POISON CENTERS & COVID-19
PPE IN ADDICTION TREATMENT SETTINGS
UPDATES FROM THE FRONT LINES: LONDON & NEWARK
APRIL 15, 2020
## Webinar Series Partners

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Clinical Toxicology (AACT)</td>
</tr>
<tr>
<td>American Academy of Emergency Medicine (AAEM)</td>
</tr>
<tr>
<td>American Association of Poison Control Centers (AAPCC)</td>
</tr>
<tr>
<td>American College of Medical Toxicology (ACMT)</td>
</tr>
<tr>
<td>Asia Pacific Association of Medical Toxicologists (APAMT)</td>
</tr>
<tr>
<td>European Association of Poison Centers and Clinical Toxicologists (EAPCCT)</td>
</tr>
<tr>
<td>Middle East &amp; North Africa Clinical Toxicology Association (MENATOX)</td>
</tr>
</tbody>
</table>
MEDICAL AND PUBLIC HEALTH CONSIDERATIONS OF COVID-19 WEBINAR SERIES

acmt.net/covid19web

April 15, 2020
Poison Centers & COVID-19
PPE In Addiction Treatment Settings
Updates from the Front Lines: London & Newark

April 8, 2020
Masks and Virus: N95s, Surgical Masks and PAPRs;
Updates From the Front Lines: Tehran, New Orleans & New York

April 1, 2020
ACEs/ARBs, NSAIDS, Remdesivir & Updates from the Front Lines

March 25, 2020
Medical Experts Explain the Use and Potential Adverse Effects of Chloroquine & Hydroxychloroquine for COVID-19
TODAY’S MODERATORS

Paul M. Wax, MD FACMT
- Executive Director, American College of Medical Toxicology (ACMT)

Ziad Kazzi, MD FACMT
- Middle East & North Africa Clinical Toxicology Association (MENATOX)
- Board Member, American College of Medical Toxicology (ACMT)

Michael Lynch, MD
- Medical Director, Pittsburgh Poison Center
- Board Member, American Association of Poison Control Centers (AAPCC)
CONFLICT OF INTEREST

NONE OF OUR SPEAKERS HAVE ANY CONFLICTS OF INTEREST TO DISCLOSE
PPE In Addiction Treatment Settings

- Timothy Wiegand, MD FACMT, Board of Directors, American Society of Addiction Medicine; Director of Toxicology and of Toxicology Consult Service; Associate Professor of Emergency Medicine, University of Rochester Medical Center, Rochester, NY


- Diane P. Calello, MD FACMT FAACT FAAP, Medical and Executive Director, New Jersey Poison Information and Education System (NJPIES), Newark, NJ
- Daniel E. Brooks, MD, Medical Director, Poison & Drug Information Center and Outpatient Toxicology Clinic, Banner University Medical Center – Phoenix, Phoenix, AZ
PPE IN ADDICTION TREATMENT SETTINGS

Timothy Wiegand, MD, FACMT, FAACT, DFASAM
University of Rochester Medical Center
timothy_wiegand@urmc.rochester.edu
@twtoxmd
As you know, the first case of COVID-19 has been diagnosed here in Monroe County, increasing everyone’s concerns. We want to assure you, we are following local, state and federal guidance and remaining nimble as circumstances and information change. As such, we are taking the following precautions at this time:

- **Clients 60 and older** will be asked to cease attendance at groups until further notice.
  - Individual and any medical (e.g. MAT) sessions only
  - Extending medical visits to bi-weekly
  - Providers will be extending MAT bridge prescriptions in some circumstances to best support patients in this demographic
- Others not 60 or older, but with chronic conditions (COPD, CAD, HTN, diabetes), are currently being evaluated for potential reduction in visits based on further guidance.
- We will be resuming the census limits to 15 per group maximum until further notice as soon as we are able to organize this within the clinic.
- We are reducing the number of chairs in the waiting room to help offer more space between folks while waiting for service. All staff are encouraged to be prompt in getting client for group and individual appointments.
Early communications from Washington (state) about Opiate Treatment Program vulnerabilities:

