

E- Health For COVID-19 Epidemic: The Arizona Poison & Drug Information Center Experience

ARIZONA **Poison and Drug** **Information Center**



1-800-222-1222

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Conflict of Interest:

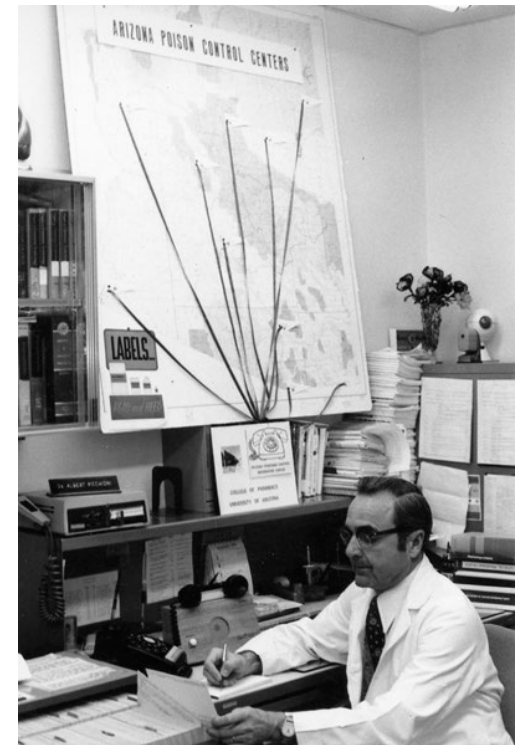
- 1- We have no conflicts of interest in this presentation.
- 2- No specific products are endorsed.



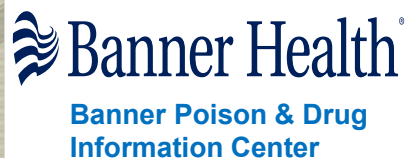


History: 69 years of continuous service

- 1953: Albert L. Picchioni, PhD, arrived to teach at the University of Arizona College of Pharmacy.
- ~1955 the poison center is functioning 24/7 but remained a volunteer effort.
- 1980 the Arizona legislature approved funding of the poison center with a full-time staff.



Arizona's Poison Centers:



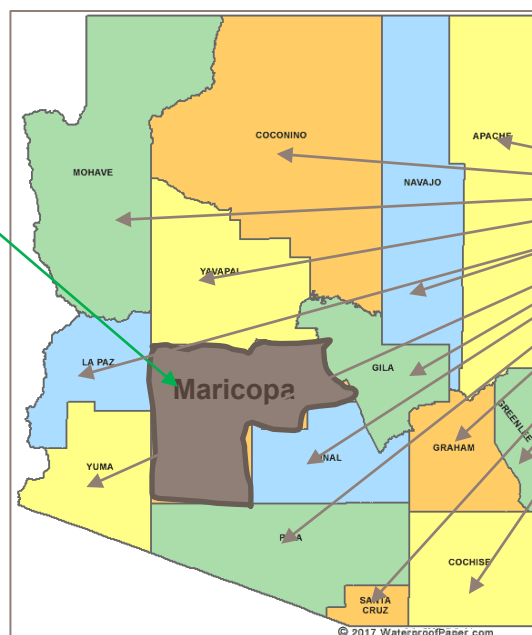
- Maricopa only

4.48 M

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Information Center



- 14 Counties
- Most of AHEC Service area
- Most of Tribal countries



2.79 M



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE PHOENIX
Center for Toxicology
& Pharmacology
Education & Research

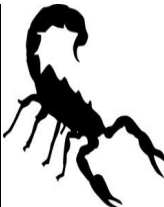
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Poison Centers: who are we?

- Physicians- Toxicologists, Pediatricians, Pharmacologists
- Pharmacists- Specialists in Poison Information
- Nurses- Specialists in Poison Information
- Public Health Educator
- Teratologist



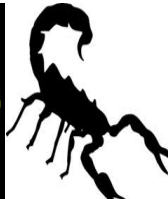
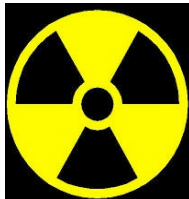
Who Do We Serve?

