



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**POISON CONTROL
NETWORK
Fiscal Years 2019 and 2020**

Executive Summary

This Report to Congress on the Poison Control Network for fiscal years 2019 and 2020 is a new report required by section 1273(h) of the Public Health Service (PHS) Act (42 U.S.C. 300d-73(h)) which was added to the reauthorization of the Poison Center Network program included in the Further Consolidated Appropriations Act, 2020 (P.L. 116-94). The Act provides in part:

“...the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives a report concerning the operations of, and trends identified by, the Poison Control Network.”

The Health Resources and Services Administration (HRSA) is the primary entity responsible for implementing the poison control provisions of the PHS Act and plays an important role in ensuring universal access to services provided by the poison control centers (PCC). HRSA is legislatively authorized to provide grant funds to PCCs, establish and maintain a single national toll-free phone number (the Poison Help Line) to access PCC services, and implement a nationwide media campaign (the Poison Help Campaign).

The purpose of the Poison Help Campaign is to increase awareness among the public and health care providers of the Poison Help Line, the PCCs, and the services they provide. Additional objectives are to raise awareness of the Poison Help English and Spanish language websites, increase media focus on the Poison Help Line, and partner with organizations that reach primary audiences.

This report includes: (1) descriptions of the activities pursuant to PHS Act sections 1271, 1272, and 1273; (2) trends in PCC call volume; (3) trends in poisonings and exposures reported to PCCs; (4) an assessment of the public awareness campaign; (5) barriers preventing the PCCs from achieving program goals; (6) a description of the standards of accreditation; and (7) the number and reasons for any waivers provided to PCCs.

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List of Acronyms

AAPCC	American Association of Poison Control Centers
HHS	Department of Health and Human Services
FCC	Federal Communications Commission
FY	Fiscal Year
HRSA	Health Resources and Services Administration
NPPW	National Poison Prevention Week
PCC	Poison Control Center
PCP	Poison Control Program
PHS	Public Health Service
P.L.	Public Law
PSA	Public Service Announcement
NDPS	National Poison Data Systems
COVID-19	Coronavirus Disease 2019

I. Legislative Language

This report is being submitted to Congress as required by section 1273(h) of the Public Health Service (PHS) Act (42 U.S.C. 300d-73(h)). It is a new report mandated by the Further Consolidated Appropriations Act, 2020 (P.L. 116-94), which reauthorized the Poison Center Network Program in 2019. Section 1273(h) of the PHS Act states in part:

“... the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives a report concerning the operations of, and trends identified by, the Poison Control Network.”

II. Introduction

The purpose of the Poison Control Network Program, otherwise known as the Poison Control Program (PCP), is to make grants to poison control centers (PCCs) serving all 50 states and U.S. territories; establish and maintain the Poison Help Line; and implement a national media campaign to educate the public on PCCs, the Poison Help Line, and general poison prevention. The PCP works in partnership with other federal agencies and national organizations. The PCP supports the following:

- Programs to support the enhancement and improvement of poison education, prevention, and treatment.
- Partnership development with other federal agencies and national organizations to increase poison prevention awareness.
- Development of uniform patient management guidelines so that poison centers can provide uniform poison treatment recommendations.
- Improvement of data collection systems and toxic exposure surveillance for enhanced capability to capture national poisoning data.
- Multilingual interpreter service in 161 languages to be culturally competent in responding to diverse preferred languages for those contacting the Poison Help Line (1-800-222-1222).¹

In fiscal year (FY) 2019, the trends in calls received remained similar to those observed in FY 2018. The National Poison Data System, which is the data warehouse for the nation’s PCCs, logged 2,573,180 calls in FY 2019, which is a 1.78 percent increase from the year prior.² Human exposure cases in healthcare facilities saw a slight decrease of 0.5 percent in logged calls.³ The top five substance groups involved in all human exposure cases were analgesics; household cleaning products; cosmetics and personal care products; antidepressants; and sedatives, hypnotics, and antipsychotics.⁴

¹ “About Us.” *Poison Help*. <https://poisonhelp.hrsa.gov/about-us>.

² American Association of Poison Control Centers. (February 2021). *Poison Control Centers HRSA Progress Report: Fiscal Year 2019 and Fiscal Year 2020*.