- 35% of patients homeless in one facility
- High rates of co morbidities
- Frequent movement throughout community
  - Hospitals, detox, jails, medical clinics, social services
  - Housing/homeless group/gathering
- Congestion at single site (OTP med disp), UDS collection
EARLY MARCH - LOTS OF ?S
LIMITED GUIDANCE

- Testing?
- Essential/non-essential?
- Quarantine?
  - Where (if homeless)
  - Shelters?
- Screening (symptom)?
- PPE?
  - How to get?
  - Train/fit?
  - Patients/staff
- State, national, regional programs started communicating better.
- Medical Director involvement in site/regional support.
SITE GUIDANCE

Principles
- Protect patients and staff from COVID-19 infection
- Maintain access to addiction treatment services
- Maintain therapeutic environment for patients with SUDs

Considerations
- Acuity of SUD treatment needs.
  - And bed availability*
- Medical risk if COVID-19 infection.
- Risk of spread of COVID-19 to others in facility.

Context
- Federal, state, local regulations and directions.
- Resource limitations (PPE*)
- Training staff/facility limitations*
As the leader in developing clinical guidelines and standards in addiction medicine, we take our responsibility very seriously. We realize that many providers and programs are trying to mitigate circumstances related to COVID-19. We have convened the ASAM Caring for Patients During the COVID-19 (CPDC) Task Force. The Task Force includes a national panel of experts that are recognized in the field of addiction medicine. They are rapidly producing comprehensive resources tailored to addiction medicine treatment within the context of the COVID-19 pandemic.

To address the urgency of the situation, we will provide these resources in real-time as we have them developed. Physicians should use their...
Quarantining patients at Pa. drug treatment centers could pose risk, but many have nowhere else to go

That’s why they’re turning to public officials for help. Some are raising the idea of public quarantine spaces run by the state or county governments that could house sick individuals, while allowing treatment facilities to keep their doors open for other patients.

“We don’t have the ability to quarantine someone without endangering staff or other patients,” said Dr. Fred Baurer, medical director of the Kirkbride Center in Philadelphia, which houses about 250 patients. “That’s not what our facility is set up for, so we’re looking for help from public health officials.”
APRIL 15 -- OPPORTUNITIES & CHALLENGES

- Broader access to patients and novel support mechanisms *(phone/telehealth)*
- Internet AA/NA/HA support
- Ambulatory Detoxification expansion
- Networks of communication developing
- Smoking cessation*
- Novel ways of delivering addiction care (e.g. App availability)
- Connect in creative way.

**Opportunities for Poison Control** to provide novel support/monitoring/triage

- Assist with monitoring ambulatory detox
- Poisoning prevention/med safety counseling
- Assist with linking patients from ED/hospital (triage and provide information)
- Assist ED/hospital with MOUD guidance*

- More medications available in precarious settings *(home with children)* e.g. methadone take homes = increasing Peds exposures.
- More associated/adjunctive meds available at home
- Increased stress (patient/staff)
- Less monitoring (minimal UDS)
- Most vulnerable highest risk/most complications
  - Limited bed availability inpatient, detoxification settings
  - Shelter beds limited*
- More complicated ED/hospital OD’s (e.g. methadone)*
- Mental health decompensation (in particular in vulnerable)
- Increasing alcohol use/dependence
ACMT/ASAM
ADDITION MEDICINE WEBINAR

Friday, April 17, 2020
@ 1:00 PM EDT
Thank you

Please reach out with any questions

Timothy Wiegand, MD, FACMT, FAECT, DFASAM
University of Rochester Medical Center
timothy_wiegand@urmc.rochester.edu
@twtoxmd
POISON CENTERS & COVID-19: 
TOXICOLOGICAL EXPOSURE DATA, TRENDS, AND PUBLIC HEALTH RESPONSE

Diane P. Calello, MD FACMT 
FAACT FAAP
Medical and Executive Director, New Jersey Poison Information and Education System (NJPIES)
petilldi@njms.rutgers.edu

Daniel E. Brooks, MD
Medical Director, Poison & Drug Information Center and Outpatient Toxicology Clinic, Banner University Medical Center - Phoenix
daniel.Brooks@bannerhealth.com
COVID-19: WHY POISON CENTERS?

