

Medical and Public Health Considerations of COVID-19

A Collaborative Web Series on Emerging Topics
and Featuring Voices from the Front Lines



POISON CENTERS & COVID-19
PPE IN ADDICTION TREATMENT SETTINGS
UPDATES FROM THE FRONT LINES: LONDON & NEWARK

APRIL 15, 2020

WEBINAR SERIES PARTNERS

American Academy of Clinical Toxicology (AACT)

American Academy of Emergency Medicine (AAEM)

American Association of Poison Control Centers (AAPCC)

American College of Medical Toxicology (ACMT)

Asia Pacific Association of Medical Toxicologists (APAMT)

European Association of Poison Centers and Clinical Toxicologists (EAPCCT)

Middle East & North Africa Clinical Toxicology Association (MENATOX)

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

DIDACTIC SPEAKERS



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



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), 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

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 [@twtoxmd](https://twitter.com/twtoxmd)





COVID 19 & ADDICTION - MARCH 11, 2020

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:

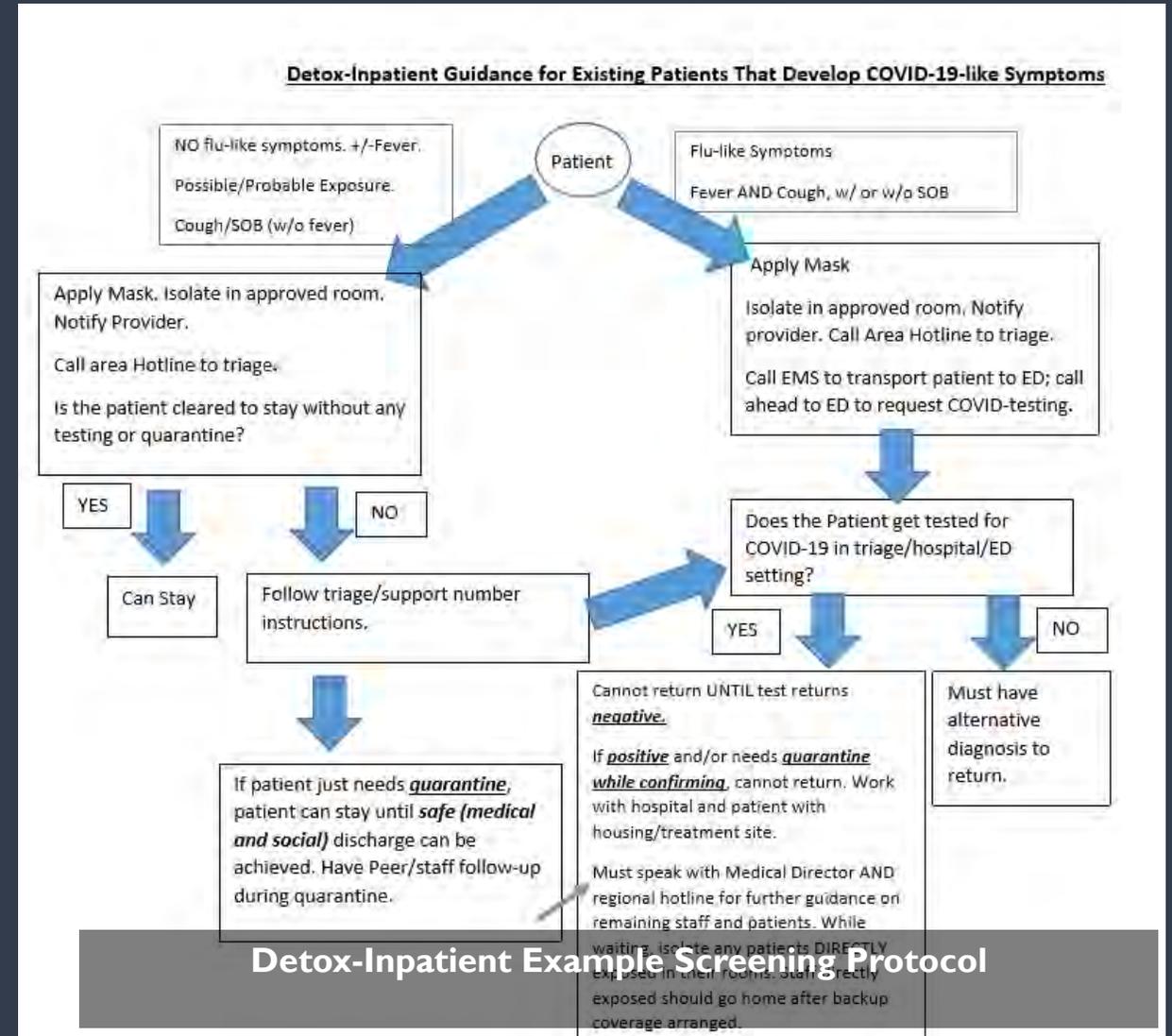
- **Clients 60 and older** will be asked to cease attendance at groups until further notice.
 - Individual and any medical (e.g. MAT) sessions only
 - Extending medical visits to bi-weekly
 - Providers will be extending MAT bridge prescriptions in some circumstances to best support patients in this demographic
- 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 the number of chairs in the waiting room to help offer more space between folks while waiting for service. All staff are encourages 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

**SOCIAL DISTANCING/QUARANTINE, PPE, + SYSTEMS
ADJUSTMENTS (TELEHEALTH/CFR 42/DEA)**

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

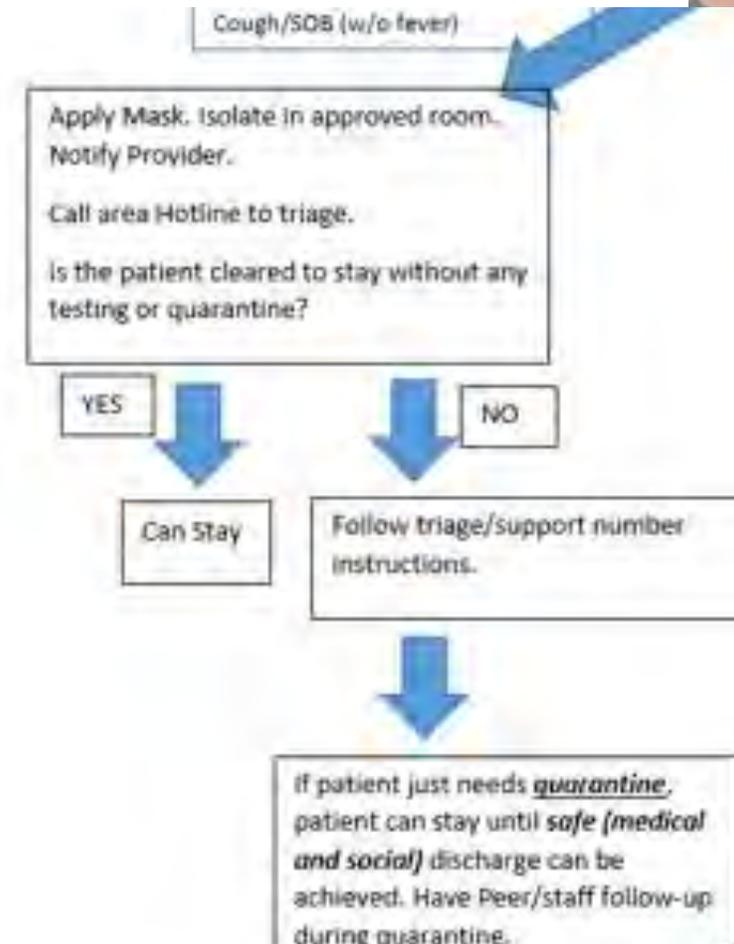
- Protect patients and staff from COVID19 infection
- Maintain access to addiction treatment services
- Maintain therapeutic environment for patients with SUDs

Considerations

- Acuity of SUD treatment needs.
 - And bed availability*
- Medical risk if COVID19 infection.
- Risk of spread of COVID19 to others in facility.

Context

- Federal, state, local regulations and directions.
- Resource limitations (PPE*)
- Training staff/facility limitations*



COVID-19 - RESOURCES



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



COVID-19 Coronavirus

- Access to Buprenorphine
- Access to Care in Opioid Treatment Program
- Access to Telehealth
- Adjusting Drug Testing Protocols
- Infection Mitigation in Outpatient Settings
- Infection Mitigation in Residential Treatment Facilities
- National and State Guidance
- Support Group
- Taskforce

[HTTPS://WWW.ASAM.ORG/QUALITY-SCIENCE/COVID-19-CORONAVIRUS](https://www.asam.org/quality-science/covid-19-coronavirus)

AMERICAN SOCIETY OF
ADDICTION MEDICINE –
ADVOCACY AND
RESOURCES/SUPPORT –CPDC
(CARING FOR PATIENTS DURING
THE COVID-19) TASK FORCE

Quarantining patients at Pa. drug treatment centers could pose risk, but many have nowhere else to go

By ANERI PATTANI

SPOTLIGHT PA | MAR 24, 2020 || 10:25 AM | HARRISBURG

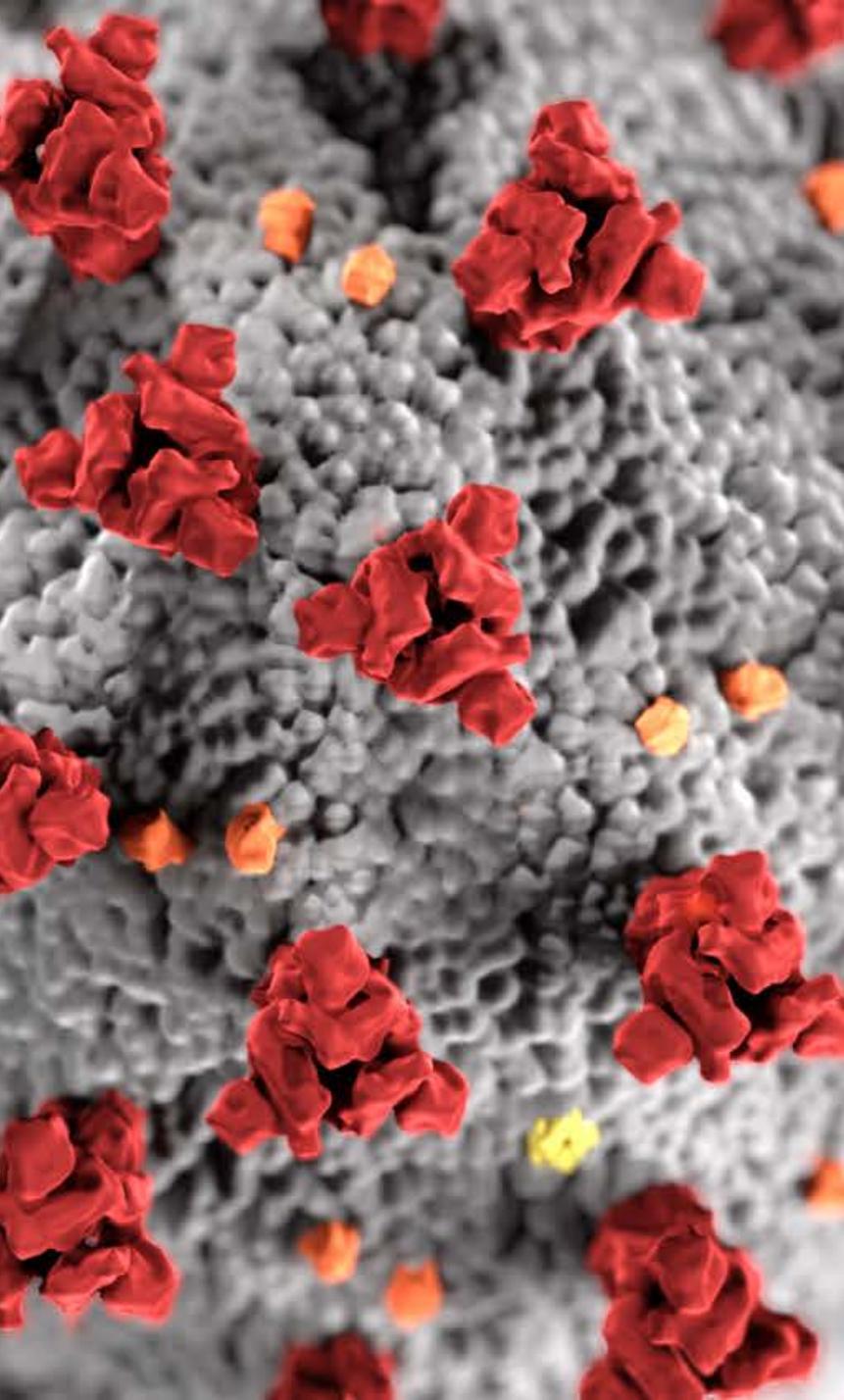


That's why they're turning to public officials for help. Some are raising the idea of public quarantine spaces run by the state or county governments that could house sick individuals, while allowing treatment facilities to keep their doors open for other patients.