³ *Ibid.*

⁴ *Ibid.*

In FY 2020, the Coronavirus Disease 2019 (COVID-19) pandemic dramatically affected call trends. Hand sanitizer, bleach, and disinfectant exposures increased by 72.23 percent, 29.43 percent, and 45.82 percent, respectively from FY 2019 to FY 2020.⁵ This is likely due to mitigation strategies to prevent the spread of COVID-19. The Health Resources and Services Administration (HRSA) will continue to monitor these exposure types as the pandemic continues.

The current barriers PCCs face in achieving their mission include a lack of consistency in funding from their parent organizations and misrouted calls. The PCP has learned from discussions with PCCs and the American Association of Poison Control Centers (AAPCC) that financial support from the parent organizations, whether it is the state government, a hospital or an academic institution, is not consistent. Funding for the PCCs often comes from revenue streams generated by their parent organizations. Many of these parent organizations have experienced decreases in revenue due to the COVID-19 pandemic.

As discussed further below, the PCP reauthorization in 2019 directs the Department of Health and Human Services (HHS) to coordinate with the Federal Communications Commission (FCC), to the extent technically and economically feasible, to ensure that calls made to the Poison Help Line be routed to the appropriate PCC based on the physical location of the caller rather than by area code of the contact device.

III. FY 2019 and FY 2020 Poison Control Network Activities Overview

The PCP is responsible for providing grants to the PCCs to prevent and provide treatment recommendations for poisoning and toxic exposures, including educating the public on poison prevention, education, and treatment, and supporting the operational requirements needed to sustain accreditation of the PCP. The PCP makes awards based on 2010 U.S. Census data. In FY 2019, HRSA awarded \$20.4 million to the 55 PCCs located in the states, the District of Columbia, Puerto Rico, the Federated States of Micronesia, American Samoa, and Guam. In FY 2020, HRSA awarded \$20.4 million to the same entities. All PCCs were either accredited or granted a waiver during each FY.

In addition to these grants, HRSA made an additional \$4.8 million in supplemental awards across all PCCs under the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136). This one-time supplemental funding supports activities under sections 1271 and 1273 of the PHS Act to improve the capacity of PCCs to respond to increased calls for exposures related to COVID-19. PCCs reported using the funding to hire additional staff, purchase equipment and supplies to allow for remote work, and create educational and outreach materials.

⁵ Ibid.

The National Poison Data System logged 2,573,180 encounters in FY 2019.⁶ Out of those encounters, 2,148,141 were calls related to human poison exposures, 68,711 were calls related to animal poison exposures, 351,163 were calls seeking information, 5,078 calls were confirmed to be human non-exposures, and 87 calls were confirmed to be animal non-exposures.⁷ The types and volume of calls received in FY 2019 were similar to those in FY 2018.

According to the AAPCC’s Poison Control Center Progress Report for HRSA, in FY 2019, the top five substance groups involved in all human exposure cases were analgesics (11.0 percent); household cleaning products (7.13 percent); cosmetics and personal care products (6.16 percent); antidepressants, (5.32 percent); and sedatives, hypnotics, and antipsychotics (5.21 percent). Of note, antidepressant exposures have increased most rapidly over the last decade, increasing by 3.90 percent each year.⁸ For children ages 5 or less, the top five poisoning exposures came from cosmetics and personal care products (11.4 percent), household cleaning products (10.5 percent), analgesics (8.97 percent), foreign objects and toys (7.17 percent), and dietary supplements, herbs, and homeopathic remedies (5.06 percent). This is also similar to what was observed in 2018. Overall, 2,619 human exposures resulted in death.

COVID-related exposures dominated poison encounters in FY 2020. Table 1 is a summary of COVID-related calls received at the PCCs between January and December of 2020. They are categorized as informational, confirmed exposure, and confirmed non-exposure.

Table 1: Summary of COVID-19 Information and Exposure Calls

Month	Information Calls	Confirmed Exposure	Confirmed Non-exposure	Totals
January	835	44	82	961
February	3,472	53	130	3,655
March	189,248	319	2,379	191,946
April	113,347	725	2,072	116,144
May	70,926	740	1,470	73,136
June	70,598	1,072	816	72,486
July	84,684	1,891	1,240	87,815
August	48,596	1,264	803	50,663
September	35,892	724	570	37,186
October	43,668	1,895	1,091	46,654
November	56,492	2,768	1,446	60,706
December	56,572	1,688	555	58,815
TOTALS	774,330	13,183	12,654	800,167

⁶American Association of Poison Control Centers. (February 2021). *Poison Control Centers HRSA Progress Report: Fiscal Year 2019 and Fiscal Year 2020*.

⁷ Ibid.