- The Public
- Clinics
- Emergency rooms
- ICU
- EMS
- Law enforcement
- Departments of Health



What Do we do?

- 1- Assess & triage
- 2- Consultation & assist in treatment
- 3- Review and consultation
- 4- Surveillance



Covid-19 and protecting our personnel:

- 1- Physical distancing
- 2- Instituting remote work
- 3- Mask utilization
- 4- Increase ventilation
- 5- Deployment of High Efficiency of Particulate Air
- 6- Utilization of sanitizers
- 7- Decrease density of rotators
- 8- Teaching outside

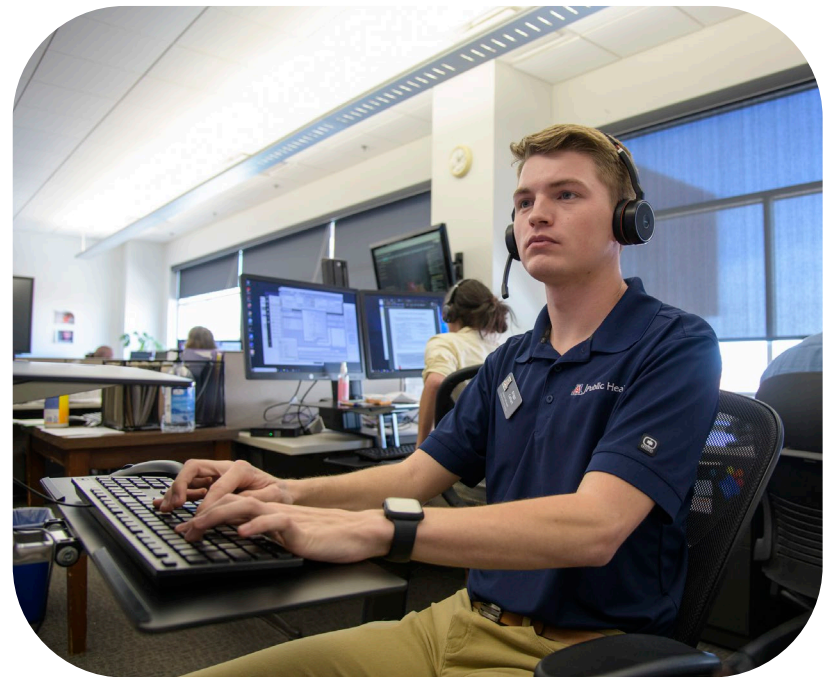
Recruiting Student Volunteers

Phase I (March-April 2020)

- Graduate public health students working for Student Aid for Field Epidemiology Response Team (SAFER) provided surge capacity

Phase 2 (January-May 2021)

- Undergraduate pre-pharmacy students registered for independent study credit



Training Student Volunteers

- APDIC created a script with guidance in answering common COVID-19 questions
- Script updated continuously and kept consistent with ADHS, CDC, WHO, other federal agencies, and local health departments
- Students were trained in ToxSentry and Five9
- Students answered general COVID information calls (where to get a test, quarantine after exposure, scheduling vaccine appointments, etc.)



Public Education

- Social media alerts
- Press releases



USING HAND SANITIZER? GOOD IDEA.

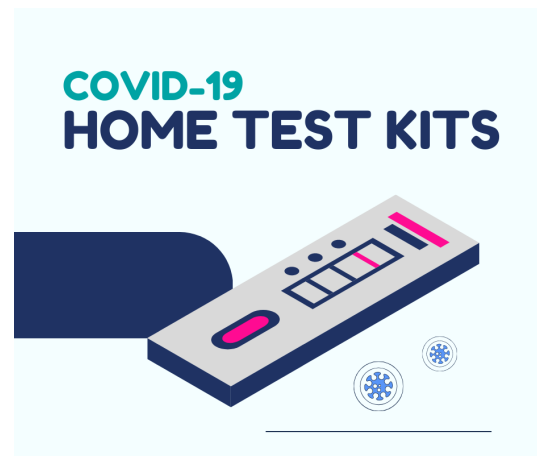
- > Use as directed. Soap and water is just as good—or even better.
- > Store it up, away, and out of sight from children.
- > Supervise children while they use it.

Questions? Poison Control can help.