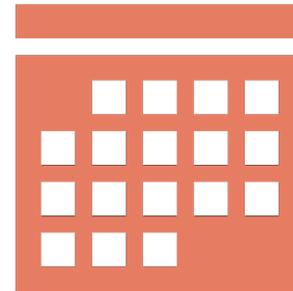
“We don't have the ability to quarantine someone without endangering staff or other patients,” said Dr. Fred Baurer, medical director of the Kirkbride Center in Philadelphia, which houses about 250 patients. “That's not what our facility is set up for, so we're looking for help from public health officials.”

APRIL 15 -- OPPORTUNITIES & CHALLENGES

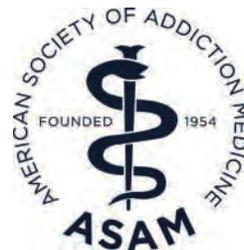
- Broader access to patients and novel support mechanisms (**phone/telehealth**)
- Internet AA/NA/HA support
- Ambulatory Detoxification expansion
- Networks of communication developing
- Smoking cessation*
- Novel ways of delivering addiction care (e.g.App availability)
- Connect in creative way.
-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



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



THANK YOU

PLEASE REACH OUT WITH ANY QUESTIONS

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 [@twtoxmd](https://twitter.com/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)

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Daniel E. Brooks, MD

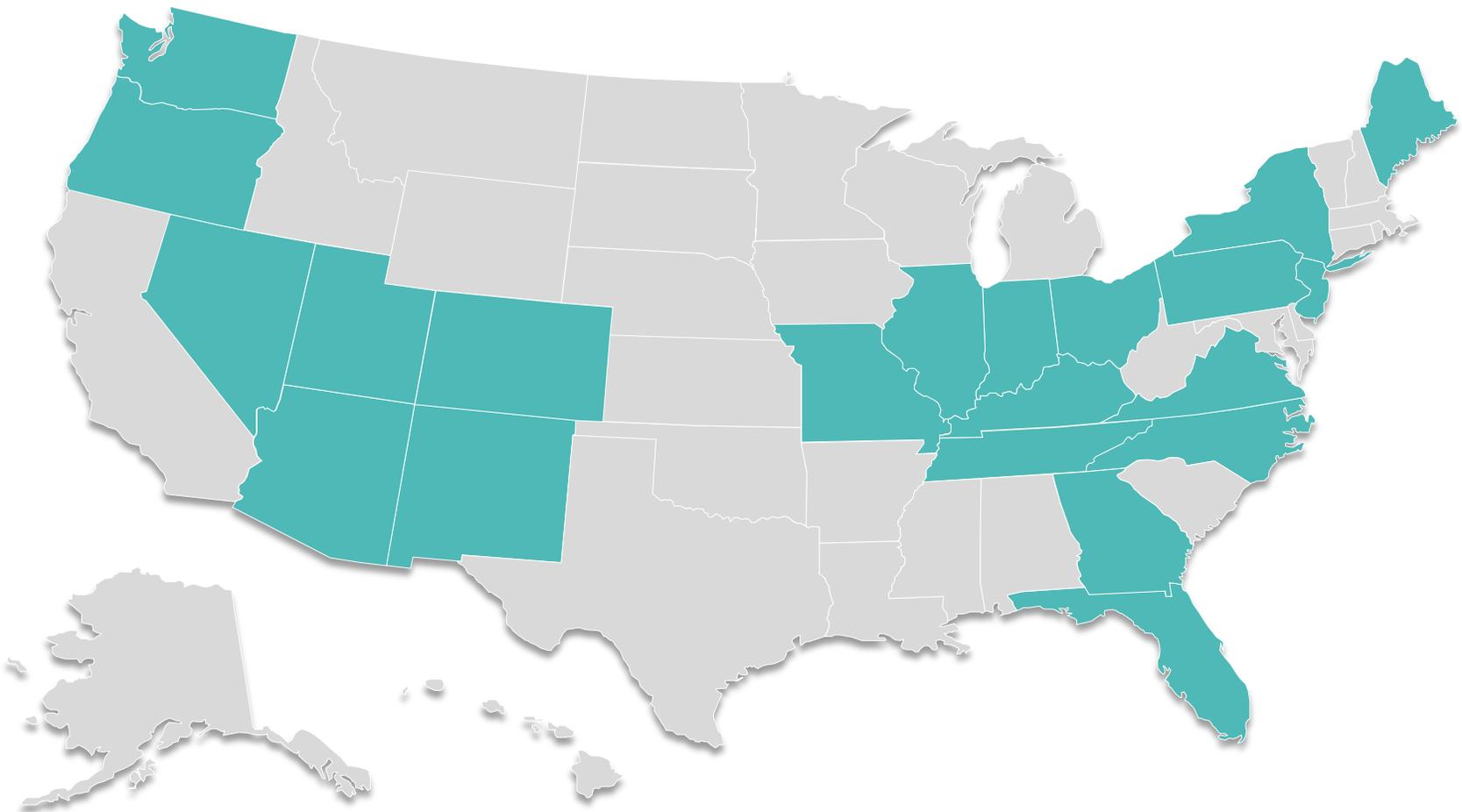
Medical Director, Poison & Drug
Information Center and Outpatient
Toxicology Clinic, Banner University
Medical Center - Phoenix

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

US POISON CENTERS WITH COVID-19 HOTLINES



Source: AAPCC
Hotline services vary

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?



Improving Health Through Leadership and Innovation

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](tel:1-800-222-1222) or [1-800-962-1253](tel: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.

Learn More



Watch Press Conference

Info from the CDC

Info from the NJ DOH

Hotline Announcement

Information on
Novel Coronavirus
April 13, 2020

Have general questions about COVID-19?

The NJ Poison Control Center and 211 have partnered with the State to provide information to the public on COVID-19:

Call: 2-1-1 • Call (24/7): 1-800-962-1253

Text: NJCOVID to 898-211

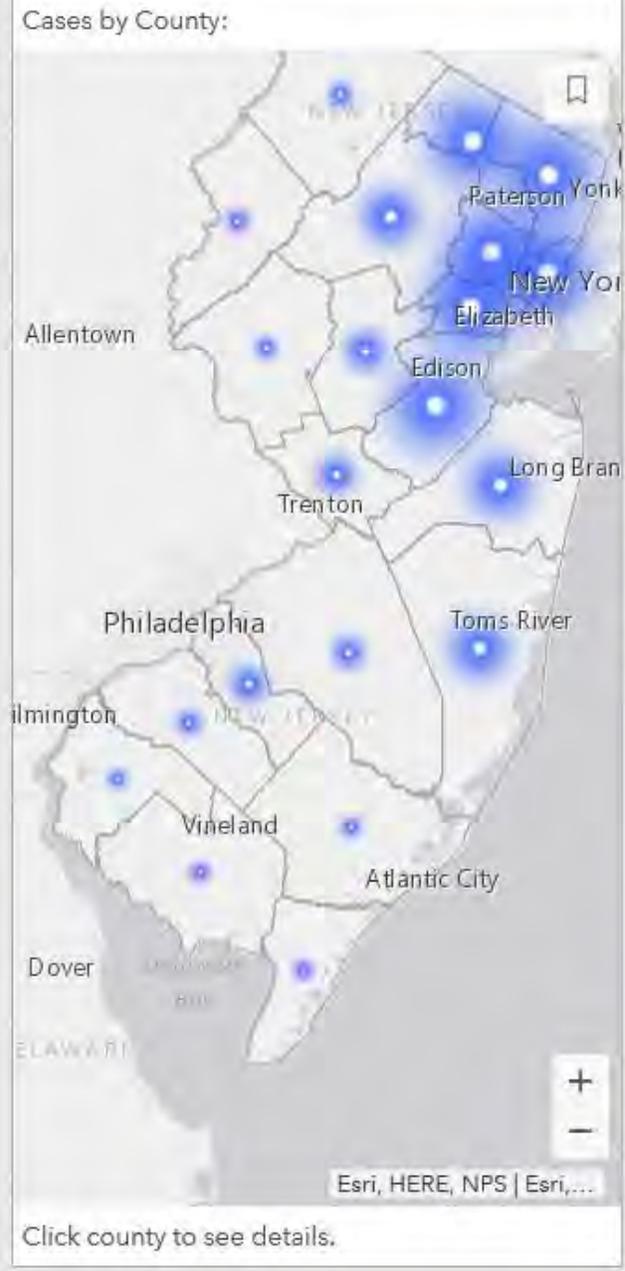
Visit <https://covid19.nj.gov/> or nj.gov/health for additional information



COVID-19 Cases by County

Positives Pending 1,203 Further Information	Deaths Pending 2 Further Information
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- 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:**

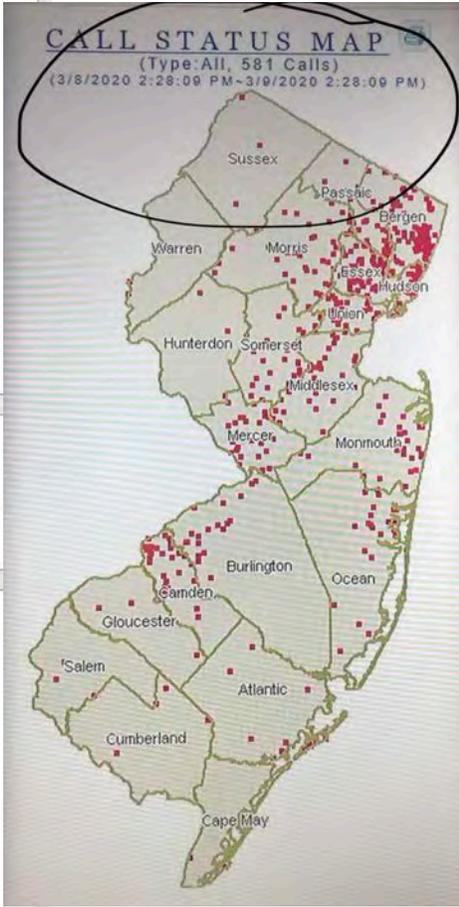
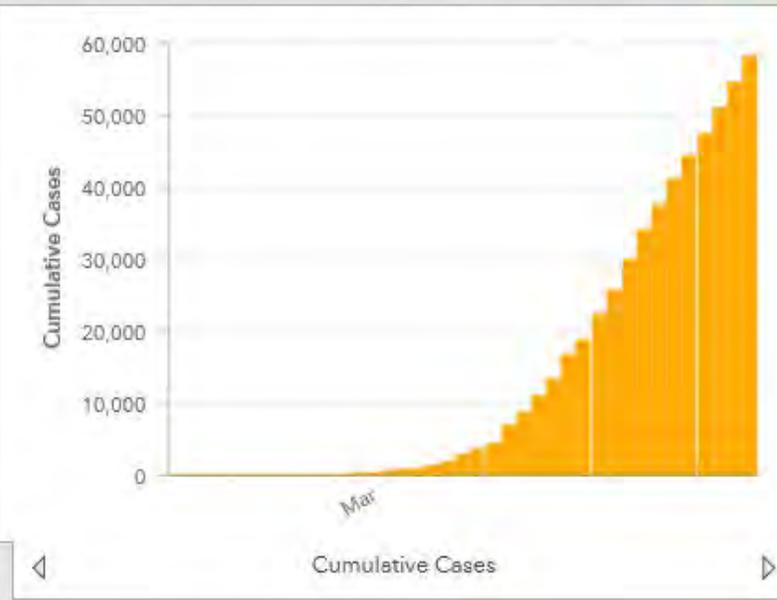