Of note, there have been significant increases in exposure calls in FY 2020 from three types of substance: hand sanitizer, bleach, and disinfectants. The increases are likely due to prevention strategies to minimize or eliminate the spread of COVID-19. Tables 2-4, and corresponding Figures 1-3, demonstrate the increases in calls in each category from 2019 and 2020. The largest jumps begin in March and coincide with statewide calls for the public to quarantine at home.

Table 2: Change in Number of Exposure Calls Related to Hand Sanitizer

Month	2019	2020	% +/-
January	1,936	2,031	4.91%
February	1,813	2,118	16.82%
March	1,850	3,271	76.81%
April	1,749	2,743	56.83%
May	1,856	2,832	52.59%
June	1,570	2,768	76.31%
July	1,529	5,191	239.50%
August	1,849	3,912	111.57%
September	1,976	3,289	66.45%
October	1,983	3,299	66.36%
November	1,846	3,029	64.08%
December	1,784	2,962	66.03%
Total	21,741	37,445	72.23%

Figure 1: Number of Exposure Calls Related to Hand Sanitizer

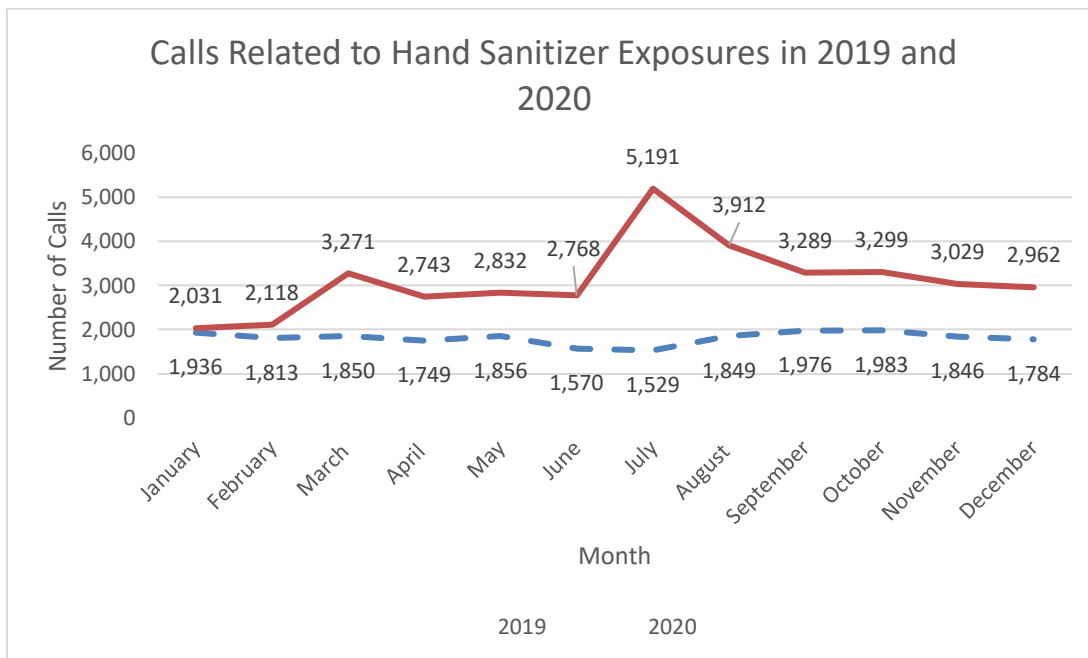


Table 3: Change in Number of Exposure Calls Related to Bleach

Month	2019	2020	% +/-
January	3,070	3,278	6.78%
February	2,926	2,973	1.61%
March	3,184	5,091	59.89%
April	3,242	5,804	79.03%
May	3,522	5,440	54.46%
June	3,543	4,826	36.21%
July	3,965	5,060	27.62%
August	3,997	4,806	20.24%
September	3,582	4,268	19.15%
October	3,618	4,239	17.16%
November	3,425	3,828	11.77%
December	3,220	3,832	19.01%
Total	41,294	53,445	29.43%