If you suspect a poisoning, don't take a chance.
Call 1-800-222-1222.



Fast. Free. Expert. 24/7,
confidential help.



Staffing

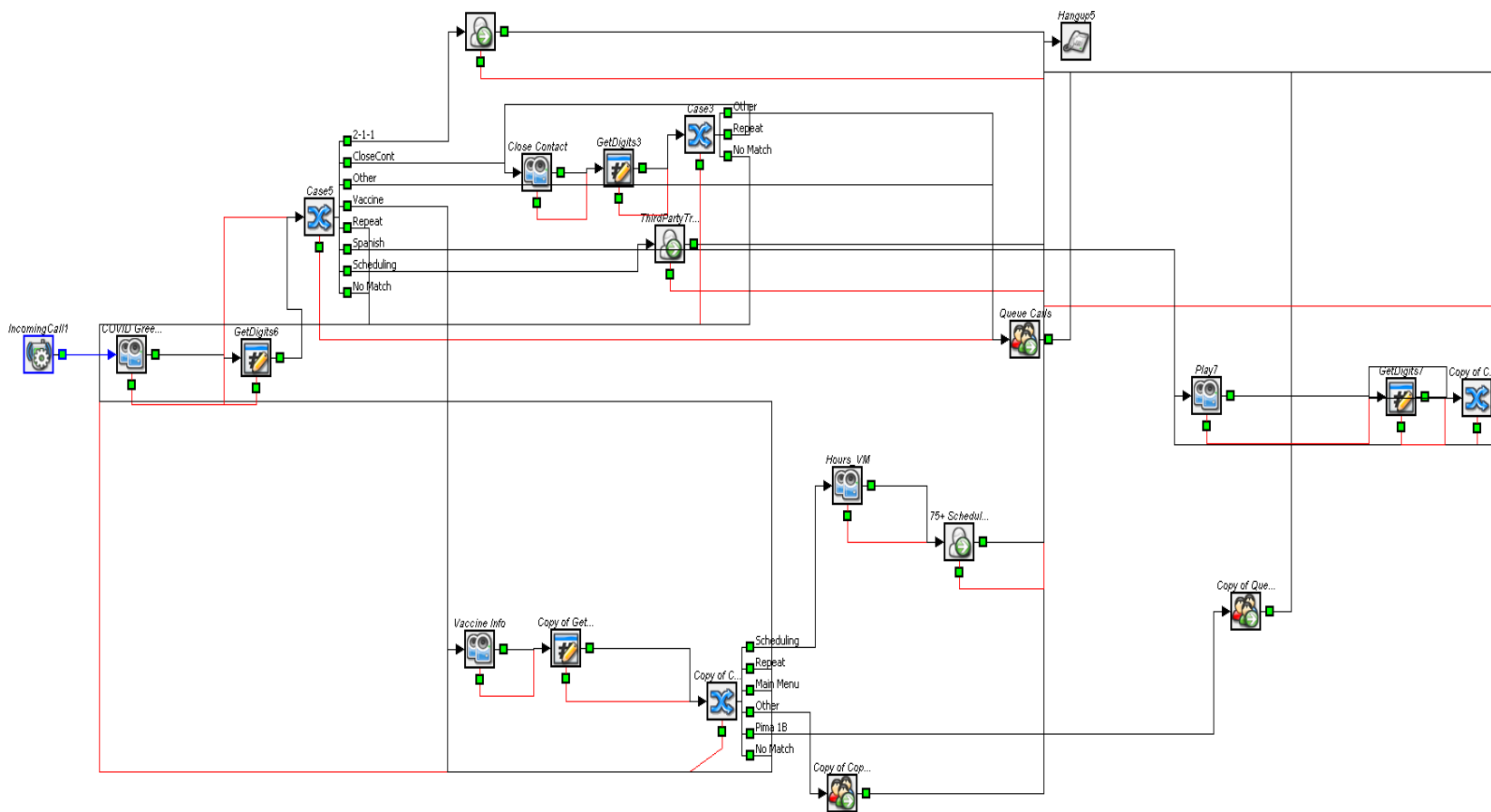
- Initially staffed the COVID-19 hotline with PCC staff working overtime to meet demand.
- The University of Arizona hiring freeze caused delayed workforce expansion.
- Still needed to answer potentially life threatening poison center calls
- Heavy reliance on Interactive Voice Response (IVR)