Positives

64,584

Total Negatives Pending 46.2% Percent Positivity*	Deaths 2,443 Major Lab Positives* 52,106 Total Tests Reported* 118,097
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*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



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

**Information on
Novel Coronavirus**
April 13, 2020

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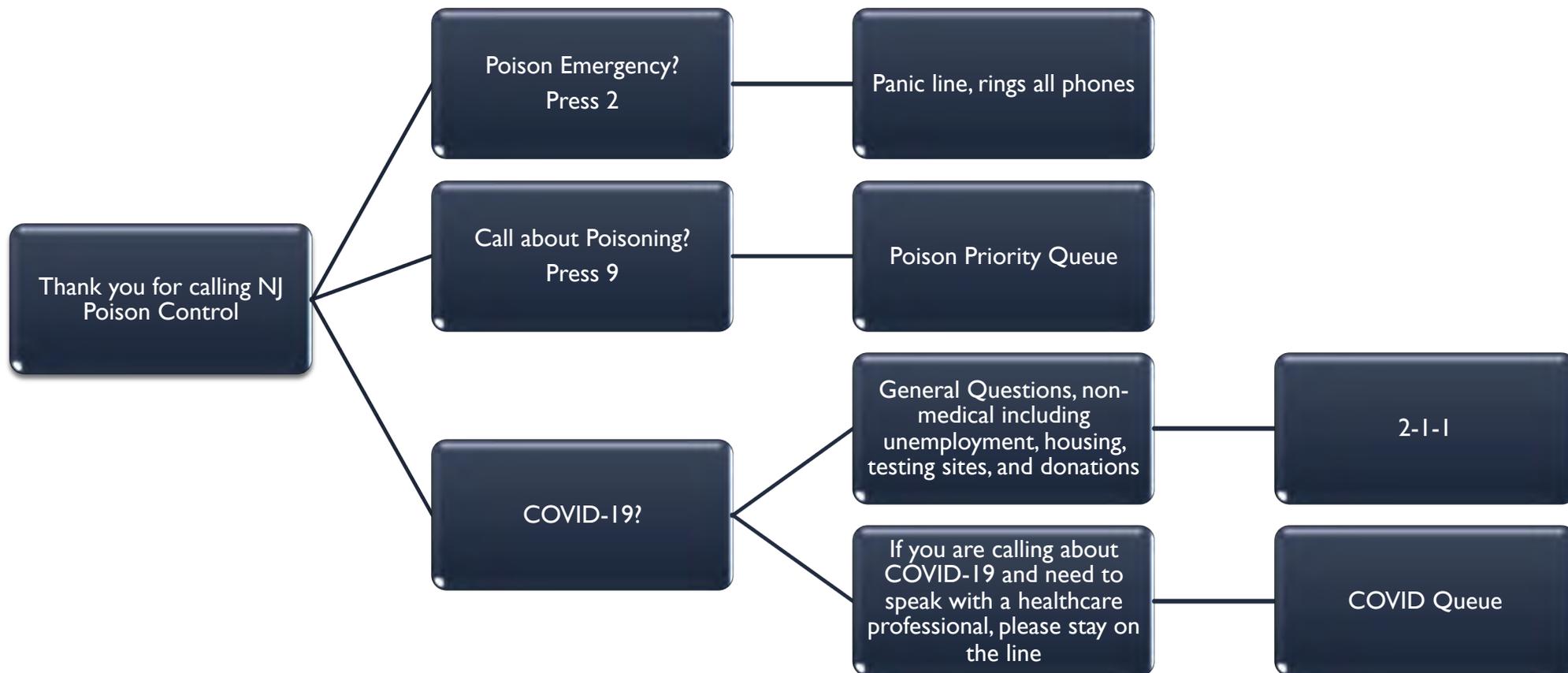
Visit <https://covid19.nj.gov/> or nj.gov/health for additional information

1-800-222-1222



**New
Jersey
Poison
Center**

NJPIES PHONE TRIAGE: POISONINGS TAKE PRIORITY

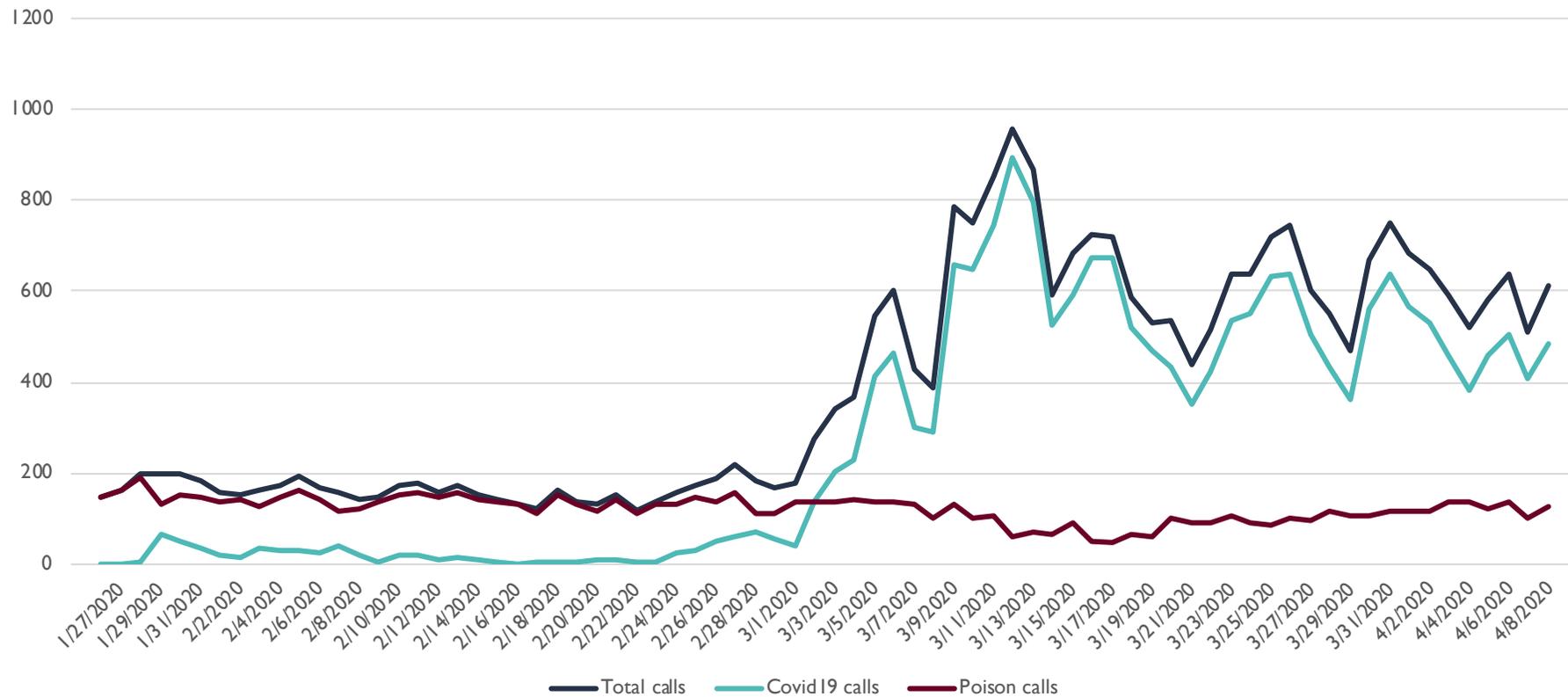


1-800-222-1222



NEW JERSEY POISON INFORMATION AND EDUCATION SYSTEM (NJPIES)

NJPIES Total, COVID-19, and Poisoning Calls



1-800-222-1222



**New Jersey
Poison
Center**

NJPIES AND NJ OFFICE OF INNOVATION: COVID19.NJ.GOV



NEW JERSEY

COVID-19 Information Hub

Call (General COVID-19 Questions): [2-1-1](#) (24/7)

Call (Medical COVID-19 Questions): [1-800-962-1253](#) (24/7)

Text NJCOVID to [898-211](#) to receive alerts

Select a Language

COVID-19 Update

Gov. Murphy announces additional business + construction restrictions. [Learn More](#)

Ask Your COVID-19 Questions Here

How can I



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

HELP NJ

[View All >](#)

ARIZONA POISON SYSTEM - PUBLIC HEALTH PARTNERSHIPS

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)

ARIZONA POISON SYSTEM - COVID LINE

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)

ARIZONA POISON SYSTEM - COVID LINE

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)

ARIZONA POISON SYSTEM - COVID LINE

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.

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

Search az.gov



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

844-542-8201

HOME AUDIENCES TOPICS DIVISIONS A-Z INDEX

Google Custom Search

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](#)

Home

Coronavirus Disease 2019 ▾

- Home**
- General Public
- Frequently Asked Questions (FAQs)
- EMS and 9-1-1 Resources
- Local Health Resources

Coronavirus Home



Coronavirus Disease 2019 (COVID-19)

- The Arizona Poison Control System is available to answer questions about COVID-19 from Arizona 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 (2020) is available at [Whitehouse.gov](https://www.whitehouse.gov)
- Governor Ducey's [Executive Order](#) released March 19, 2020.

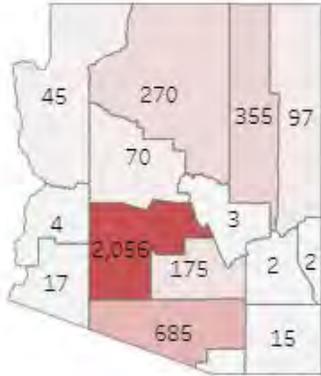
Number of Cases
3,806

Number of deaths
131

Arizona Community Risk
Increasing with some area of heightened risk

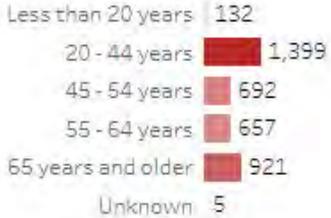
Arizona Community Spread
Widespread

Select a county to filter the graphs below.



Counties with cases less than 10 will not have the graphs filtered.
Counties with less than 3 deaths will not be displayed in the filtered death counts.

COVID-19 Cases by Age Group



Date Updated: 4/14/2020

COVID-19 Cases by Day

Date of specimen collection is used for day.



For recent weeks, all data may not be complete due to reporting lags.