- January 2020: Several Poison Centers become involved as the Coronavirus hotline for their area
- 24/7 hotline with healthcare professionals ready to go, trusted entity
- Previous experience with other hotlines
  - NJ: Zika, Flu On-Call, others
  - AZ: Opioid Addiction Hotline
- Capacity to answer calls, provide real-time feedback to DOH, other stakeholders about nature of calls
- The numbers game: 800-222-1222 vs other dedicated lines
- Role of 211
NEW JERSEY POISON INFORMATION AND EDUCATION SYSTEM (NJPIES)

- Asked by NJDOH to operate Coronavirus hotline for NJ
- Intent: a public information hotline
- No formal script but NJDOH and CDC talking points
  - Other daily communication
- Utilized 1-800-222-1222, changed to 1-800-962-1253
- Questions
  - How can I get tested?
  - How do I know if I’ve been exposed?
  - My doctor’s office is closed and I am sick. What should I do?
New Jersey Department of Health Opens 2019 Novel Coronavirus Call Center for Public

Collaborates with New Jersey Poison Center to Educate Community

The New Jersey Department of Health today announced the opening of a hotline (1-800-222-1222 or 1-800-962-1253 if using out-of-state phone line) for the public to ask questions about the 2019 Novel Coronavirus.

"Although the risk to the public remains low, we understand that residents have questions about this new virus," Health Commissioner Judith Persichilli said. "This hotline provides factual information to alleviate fear and dispel rumors."

The hotline is being operated by the New Jersey Poison Information and Education System (NJPIES), also known as the New Jersey Poison Center, which has run other call centers for the Health Department. NJPIES is a division of the Department of Emergency Medicine at Rutgers New Jersey Medical School. The hotline can accommodate callers in multiple languages. "As a 24-hour hotline staffed continuously with trained healthcare professionals, the New Jersey Poison Center is standing by to answer questions about this emerging infection. The call is always free, and we can communicate in any language to the public as well as healthcare professionals," said Dr. Diane Calello, Executive and Medical Director of NJPIES.
COVID-19 Dashboard

**Positives**

64,584

Total Negatives
Pending
Percent Positivity*

46.2%

Deaths

2,443

Total Tests Reported*

118,097

*Note: Total tests performed from major laboratories reporting both positive and negative results represents over 90% of the test results received. These laboratories include Bioreference Laboratory, Genesis Laboratory Management, Hackensack University Medical Center, and more.

Cases by County:

- **Bergen County:**
  - 10,092 Positive Test Results
  - 482 Deaths
- **Hudson County:**
  - 7,879 Positive Test Results
  - 236 Deaths
- **Essex County:**
  - 7,634 Positive Test Results
  - 433 Deaths
- **Union County:**
  - 6,636 Positive Test Results
  - 217 Deaths
- **Middlesex County:**
  - 5,987 Positive Test Results
  - 204 Deaths
- **Passaic County:**
  - 5,950 Positive Test Results
  - 136 Deaths
- **Monmouth County:**
  - 4,498 Positive Test Results
  - 104 Deaths

Click county to see details.
NEW JERSEY POISON INFORMATION AND EDUCATION SYSTEM (NJPIES): RESPONDING TO SURGE VOLUMES

- Phase 1: Increased staffing hours across the board
- Phase 2: Volunteers from Rutgers, RBHS
  - COVID-19 calls only, shallow interactions with escalation procedures
  - Training, varied personnel
  - Social distancing
- Phase 3: Remote teleworker status implementation
- Other measures:
  - Collaboration with 2-1-1
  - Enhanced workflow on IVR/auto-attendant message
Thank you for calling NJ Poison Control

Poison Emergency?
Press 2

Panic line, rings all phones

Call about Poisoning?
Press 9

Poison Priority Queue

COVID-19?