IVR

- Normal APDIC peak staffing = 4 people at once
- COVID Calls = Hundreds per day
- APDIC + initial volunteer staffing = 8 people
- COVID Calls = Thousands per day
- Peak APDIC staffing + peak volunteer = 10-12
- COVID Calls = >10,000 per day

IVR



IVR Efficacy

- How to reduce button mashing instinct
 - Robot voice vs human
 - Option to skip vs mandatory listening
 - Short and sweet vs thorough
- Frequency of updates

Telework

- First time for APD/C working remotely
- Each employee was assigned laptop, monitor, and headset
- Each employee required to sign agreement to ensure minimal capabilities met to be granted telework privileges
 - Minimum internet speed
 - Protocols to protect PHI
 - Technology failure protocols

Internal Communication

- Telework necessity for safety
- Microsoft Teams became standard communication channel
- Daily Chat created so all employees could communicate in same area
- Daily Updates document created to more easily stay up to date since last shift

Internal Communication

COVID-19 Daily Updates

Daily Updates	8/26/20
Monoclonal Antibodies	8/25/20
Vaccine Sites	8/24/20
Pfizer Vaccine	8/21/20
Moderna Vaccine	8/20/20
Vaccine FAQs	8/11/20
Vaccine Task Force Up...	8/10/20
Virus Variants (Mutati...	8/7/20
ADHS vs CDC Recom...	8/6/20
	7/29/20
	7/28/20
	7/27/20

12/26/21 Therapeutics Update

Tuesday, December 28, 2021 1:10 AM

- HHS announced last week that due to increasing national prevalence of the Omicron variant, allocation and distribution of [bamlanivimab/etesevimab](#) and [casirivimab/imdevimab](#) will be paused indefinitely effective December 27, 2021 (beginning of allocation Cycle 13). In vitro testing has predicted that these two products have markedly reduced susceptibility against the Omicron variant, however studies are ongoing to understand the clinical implications of this impact.
- [Sotrovimab](#) appears to retain in vitro activity against the Omicron variant. Beginning December 27, the only COVID-19 monoclonal antibody products available for distribution will be [sotrovimab](#) and the long-acting monoclonal antibody product [Evusheld](#) ([tixagevimab/cilgavimab](#)) for immunocompromised patients.
- Effective immediately, any further requests of [bamlanivimab/etesevimab](#) and [casirivimab/imdevimab](#) will be unable to be fulfilled due to exhausted supply of these products during Cycle 12 (December 13-26, 2021). Requests made in Cycle 12 for supply of either of these therapies that were made BEFORE December 22 will be fulfilled and distributed by the federal government as has been occurring previously.
- Based on current [SARS-CoV-2 variant sequencing data for our state](#), 95% of cases in Arizona have been found to still be caused by the Delta variant. That means that currently, 5% of cases in Arizona have been shown to be due to Omicron. Given that all of the COVID-19 monoclonal antibodies currently available under EUA have strong evidence to suggest that they are effective against the Delta variant, we encouraged facilities to continue utilizing the existing supply of monoclonal antibody products for eligible patients unless the patient is confirmed, or very likely, to be infected with the Omicron variant.
- Given limited federal supply of sotrovimab, facilities will need to determine local

Interagency Collaboration

- COVID Line funded by Arizona Department of Health Services
- Initial need for line to answer medical questions from providers
 - Testing
 - Antivirals
 - Vaccines
 - Monoclonals
- Quickly turned into need for line to answer questions from the public
 - Testing
 - Isolation/Quarantine Guidelines
 - Best Practices
 - Treatment

Interagency Collaboration

- Separate line (211) was set up through Governor's office to also handle public calls
- Helped train separate line for immediate launch
- Due to lack of inclusion before launch, redundancies were created and issues needed to be worked out

Lessons Learned

- Telemedicine and teleconsulting is the future
- Technology can be your best friend..... and worst enemy
- Employees can be resistant at first, but most end up loving telework
- Response to a prolonged emergency situation requires constant communication and re-assessment of approaches

Questions

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