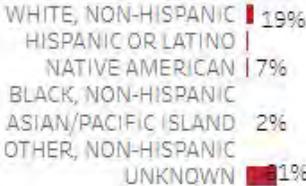
COVID-19 Cases by Laboratory Type



COVID-19 Cases by Gender

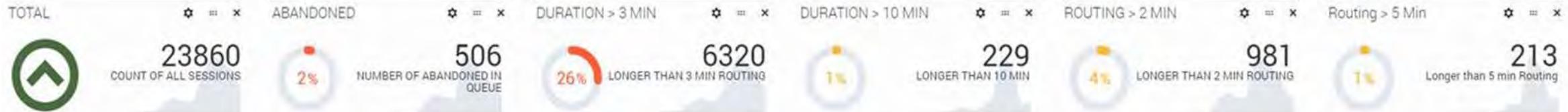


COVID-19 Cases by Race/Ethnicity

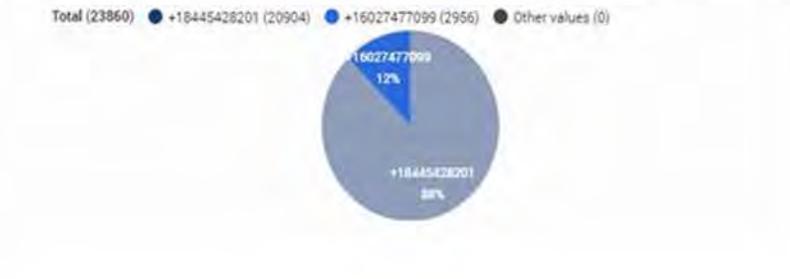
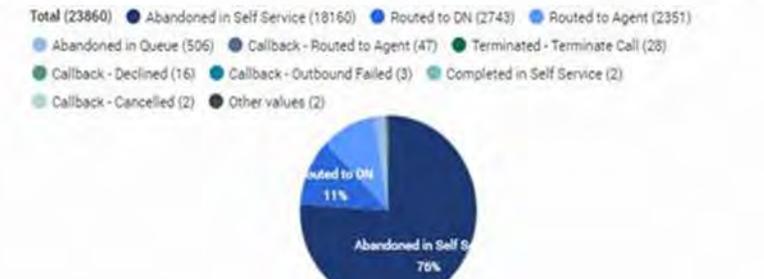
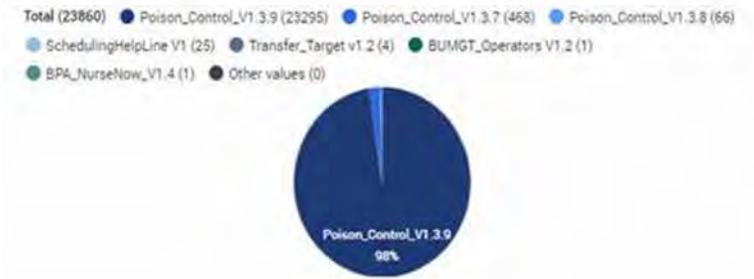


ARIZONA POISON SYSTEM - COVID LINE REPORTS

Count Over Time



Count By App | Count By Disposition | Count By DID



ARIZONA POISON SYSTEM - COVID LINE EDUCATION

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

National Poison Data System



Poison center personnel include medical toxicologists, clinical toxicologists and specialists in poison information.

User Name:

Password:

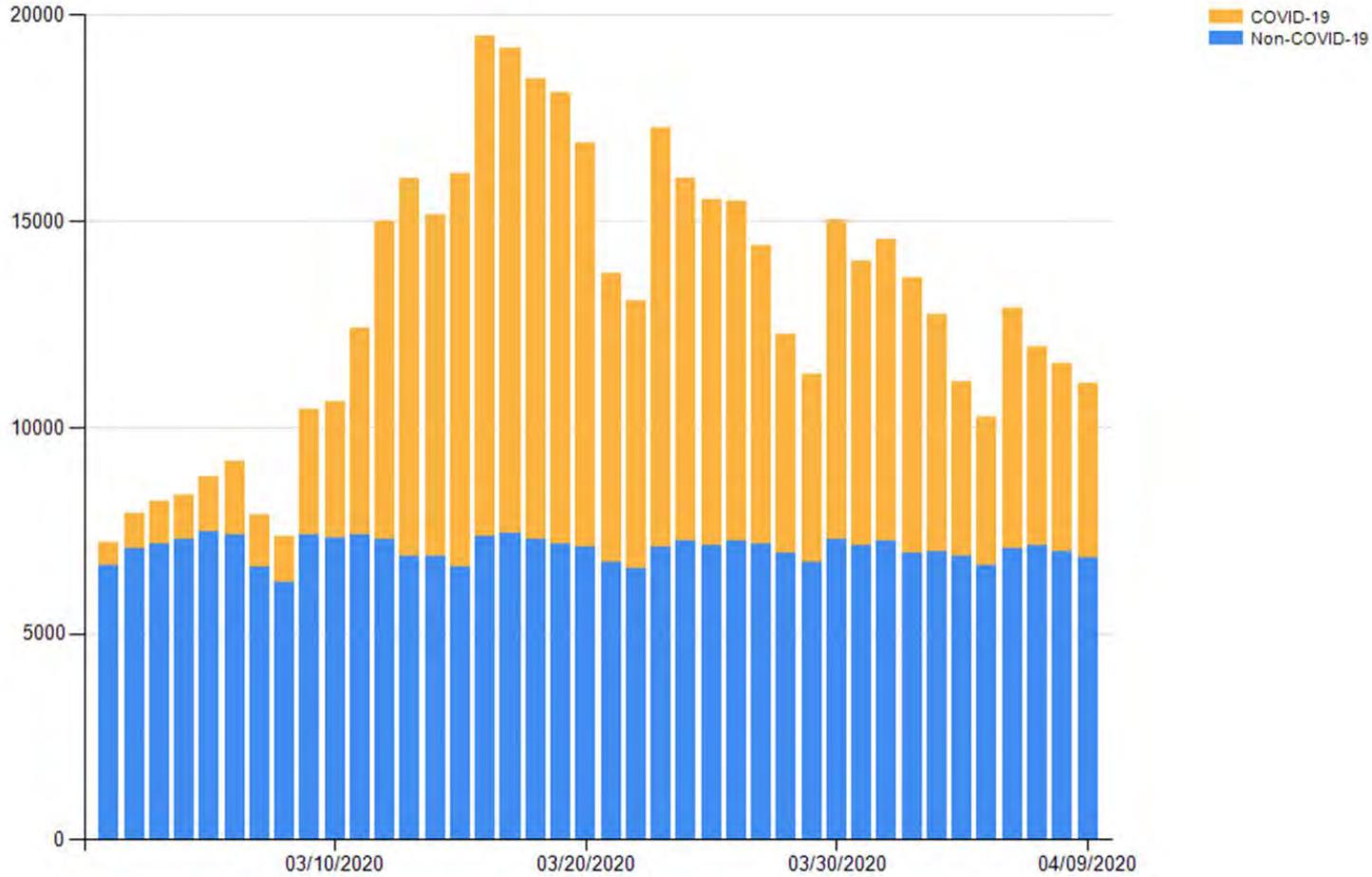
Since 1953, poison centers have been making a positive contribution to public health in the United States.

The goal of poison centers is to reduce morbidity and mortality due to poisoning.

If you have a poisoning emergency, call



NATIONAL POISON DATA SYSTEM



COVID VS NON-COVID CALLS, NPDS



NPDS POISON EXPOSURE TRENDS SINCE COVID-19

- 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





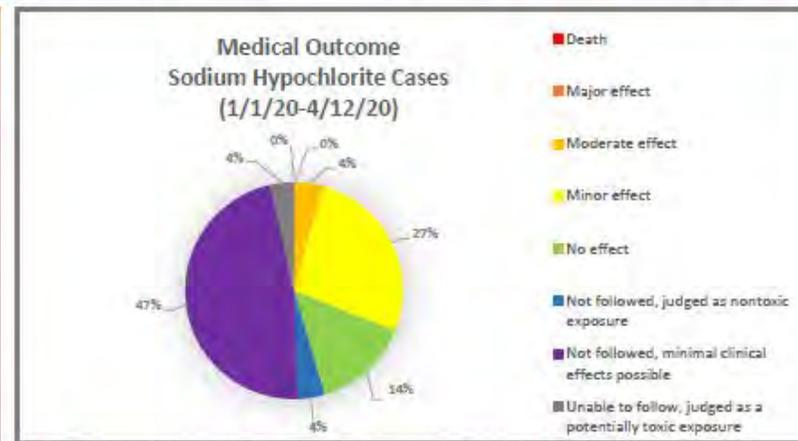
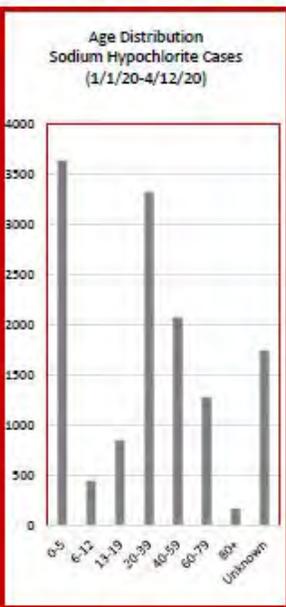
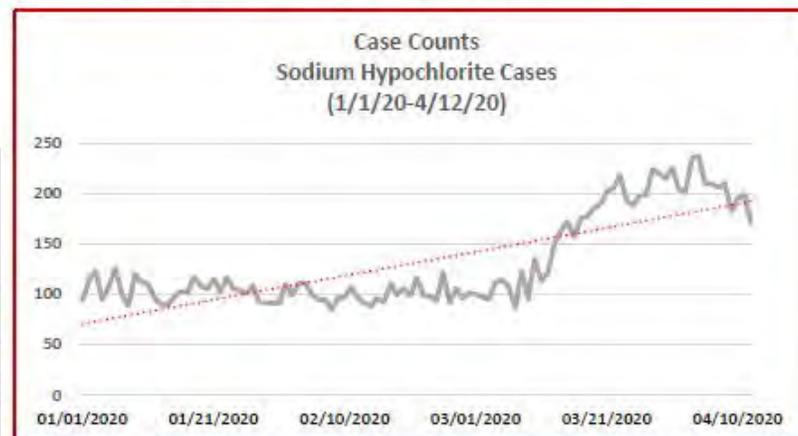
National Poison Data System (NPDS) Bulletin
COVID-19 (Sodium Hypochlorite)

NPDS: SODIUM HYPOCHLORITE

Results: According to data retrieved from the National Poison Data System (NPDS), there were 13,532 Sodium Hypochlorite exposure cases reported to the 55 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.

Sodium Hypochlorite Case Counts 2019 vs. 2020 (January 1st - April 12th)

Month	2019	2020
Jan.	2,669	3,214
Feb.	2,565	2,905
Mar.	2,809	4,954
Apr.	1,101	2,459
TOTAL	9,144	13,532



* Confirmed nonexposure and Unrelated effect cases are not included in this pie chart.

Gender Distribution Sodium Hypochlorite Cases (1/1/20-4/12/20)

Male	5,804	42.9%
Female	7,628	56.4%
Unknown	100	0.7%

NPDS: HAND SANITIZER

Results: According to data retrieved from the National Poison Data System (NPDS), there were 8,410 Hand Sanitizer exposure cases reported to the 55 U.S. Poison Control Centers (Jan. 1, 2020 through Apr. 12, 2020), which resulted in an increase of 32% compared to the same time period during the previous year.