Figure 2: Number of Exposure Calls Related to Bleach

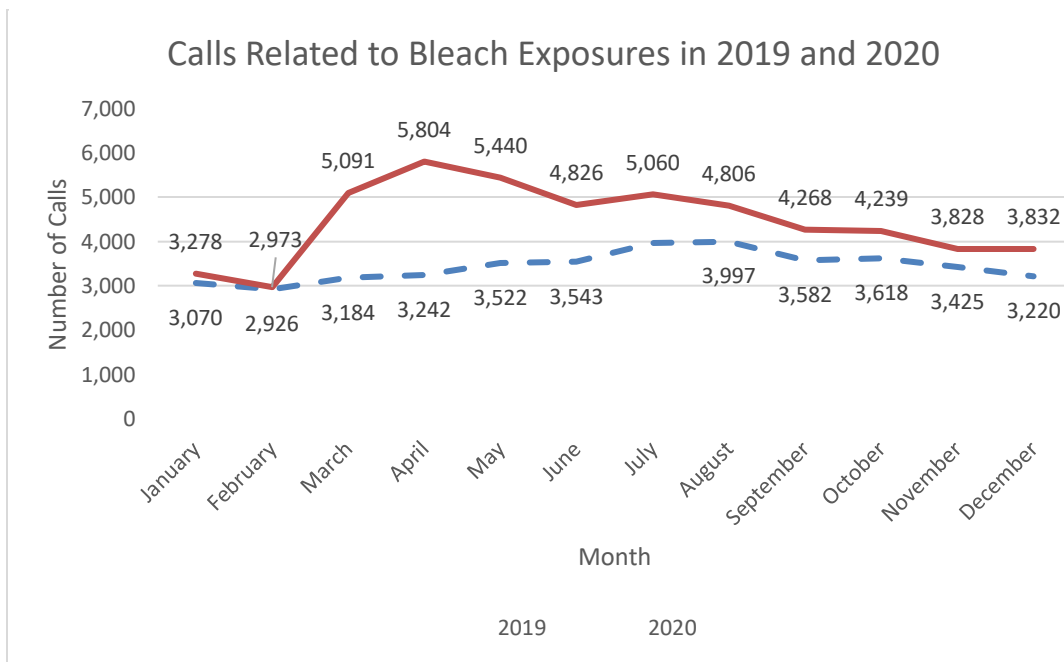
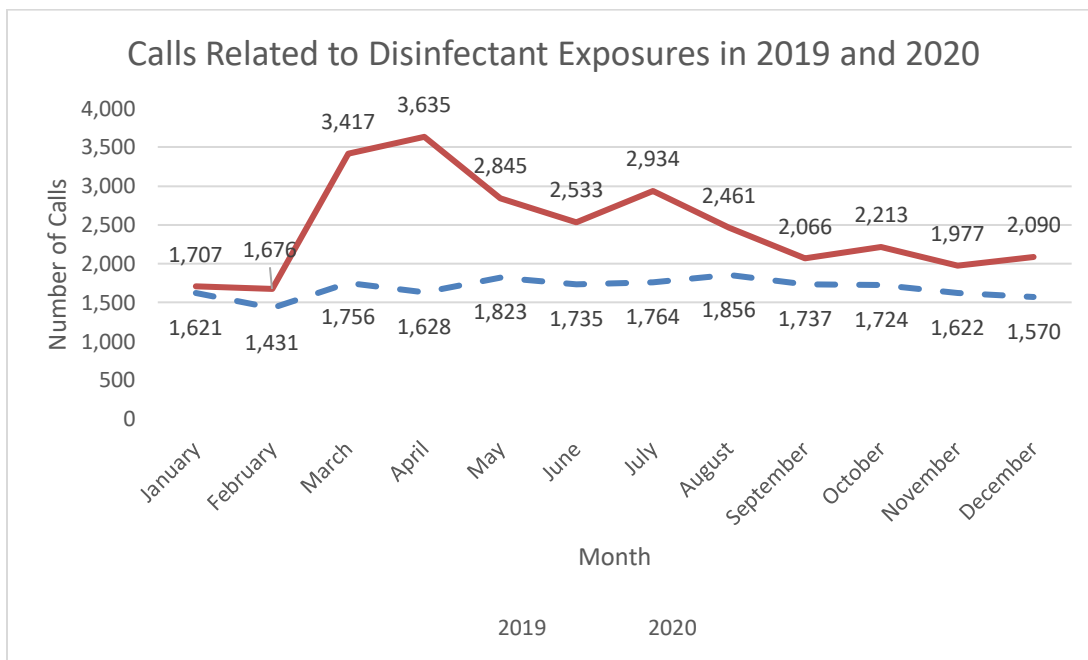