General Questions, non-medical including unemployment, housing, testing sites, and donations

If you are calling about COVID-19 and need to speak with a healthcare professional, please stay on the line

2-1-1

COVID Queue
NEW JERSEY POISON INFORMATION AND EDUCATION SYSTEM (NJPIES)

NJPIES Total, COVID-19, and Poisoning Calls
COVID-19 Information Hub

Gov. Murphy announces additional business + construction restrictions. Learn More

Ask Your COVID-19 Questions Here

How can I protect myself from COVID-19/Novel Coronavirus?
The U.S. Centers for Disease Control has issued a series of steps that you can take to protect yourself. The best way to prevent illness is to avoid being exposed to this virus.

What are the “stay at home” rules in New Jersey? What businesses are closed?
To mitigate the impact of COVID-19 and protect the capacity of New Jersey’s health care system for the state’s most vulnerable, the State of New Jersey has

Where and how do I get tested for COVID-19 in New Jersey? Who should get testing?
GENERAL INFORMATION At this time, testing is prioritized for individuals who are sick with symptoms of fever, cough and shortness of

Where can I learn more about information on COVID-19’s impact on businesses, and what resources are available to help?
For information on COVID-19/Novel Coronavirus and its impact on businesses, please
Center for Toxicology & Pharmacology Education & Research (CTPER) at the U. of A College of Medicine-Phoenix includes both Arizona PCCs

Established partner with State and Counties Departments of Health Services, Governors Office and Offices of the Medical Examiner

Chair/Members of Fatality Review Committees, Emergency Preparedness
AZ PCC AND PUBLIC HEALTH - NIMBLE PARTNERSHIPS

3/20/20: PCC Press Release with Maricopa County Health Department about **not** using house-hold products, or Rx meds in non-hospitalized patients, for COVID-19

3/22/20: Married couple uses aquarium chloroquine phosphate to prevent COVID-19; husband died, wife resuscitated/recovered

---

**This is an official CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network
March 28, 2020, 11:00 AM ET
CDCHAN-00431

Severe Illness Associated with Using Non-Pharmaceutical Chloroquine Phosphate to Prevent and Treat Coronavirus Disease 2019 (COVID-19)
1/6/20: CTPER offered to handle COVID calls for State/County Health Depts.

1/26/20: Maricopa County DPH Line went live (602-747-7099)

2/11/20-3/10/20: State and other Counties started referring to 800-222-1222

3/11/2020: Statewide number went live (844-542-8201)
Az COVID-19 Hotline staffed by both Az PCCs, calls geo-routed to PCCs

Automated (Interactive Voice Response; IVR) Triage System

Total calls: 55,716 (IVR system)

PCC cases: 15,498 (coded NPDS cases)

(~10% provider calls; average call time ~7 min)

(as of 4/14/20)
COVID-19 Information Line Scripting - this is what the public will hear when calling

Hello, you have reached the Maricopa County Department of Public Health COVID-19 information line.

For more information on COVID-19, please press one for English;

Press two for Spanish

The following information is current as of March 3, 2020. Current case counts for Arizona can be found at www.azdhs.gov/Coronavirus

Please note that we cannot diagnose or offer treatment recommendations regarding the virus. For this information, please contact your primary care or other healthcare provider.