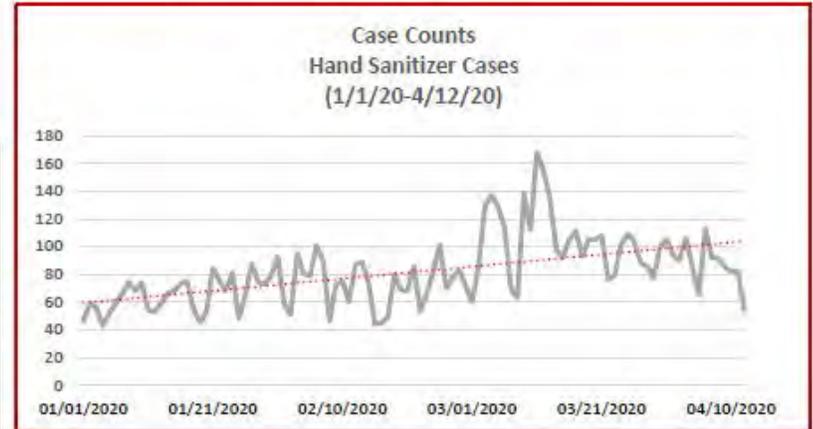
AMERICAN ASSOCIATION OF POISON CONTROL CENTERS



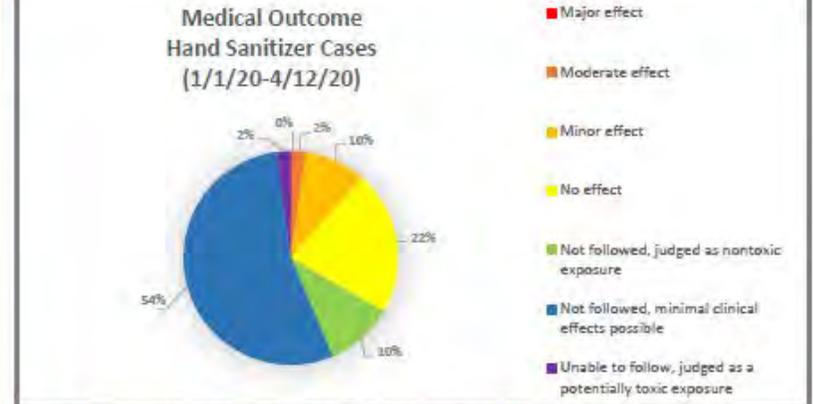
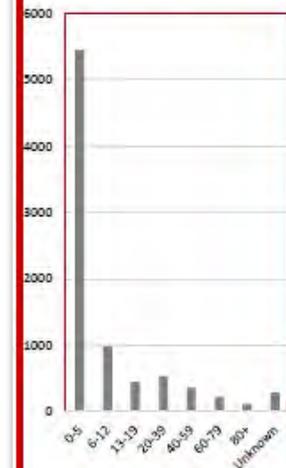
National Poison Data System (NPDS) Bulletin COVID-19 (Hand Sanitizer)

**Hand Sanitizer Case Counts
2019 vs. 2020
(January 1st - April 12th)**

Month	2019	2020
Jan.	1,936	2,027
Feb.	1,813	2,104
Mar.	1,850	3,239
Apr.	780	1,040
TOTAL	6,379	8,410



**Age Distribution
Hand Sanitizer Cases
(1/1/20-4/12/20)**



* Confirmed nonexposure and Unrelated effect cases are not included in this pie chart

Gender Distribution Hand Sanitizer Cases (1/1/20-4/12/20)		
Male	4,421	52.6%
Female	3,938	46.8%
Unknown	51	0.6%

NPDS: HYDROXY/CHLOROQUINE

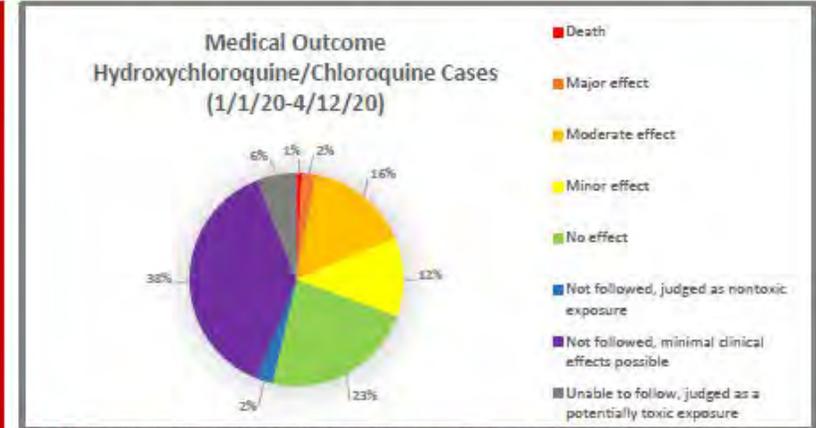
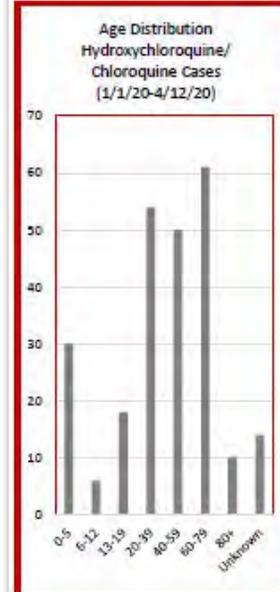
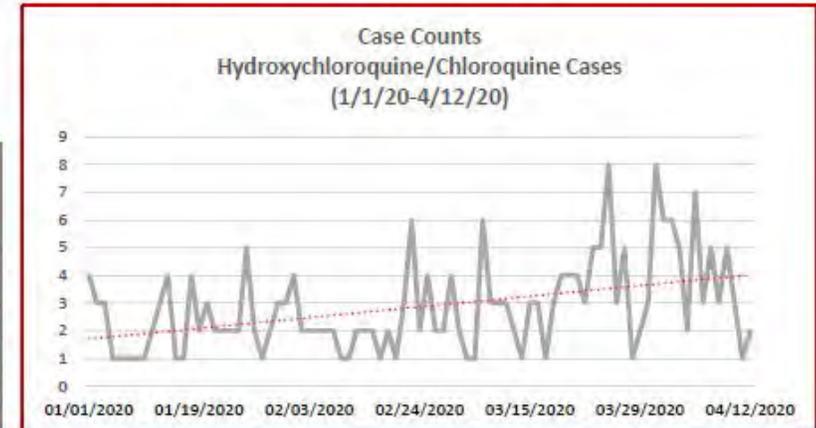
Results: According to data retrieved from the National Poison Data System (NPDS), there were 243 Hydroxychloroquine and Chloroquine exposure cases reported to the 55 U.S. Poison Control Centers (Jan. 1, 2020 through Apr. 12, 2020), which resulted in an increase of 43% compared to the same time period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



National Poison Data System (NPDS) Bulletin COVID-19 (Hydroxychloroquine/Chloroquine)

**Hydroxychloroquine/
Chloroquine Case Counts
2019 vs. 2020
(January 1st - April 12th)**

Month	2019	2020
Jan.	55	59
Feb.	47	49
Mar.	52	87
Apr.	16	48
TOTAL	170	243



* Confirmed nonexposure and Unrelated effect cases are not included in this pie chart

Gender Distribution Hydroxychloroquine/Chloroquine Cases (1/1/20-4/12/20)

Male	67	27.6%
Female	176	71.4%
Unknown	0	0.0%

POISON CENTERS AND COVID-19: CONCLUSIONS

- 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



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FAACT FAAP**

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Medical Director, Poison & Drug
Information Center and Outpatient
Toxicology Clinic, Banner University
Medical Center – Phoenix

Daniel.Brooks@bannerhealth.com

UPDATES FROM THE FRONT LINE



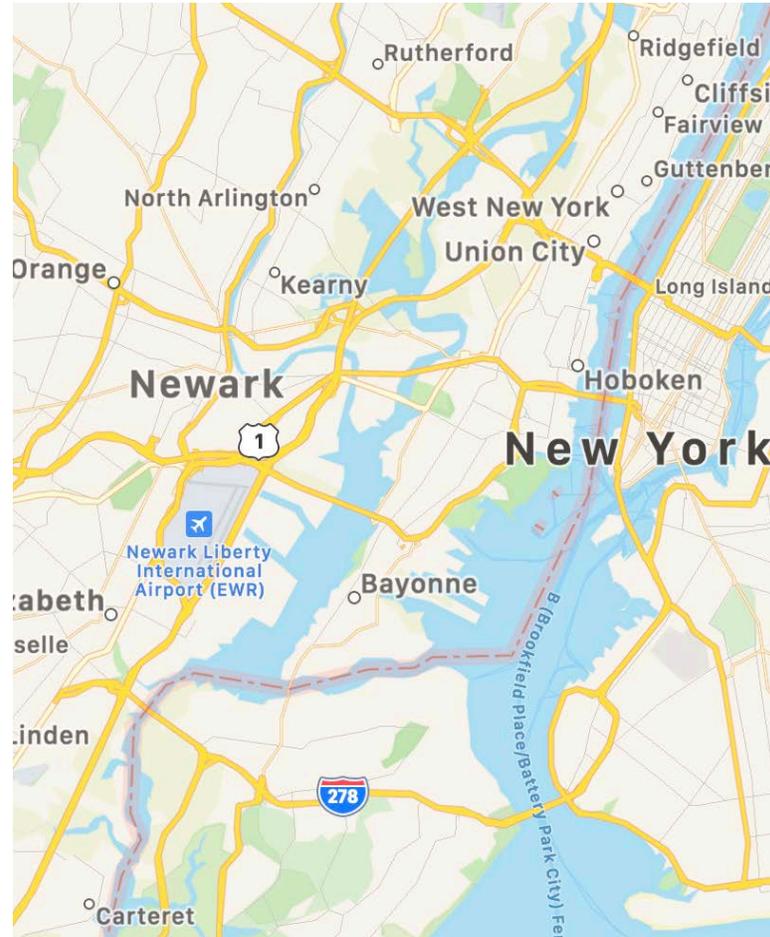
Lewis Nelson, MD FACMT FACEP FAACT

- 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

Transport use change

Transport use is down by more than 60% for all transport types since February. Rail and Tube use are down by 97%.

