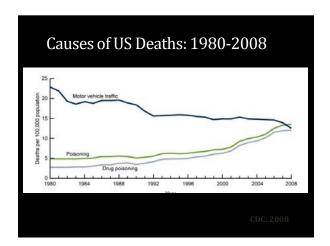
- 2,477 deaths reported to US PCC
- Estimated total US deaths related to poisoning ~ 45,000 per year
- Death rate has tripled over 30 years

Drugs Most Commonly Associated with Deaths						
Substance (minor generic category)	All substances	% b	Single substance exposures	%°		
Miscellaneous sedative/hypnotics/antipsychotics	363	12.86	19	3.53		
Miscellaneous cardiovascular drugs	301	10.67	58	10.78		
Opioids	243	8.61	34	6.32		
Miscellaneous stimulants and street drugs	210	7.44	44	8.18		
Miscellaneous alcohols	174	6.17	12	2.23		
Acetaminophen combinations	153	5.42	44	8.18		
Acetaminophen alone	145	5.14	58	10.78		
Selective serotomin reuptake minionors (SSKI)	92	5.20	4	0.74		
Miscellaneous fumes/gases/vapors	89	3.15	53	9.85		
Miscellaneous antidepressants	77	2.73	6	1.12		
Miscellaneous antihistamines	70 64	2.48	5 12	0.93		
Tricyclic antidepressants (TCA)	62	2.20	22	4.09		
Acetylsalicylic acid alone Miscellaneous muscle relaxants	62	2.20	6	1.12		
WIISCERARICOUS HIUSCIE FEIAXARIS	60	2.13	0	1.12		

Age (y)	Male	Female	Unknown	Total (%)	Cumulative total (%)
<1 year	4	0	0	4 (0.3%)	4 (0.3%)
1 year	7	5	0	12 (1.0%)	16 (1.3%)
2 years	2	1	0	3 (0.3%)	19 (1.6%)
3 years	3	2	0	5 (0.4%)	24 (2.0%)
4 years	2	1	0	3 (0.3%)	27 (2.2%)
5 years	1	1	0	2 (0.2%)	29 (2.4%)
Child 6-12 years	3	3	0	6 (0.5%)	35 (2.9%)
T 12 10	27	26	-	(4 (5 20)	99 (8.1%)
20-29 years	103	88	0	191 (15.7%)	290 (23.8%)
30-39 years	93	101	0	194 (15.9%)	484 (39.7%)
40-49 years	98	109	0	207 (17.0%)	691 (56.7%)
50-59 years	111	115	0	226 (18.6%)	917 (75.3%)
60-69 years	72	66	0	138 (11.3%)	1,055 (86.6%)
/0-/9 years	35	41	U	/6 (6.2%)	1,131 (92.9%)
80-89 years	23	45	0	68 (5.6%)	1,199 (98.4%)
> = 90 years	5	5	0	10 (0.8%)	1,209 (99.3%)
Unknown adult	2	3	0	5 (0.4%)	1,214 (99.7%)
Unknown age	0	2	2	4 (0.3%)	1,218 (100.0%
Total	601	614	3	1,218 (100.0%)	1,218 (100.0%







Arizona DHS: 2011 Poisoning Data Poisoning was the leading cause of injury related mortality among Az residents 12,516 non-fatal ED visits 6,930 non-fatal inpatient hospitalizations Associated hospital charges > \$127 million

Intermission

- History of the AAPCC
- **PCC Cost and Savings**
- Fatality Data
- Overview of Arizona Poison Control Centers and Poisoning Data





Who we are • Phones staffed by pharmacists and nurses Additional training in toxicology (CSPI) Many HAZMAT trained · Board certified medical toxicologists · Medical Toxicologists • Emergency Medicine, Peds, EMS... • Pregnancy Riskline Certified Genetic Counselor • Public Educators · Certified Health Educators

Services

- Public Service
 - Free service 24/7

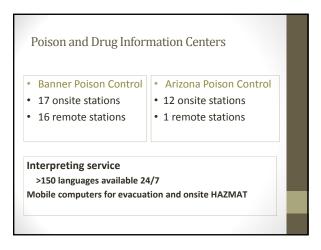
 - Confidential
- Healthcare Provider
- Home management
- Hospital management
 Toxicology consult service
 Toxicology inpatient
 service
- Research
 - Rattlesnake and Scorpion
 Antivenoms

 - · Exposure Trends
 - Case Reports/Case Series
- Education
 - Medical
 Pharmacy

 - Nursing
 Medical Toxicol

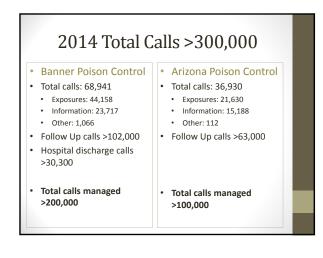
Toxicology History Paracelsus "Poison is in everything, and no thing is without poison. The dosage makes it either a poison or a remedy."

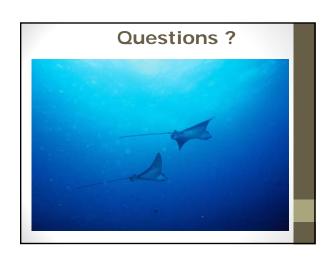












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