For more information about COVID-19, please listen to the following options:
**ARIZONA POISON SYSTEM - COVID LINE RESOURCES**

All information on PCC SharePoint

---

**Novel Coronavirus 2019 (COVID-19) Outbreak:**
**Guidance for Social Distancing**

Due to your potential exposure to COVID-19, as much as possible:

- Stay at home, except to get essential medical care, as much as possible. Do not go to work or school and avoid public areas (e.g., shopping centers, movie theaters, stadiums, etc.) and public transportation, including rideshare and taxis.
- Call ahead before visiting your doctor and reschedule all non-essential medical appointments.
- Separate yourself from others in the home.
- Cover your coughs and sneezes.
- Wash your hands and avoid touching your eyes, nose, and mouth.
- Avoid sharing household items like dishes, cups, eating utensils, and bedding.
- Postpone long-distance travel as you may be unable to return if you become symptomatic.
- Monitor your temperature & symptoms for 14 days after you were exposed.
  - Temperature monitoring: Please take and record your temperature
  - Symptom monitoring: The following symptoms could be associated with 2019-nCoV disease: fever, cough, sore throat, difficulty breathing or shortness of breath, muscle aches, headache, abdominal discomfort, vomiting, or diarrhea.

---

**Maricopa County Department of Public Health**

**Novel Coronavirus 2019 (COVID-19) Outbreak:**
**Guidance for Home Isolation**

If you HAVE or ARE BEING EVALUATED FOR COVID-19, you should:

- Stay at home, except to get essential medical care. Including:
  - Work, school, or public areas
  - Public transportation, rideshare, or taxis
- Separate yourself from others in the home, as much as possible. Stay in a separate room and use a separate bathroom, if possible.
- Cover your coughs and sneezes with a tissue or your elbow.
- Wash your hands often with soap and warm water for at least 20 seconds.
- Avoid touching your eyes, nose, and mouth.
- Do not share household items like dishes, cups, eating utensils, and bedding.
- Cancel all non-essential medical appointments and call ahead to your provider before you attend essential medical appointments.
- Monitor your symptoms and seek medical care if your illness is worsening.
  - Before going to your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19.

---

You will be asked to stay in home isolation:

1. If you have tested positive for COVID-19, you should:
   - Remain in home isolation for 7 days after your COVID-19 testing if your fever and symptoms of acute infection are gone OR until 72 hours after your fever and symptoms of acute infection are gone, whichever is longer.

2. If you have a fever and respiratory symptoms and have NOT tested positive for COVID-19, you should:
   - Stay home away from others until 72 hours after your fever and symptoms of acute infection are gone.
ARIZONA POISON SYSTEM - COVID LINE INTERNET PRESENCE

ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

844-542-8201

Highlighted Infectious Diseases for Arizona
ADHS Home / Public Health Preparedness / Epidemiology & Disease Control / Infectious Disease Services / Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 (COVID-19) - Coronavirus Home

Coronavirus Home

Coronavirus Disease 2019 (COVID-19)

- The Arizona Poison Control System is available to answer questions about COVID-19 from Arizona health providers (for testing and patient guidance) and the general public (for testing, isolation, and quarantine guidance) at 1-844-542-8201
- The President's Coronavirus Guidelines for America -- 15 Days to Slow the Spread of Coronavirus Disease 2019 (COVID-19) is available at Whitehouse.gov
COVID-19 Cases by Day
Date of specimen collection is used for day.

COVID-19 Cases by Laboratory Type

<table>
<thead>
<tr>
<th>Laboratory Type</th>
<th>ASPHL</th>
<th>Private Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Cases by Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20 years</td>
<td>132</td>
<td>1,399</td>
</tr>
<tr>
<td>20 - 44 years</td>
<td>692</td>
<td>692</td>
</tr>
<tr>
<td>45 - 64 years</td>
<td>667</td>
<td>3,631</td>
</tr>
<tr>
<td>65 years and older</td>
<td>921</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

COVID-19 Cases by Gender

- Male: 47%
- Female: 53%

COVID-19 Cases by Race/Ethnicity

- WHITE, NON-HISPANIC: 19%
- HISPANIC OR LATINO: 7%
- NATIVE AMERICAN: 7%
- BLACK, NON-HISPANIC: 2%
- ASIAN/PACIFIC ISLAND: 2%
- OTHER, NON-HISPANIC: 19%
- UNKNOWN: 3%

Date Updated: 4/14/2020
ARIZONA POISON SYSTEM - COVID LINE REPORTS
Established a PCC COVID-19 Educational (non-clinical) Rotation for Residents / Medical Students removed from clinical rotations