29th Jan 2020

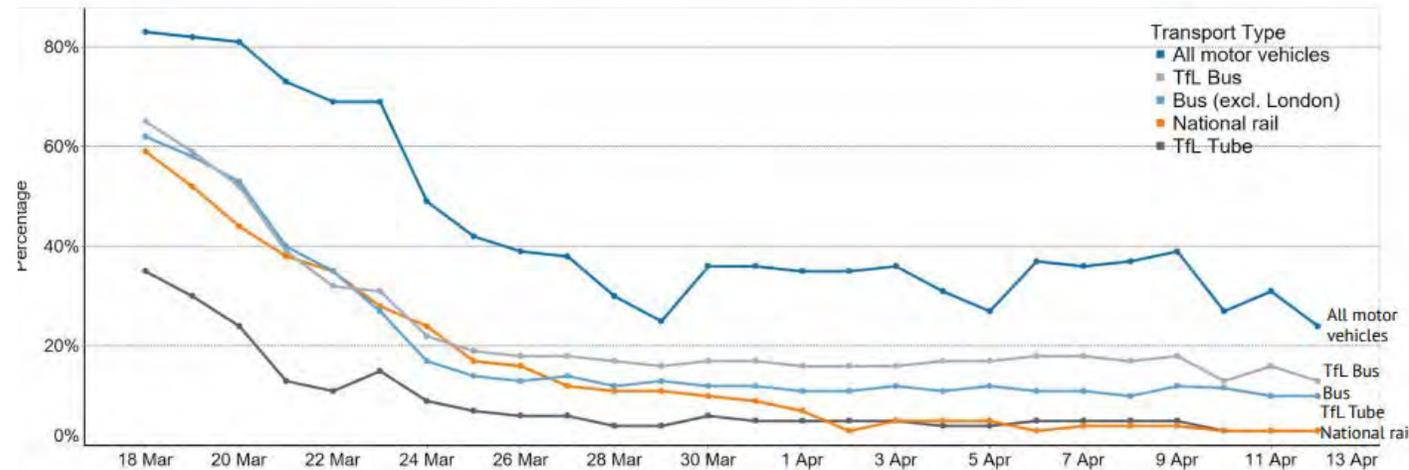
- First UK confirmed case

28th Feb 2020

- First documented domestic transmission

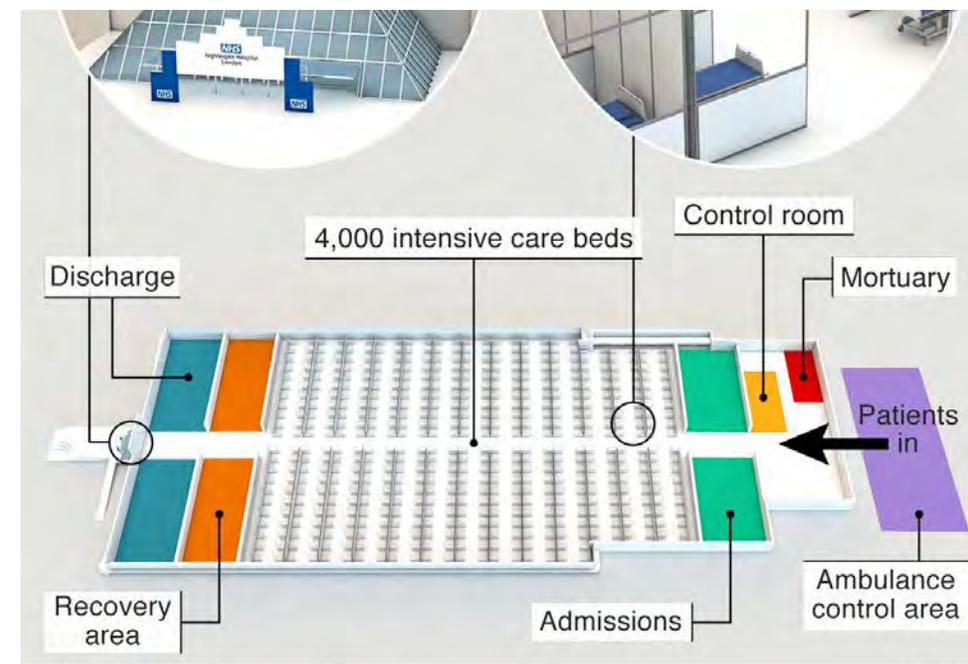
March 2020

- 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



ORGANISATIONAL APPROACH

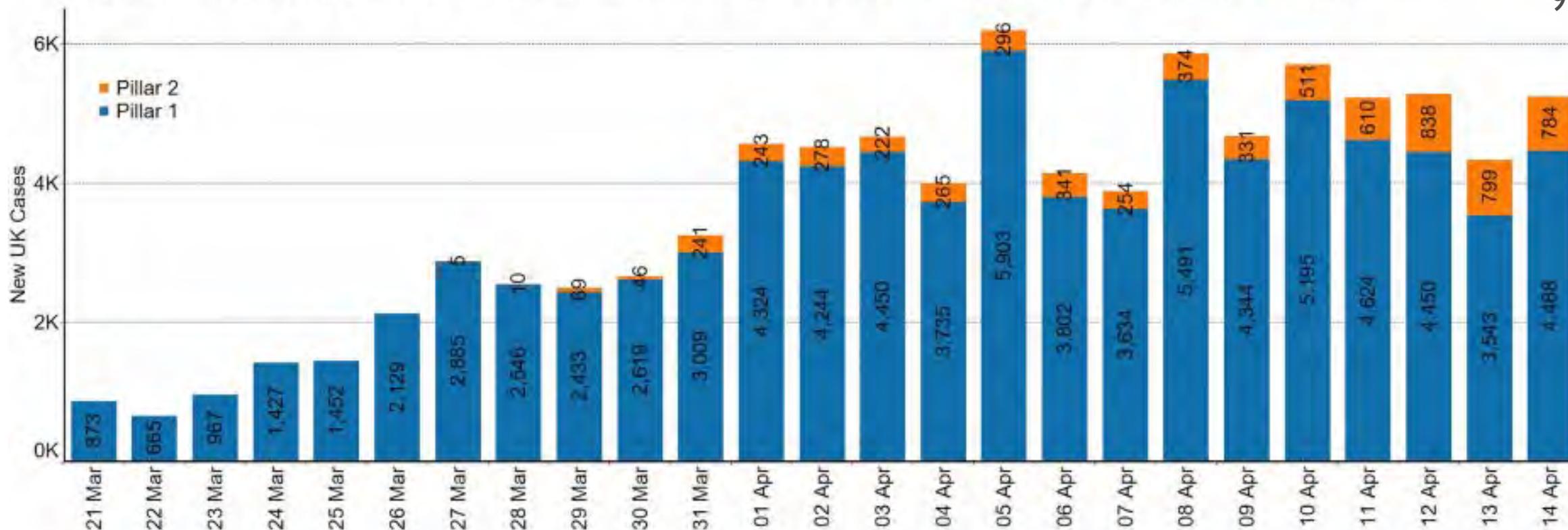
- Cancellation of elective inpatient and outpatient activity
 - Video / tele appointment for *some* outpatient activity
- Significant upscaling of critical care and internal medicine capacity
 - Re-organisation of the Emergency Floor, opening of internal medicine wards
 - > doubling critical care capacity
 - 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.

93,703



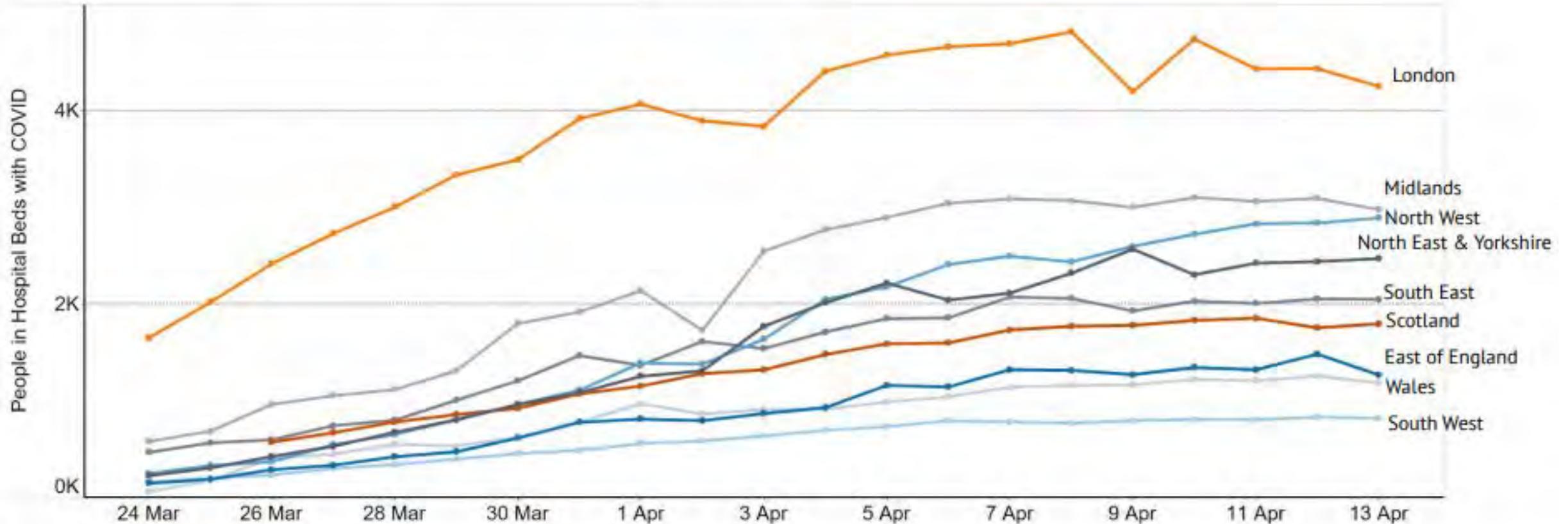
Source: Department of Health and Social Care.

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.

BBC Samsung TV News Sport Weather iPlayer Sounds

NEWS

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UK England N. Ireland Scotland Alba Wales Cymru Local News

Coronavirus: Boris Johnson moved to intensive care as symptoms worsen

7 April 2020

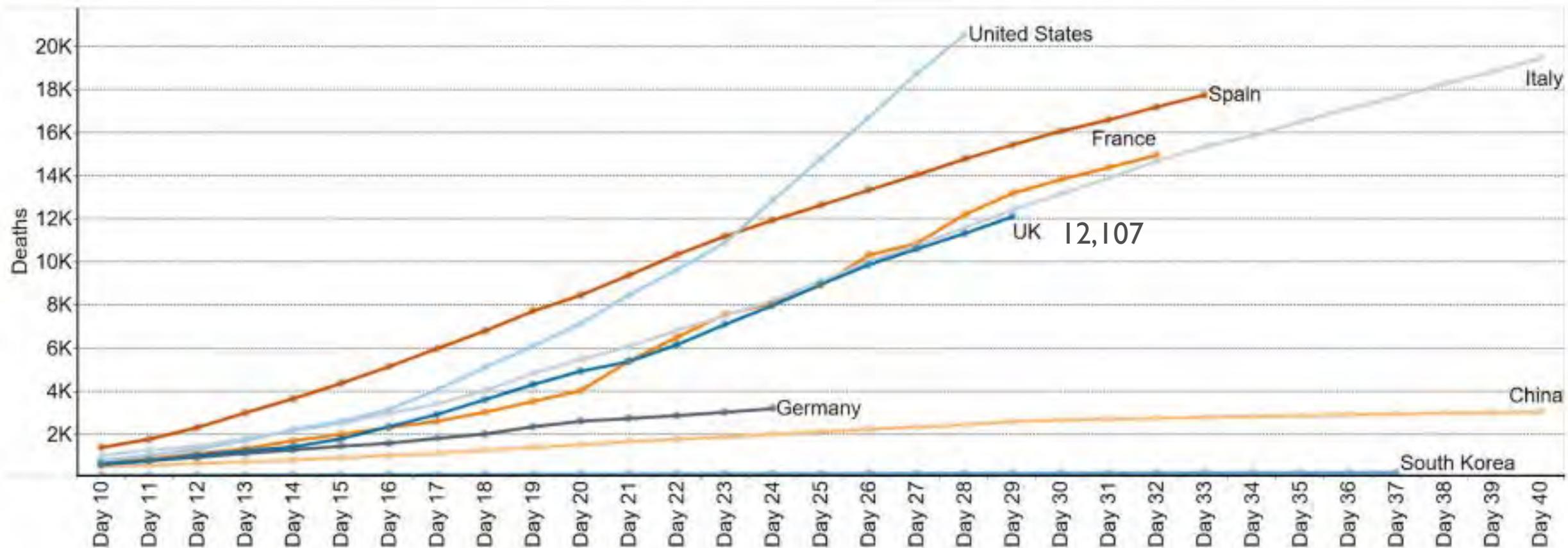
f t e Share

Coronavirus pandemic

Global Death Comparison

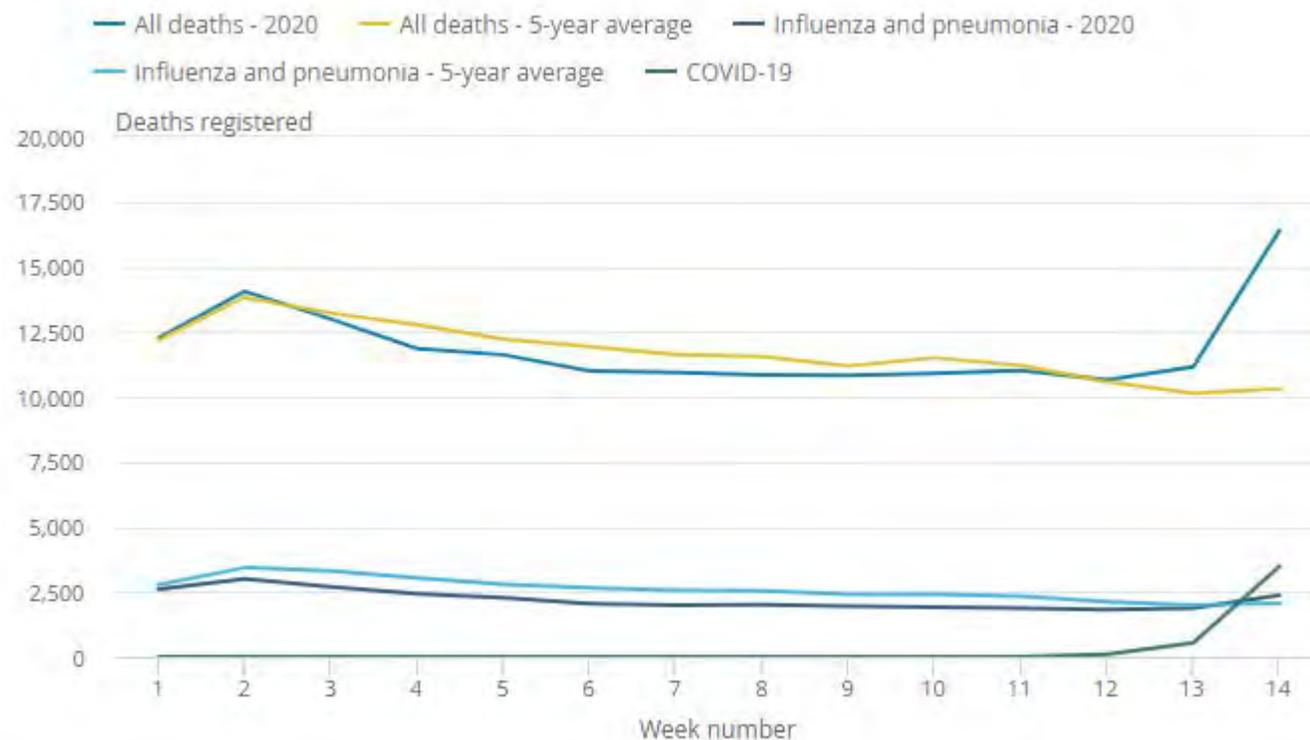
Country data is aligned by stage of the outbreak. Day 0 equals the first day 50 deaths were reported.

(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

Number of deaths registered by week, England and Wales, 29 December 2019 to 3 April 2020



Source: Office for National Statistics - Deaths registered weekly in England and Wales



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



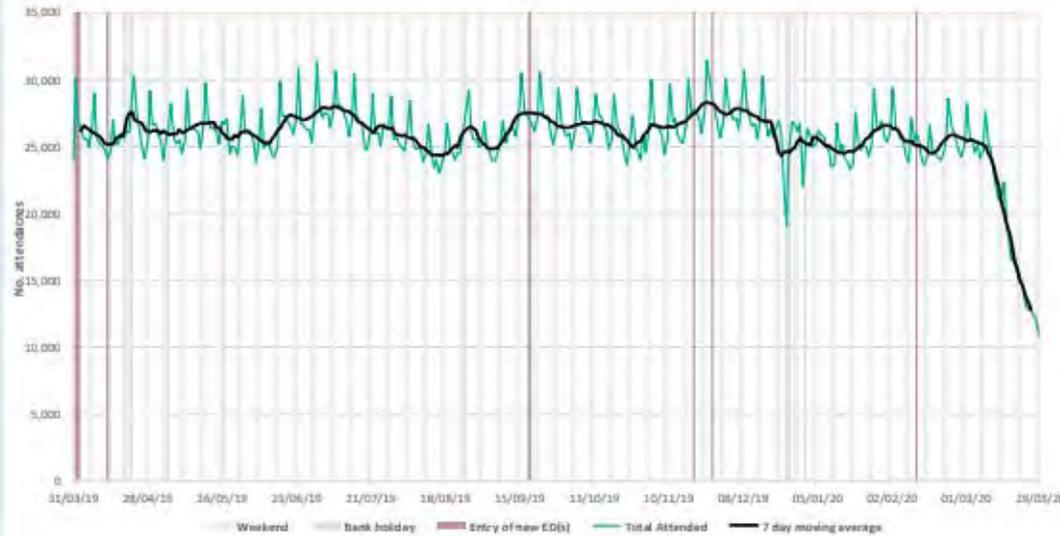
01 April 2020

Year: 2020 Week: 13

1: Total attendances.

Daily number of total attendances recorded, across the EDSSS network.

The entry of new ED(s) is marked by a vertical red line (see page 6 for inclusion criteria).



- Clinical Toxicology in my hospital
 - ~ 1/3 presentations
 - both DSP and ‘recreational’

A&E attendances at lowest point since records began amid coronavirus outbreak

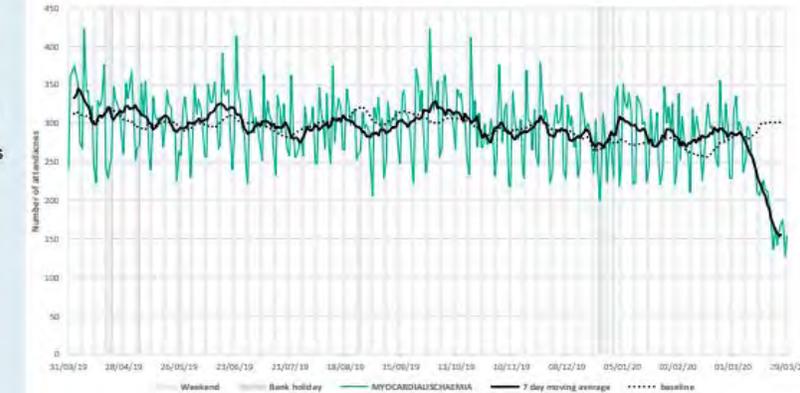
Total of 1.53 million attendances recorded in March, a 29 per cent drop on 2.17 million attendances in same month last year

↓29% ED presentations

↓23% Emergency Admissions

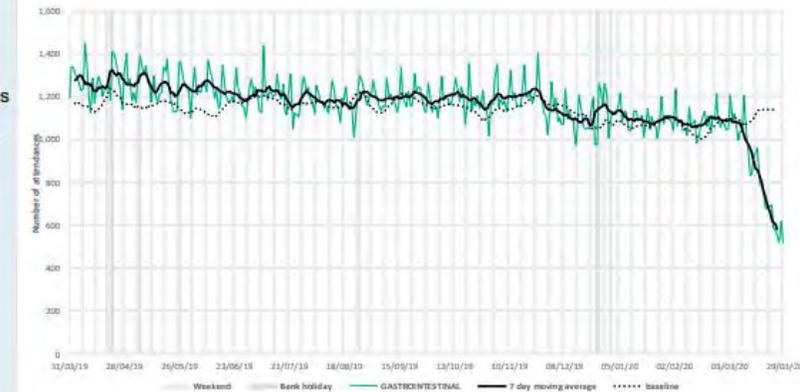
13: Myocardial Ischaemia.

Daily number of attendances recorded as myocardial ischaemia attendances across the EDSSS network.



10: Gastrointestinal.

Daily number of attendances recorded as gastrointestinal attendances across the EDSSS network.



COVID-19: DATA COLLECTION AND RESEARCH



Napier House
24 High Holborn
London WC1V 6AZ
email: COVID-19@icnarc.org
www.icnarc.org

ICNARC report on COVID-19 in critical care 10 April 2020

Data on 3883 ICU COVID-19 admissions

- Demographic, clinical, management, outcome
- Comparison: 2017-19 viral pneumonia

Table 5 Outcome, length of stay and organ support* for patients admitted to critical care with confirmed COVID-19

Critical care unit outcome	Patients with confirmed COVID-19 and critical care outcome reported (N=1689)	Patients with viral pneumonia (non-COVID-19), 2017-19 (N=5367)
Outcome at end of critical care, n (%)		
Alive	818 (48.4)	4184 (78.0)
Dead	871 (51.6)	1183 (22.0)
Length of stay		
Length of stay in critical care (days), median (IQR)		
Survivors	4 (2, 8)	6 (3, 12)
Non-survivors	6 (3, 9)	6 (2, 13)
Organ support (Critical Care Minimum Dataset)*		
Receipt of organ support, at any point, n (%)		
Advanced respiratory support	1053 (67.7)	2529 (47.1)
Basic respiratory support	820 (52.7)	4375 (81.5)
Advanced cardiovascular support	394 (25.3)	1178 (21.9)
Basic cardiovascular support	1410 (90.6)	4978 (92.8)
Renal support	294 (18.9)	902 (16.8)
Liver support	5 (0.3)	44 (0.8)
Neurological support	67 (4.3)	292 (5.4)
Duration of organ support (calendar days), median (IQR)		
Advanced respiratory support	7 (4, 10)	9 (4, 17)
Total (advanced + basic) respiratory support	6 (4, 9)	6 (3, 12)
Advanced cardiovascular support	3 (1, 4)	3 (2, 5)
Total (advanced + basic) cardiovascular support	6 (4, 10)	6 (3, 12)
Renal support	4 (3, 7)	6 (3, 11)

Note: Owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with shorter lengths of stay in critical care prior to discharge or death (i.e. those who died or recovered quickly). This does not apply to the comparison patients with viral pneumonia (non-COVID-19), 2017-19. * See Definitions on page 16.

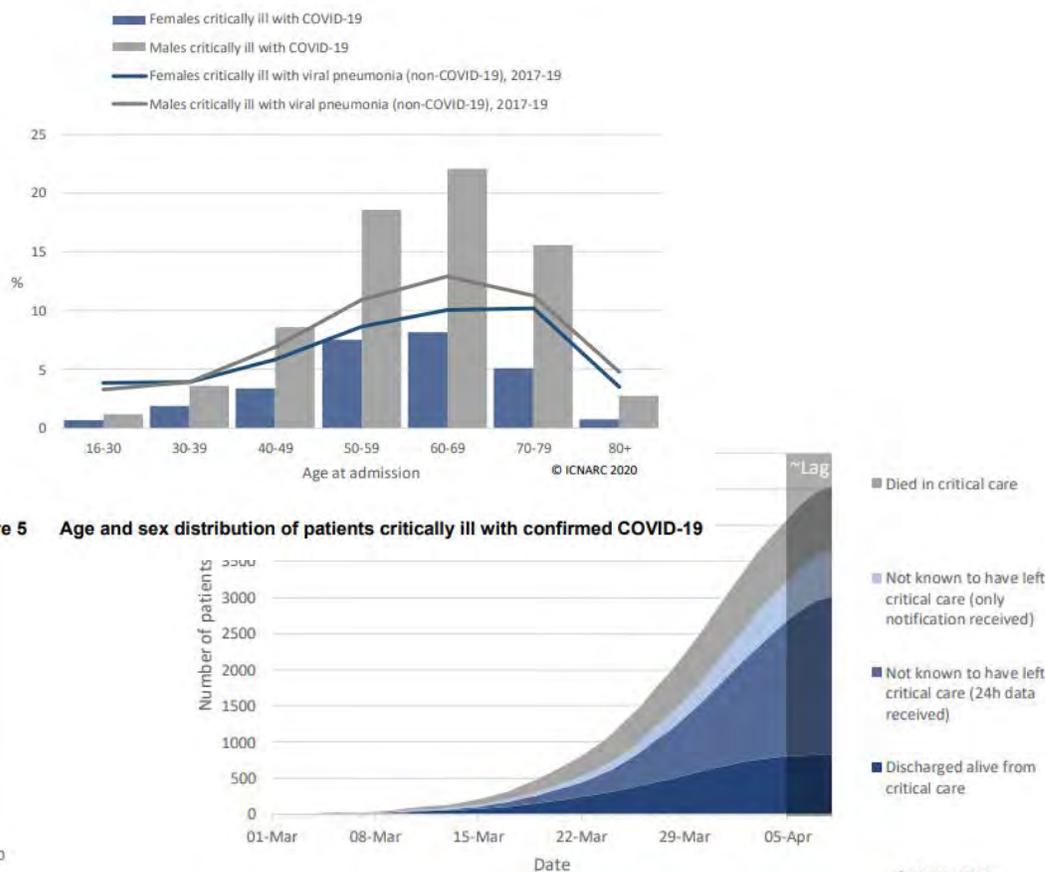
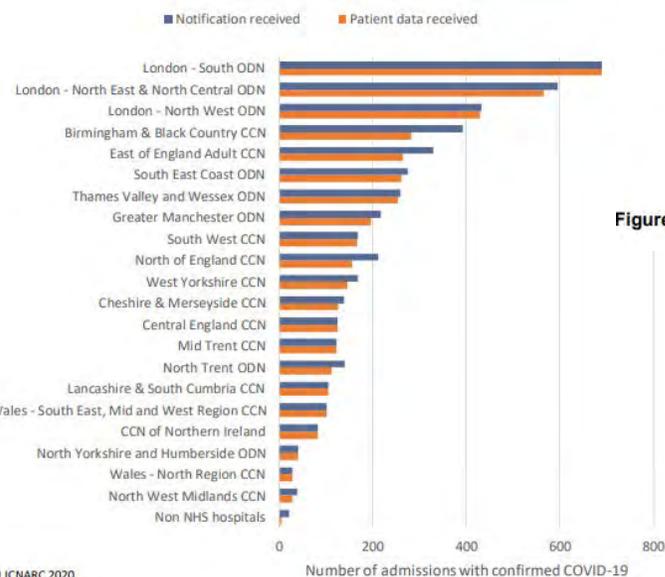


Figure 5 Age and sex distribution of patients critically ill with confirmed COVID-19



240 sites in 25 countries

2nd report for 3316 cases up to 25 March



International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC)

Figure 1: Age and sex distribution of patients. Bar fills are outcome (death/discharge/ongoing care) at the time of report.