Education: COVID lecture, PCC orientation, access to remote Tox lectures

Service: three 4-hour PCC shifts/week on the COVID Line
COVID VS NON-COVID CALLS, NPDS
Increased exposures reported:
- Hand sanitizers
- Cleaners/Disinfectants (including disinfecting wipes)
- Byproducts of hypochlorite bleach mixing with other agents (chloramine, chlorine gas)
- Isopropyl alcohol
- Immune supplements (colloidal silver, vitamins)
- Hydroxychloroquine/Chloroquine
Results: According to data retrieved from the National Poison Data System (NPDS), there were 13,332 Sodium Hypochlorite exposure cases reported to the 53 U.S. Poison Control Centers (Jan. 1, 2020 through Apr. 12, 2020), which resulted in an increase of 48% compared to the same time period during the previous year.
Results: According to data retrieved from the National Poison Data System (NPDS), there were 8,410 Hand Sanitizer exposure cases reported to the 53 U.S. Poison Control Centers (Jan. 1, 2020 through Apr. 12, 2020), which resulted in an increase of 52% compared to the same time period during the previous year.
NPDS: HYDROXY/CHLOROQUINE

Results: According to data retrieved from the National Poison Data System (NPDS), there were 243 Hydroxychloroquine and Chloroquine exposure cases reported to the 55 U.S. Poison Control Centers (Jan. 1, 2020 through Apr. 12, 2020), which resulted in an increase of 43% compared to the same time period during the previous year.
Increased exposures to substances

Outcomes generally minor to moderate but surveillance is ongoing

Poison Centers play a valuable role in surveillance and response, dissemination of information during crisis
THANK YOU

PLEASE REACH OUT WITH ANY QUESTIONS

Diane P. Calello, MD FACMT FAACT FAAP
Medical and Executive Director, New Jersey Poison Information and Education System (NJPIES)
petilldi@njms.rutgers.edu

Daniel E. Brooks, MD
Medical Director, Poison & Drug Information Center and Outpatient Toxicology Clinic, Banner University Medical Center – Phoenix
Daniel.Brooks@bannerhealth.com
UPDATES FROM THE FRONT LINE

Lewis Nelson, MD FACMT FACEP FAACT
- Professor and Chair of Emergency Medicine, Rutgers University
- Newark, NJ

Paul Dargan, MD MBBS FACMT
- Professor of Clinical Toxicology, King’s College London
- Consultant Physician and Clinical Toxicologist, Guy’s and St Thomas’ NHS Trust Foundation
- London, UK
UPDATE FROM THE FRONT LINES:
NEWARK, NEW JERSEY

Lewis Nelson, MD FACMT
FACEP FAACT

- Professor and Chair of Emergency Medicine, Rutgers University
- Newark, NJ
UPDATE FROM THE FRONT LINES:
LONDON, UNITED KINGDOM

Paul Dargan, MD MBBS FACMT

- Professor of Clinical Toxicology, King’s College London
- Consultant Physician and Clinical Toxicologist, Guy's and St Thomas' NHS Trust Foundation
- London, UK
29th Jan 2020
- First UK confirmed case

28th Feb 2020
- First documented domestic transmission

March 2020
- 16th March: Social distancing recommendation
- 20th March: Schools/restaurants/bars/gyms closed
- 23rd March:
  - “Lockdown”: only go outside to
    - Buy food or medicines
    - Exercise once a day
    - Work if cannot work from home
- Cancellation of elective inpatient and outpatient activity
  - Video / tele appointment for some outpatient activity
- Significant upscaling of critical care and internal medicine capacity
  - Re-organisation of the Emergency Floor, opening of internal medicine wards
  - > doubling critical care capacity
  - Remobilisation of staff, recently retired/near qualification
- Staff education
  - PPE, remobilisation, COVID-19
- Upscaling of supply
  - PPE, oxygen anaesthetic drugs, palliative care drugs
**New UK Cases**

Cases are reported when lab tests are completed. This may be a few days after initial testing. Testing capacity is increasing, which is resulting in a greater number of observed cases (Confidence: there are likely many more cases than currently recorded here). Pillar 1: NHS swab testing for those with a medical need and the most critical key workers. Pillar 2: Commercial-swab testing for critical key workers in the NHS, social care and other sectors.