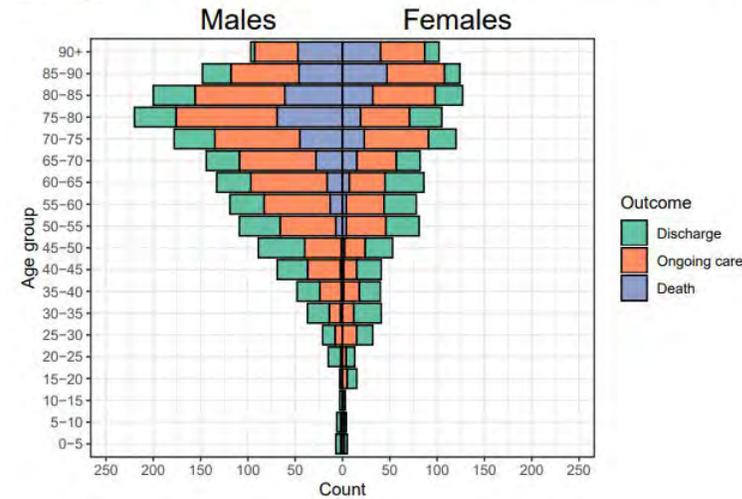


Figure 2: Top: Frequency of symptoms seen at admission amongst COVID-19 patients. Bottom: The distribution of combinations of the four most common symptoms, amongst all patients for whom these data were recorded. Filled and empty circles below the x-axis indicate the presence or absence of each comorbidity. The "Any other" category contains all remaining symptoms in the top plot.

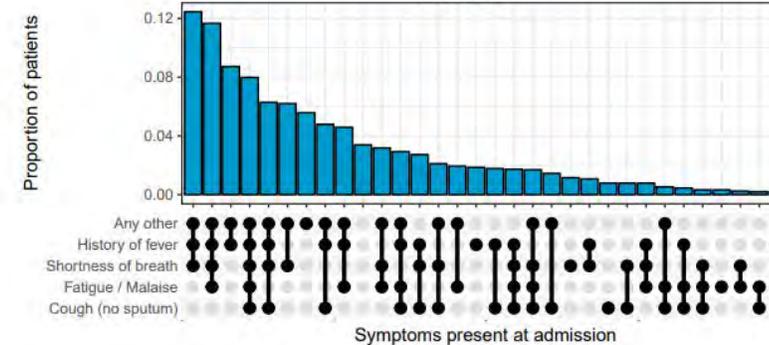
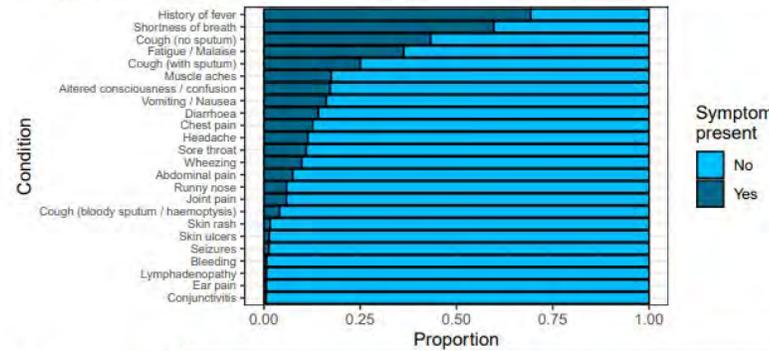
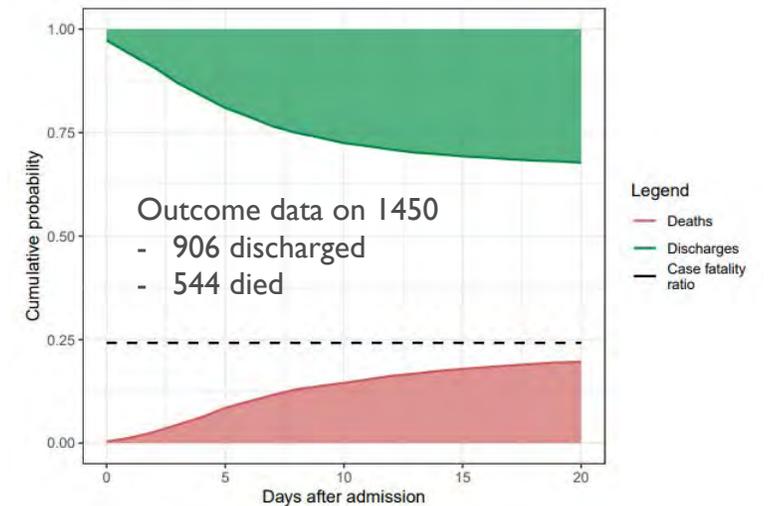
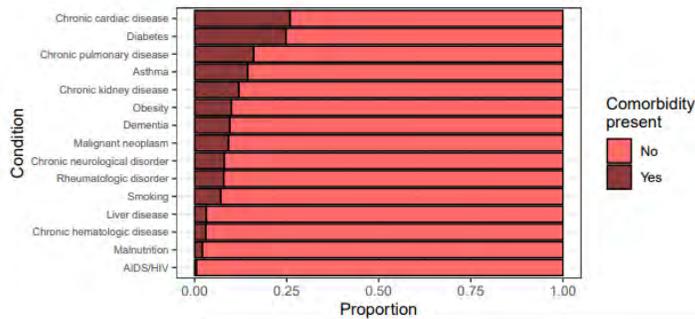
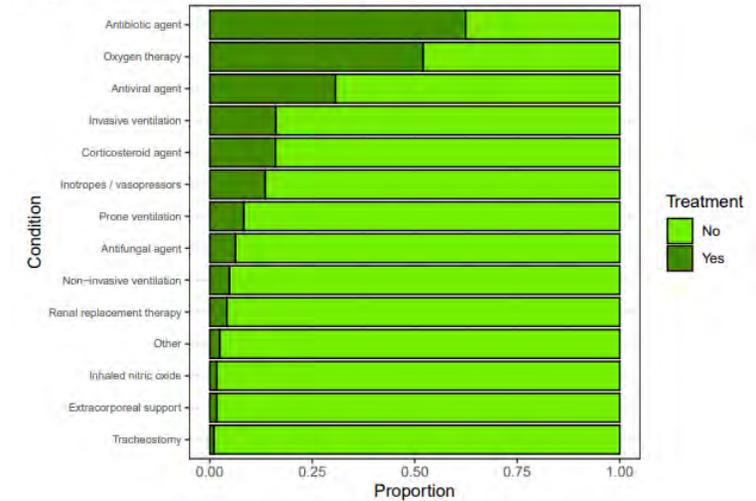


Figure 8: Treatments used. This only includes patients where this information was recorded.



CLINICAL TRIALS

NIHR | National Institute
for Health Research

Health and Care
Professionals

Researchers

Patients, Carers and the
Public

Partners and Industry

🔍 Search...

COVID-19 Studies

[Home](#) > [Covid Studies](#)



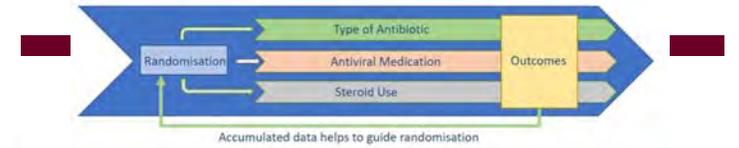
If you are a journalist and are interested in one of the nationally prioritised studies listed below, please contact the Press Office of the funding organisation.

Showing 1 to 27 of 27 entries



REMAP-CAP

A Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for Community-Acquired Pneumonia



- 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)

4429 Participants

161 Active sites

- 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

Timing	Dose
Initial	800 mg
6 hours after initial dose	800 mg
12 hours after initial dose	400 mg
24 hours after initial dose	400 mg
Every 12 hours thereafter for 9 days	400 mg

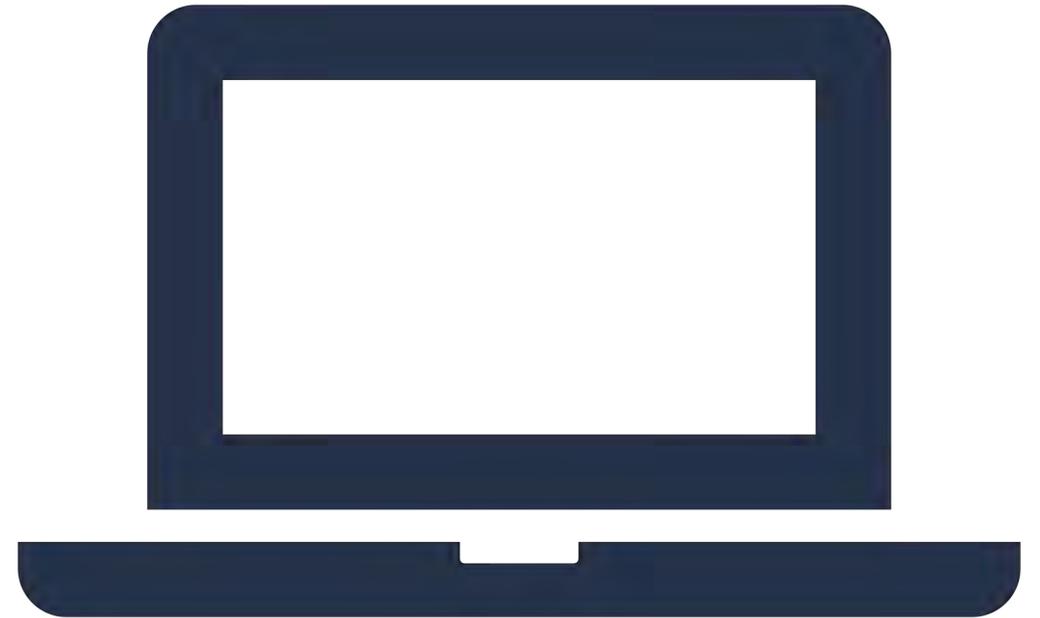
RECOVERY
Randomised Evaluation of COVID-19 Therapy



Q&A

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

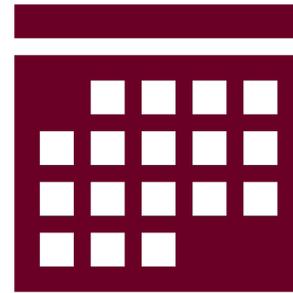


www.acmt.net/covid19web

NEXT WEBINAR



Topic To Be Announced
on Monday 4/20



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