![Chart showing New UK Cases from 21 Mar to 14 Apr]

Source: Department of Health and Social Care.
People in Hospital Beds with COVID-19 (Great Britain)

Over the last 24 hours, the number of people in hospital with confirmed COVID-19 fell by 2% across Great Britain and by 15% in the East of England. Nine hospitals, including London Nightingale did not return data for April 9, resulting in a misrepresented drop in hospitalisations. (Confidence: a new categorisation has been added to an existing high quality administrative data set).

Currently ~ 20k

Source: NHSE, Welsh Gov., Scotland Gov.
Global Death Comparison

Country data is aligned by stage of the outbreak. Day 0 equals the first day 50 deaths were reported.
(Confidence: deaths are reasonably accurate, but international reporting lags are unclear, so may not be comparing exactly like for like.)

Source: Public Health England, Worldometer. Reporting of UK deaths may lag by up to several days.
Deaths reported in week of 3rd April
- ↑ 5246 from the previous week
- ↑ 6082 from 5y average
- 21.2% all deaths mentioned COVID-19
  - London: 46.6%
- 90.2% of COVID-19 deaths in hospital

- NOT all of the increase in deaths accounted for by COVID-19 deaths
- ? Under-reporting of COVID-19 in community deaths
- ? Increase in deaths from other causes
Clinical Toxicology in my hospital
   ~ 1/3 presentations
   - both DSP and 'recreational'
COVID-19: DATA COLLECTION AND RESEARCH

Data on 3883 ICU COVID-19 admissions
- Demographic, clinical, management, outcome
- Comparison: 2017-19 viral pneumonia
8th April: data on 10,363 COVID-19 cases from 240 sites in 25 countries
2nd report for 3316 cases up to 25 March

Outcome data on 1450 - 906 discharged - 544 died
If you are a journalist and are interested in one of the nationally prioritised studies listed below, please contact the Press Office of the funding organisation.

Showing 1 to 27 of 27 entries
ICU Community Acquired Pneumonia study: 60 sites in 13 countries
- Adaptive study design to enable evaluation of relevant Tx options in a pandemic
- 173 Covid-19 patients enrolled

Existing domains of relevance to COVID-19:
- prolonged macrolide therapy; steroid treatment

New domains specific for COVID-19:
- Antiviral therapy: lopinavir/ritonavir (Kaletra)
  (Amendments submitted to add)
- Hydroxychloroquine ± lopinavir/ritonavir
- Immunomodulation including Interferon β-1a, IL-1 receptor antagonists (e.g. anakinra), IL-6 monoclonal Ab (e.g. tocilizumab)
UK RCT: HOSPITALISED ADULTS WITH SARS COV-2 FIVE ARMS (2:1:1:1:1)

- Standard care with no additional treatment
- Lopinavir 400mg-Ritonavir 100mg bd oral/NG for 10 days
- Steroids (dexamethasone 6mg od oral or IV for 10 days (pred/HC in pregnancy))
- Hydroxychloroquine
- Azithromycin 500mg od (PO/NG/IV) for 10 days

OUTCOMES: 28 days or date of discharge/death
- Time to discharge/death
- Use of ventilation or renal replacement therapy
- Healthcare data linkage: influence of co-morbidities, longer term outcome
ON-DEMAND RESOURCES

- All webinars are recorded and posted to the ACMT website
- PDFs of webinar slides are also available on the website
- Questions? Email: info@acmt.net

www.acmt.net/covid19web
NEXT WEBINAR

Topic To Be Announced on Monday 4/20

Wednesday, April 22, 2020 @ 3:00 PM EDT