Table 4: Change in Number of Exposure Calls Related to Disinfectants

Month	2019	2020	% +/-
January	1,621	1,707	5.31%
February	1,431	1,676	17.12%
March	1,756	3,417	94.59%
April	1,628	3,635	123.28%
May	1,823	2,845	56.06%
June	1,735	2,533	45.99%
July	1,764	2,934	66.33%
August	1,856	2,461	32.60%
September	1,737	2,066	18.94%
October	1,724	2,213	28.36%
November	1,622	1,977	21.89%
December	1,570	2,090	33.12%
Total	20,267	29,554	45.82%

Figure 3: Number of Exposure Calls Related to Disinfectants



The PCCs continue to experience fluctuations in funding from their parent organizations. The grants that HRSA awards to the centers are contingent upon the understanding that, with respect to activities for which the PCP grant is awarded, grantees must continue to maintain expenditures of the center for such activities at a level that is not less than the level of expenditures maintained by the center for the FY preceding the FY for which the grant is received, which is referred to as the maintenance of effort requirement. Furthermore, the grantees may not use the awards to supplant other federal, state, or local funds provided for the PCCs. HRSA intends these grants to

supplement the grantees' efforts to support the PCCs. Many PCCs, however, receive support from state governments, academic institutions, and hospitals, which have seen a decrease in revenue because of the COVID-19 pandemic. Inconsistencies in funding may result in the inability for PCCs to maintain staffing and public awareness campaigns.⁹

The other issue the PCCs face is misrouted calls. Historically, calls made to the Poison Help Line are routed based on area code. This process was once effective because most calls came from landline phones and thus, when routed by area code, were directed to the caller's closest PCC. Over time, landline phones have diminished in prevalence and been replaced by mobile phones. In addition, more Americans choose to have their mobile phones serve as the primary phone number. The increase in the use of mobile phones as the primary number combined with increased travel and relocation has resulted in calls intended for the caller's closest PCC being routed to another PCC corresponding to the caller's phone's area code.

It is estimated that as many as 8.2 percent of calls made to the Poison Help Line are not routed to the appropriate PCC.¹⁰ The percentage is estimated to be as high as 20 percent at the PCC for Kansas, for example.¹¹ This is an issue for various reasons. Firstly, the PCCs are staffed with toxicologists and clinicians familiar with the flora and fauna endemic to the states they cover. Misrouted calls involving encounters with poisonous flora and fauna endemic to an area may not be handled appropriately by another PCC. Secondly, in the event the person experiencing a poisoning may need to be transported to a hospital for treatment, the PCCs know and have relationships with their area hospitals and medical centers. The PCCs receiving misrouted calls may not have that information. This is especially crucial in areas serving rural communities, where the capabilities of each hospital and medical center vary widely. Finally, for many PCCs, states tie funding to call volume. A perceived decrease in the number of calls received at a PCC may jeopardize funding level.¹²

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94) mandates that HHS coordinate with the FCC, to the extent technically and economically feasible, to ensure that calls made to the Poison Help Line be routed based on physical location of the caller rather than by area code of the contact device. To that end, the PCP has convened a series of meetings with the AAPCC, the FCC, and the vendor responsible for routing calls received at the Poison Help Line to explore technically and economically feasible solutions. From these meetings, they have identified three issues as potential reasons for misrouted calls: (1) incorrect charge codes that the telecommunications carriers provide to the vendor, (2) calls made at or near state borders or waterways, and (3) network or power outages. Four PCCs have agreed to collect and provide data on misrouted calls to the vendor as part of a 30-day case study. In return, the vendor will research the misrouted calls and provide a report on its findings. At the completion of the case study, all stakeholders will reconvene to discuss outcomes and possible solutions.

The PCP will continue to support all efforts to ameliorate the issues the PCCs face. HRSA will continue to provide financial support for the maintenance of the Poison Help Line pursuant to section 1271 of the PHS Act.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

IV. Public Awareness Campaign Overview

The Poison Help Campaign seeks to increase awareness among the public and health care providers about the 55 PCCs in the United States and its territories, the services they provide, and the toll-free Poison Help Line number (1-800-222-1222). Additional campaign objectives are to:

- Increase the number of visits to the Poison Help website: www.PoisonHelp.hrsa.gov,
- Increase the number of traditional and social media impressions related to the Poison Help Line,
- Increase the number of traditional and social media impressions focused on HRSA's poisoning prevention resources, and
- Develop and sustain partnerships with organizations that influence target audiences.

The Poison Help General Population Survey measures statistical benchmarks of the Poison Help Campaign every 5 years. HRSA received updated results from the 2017 survey in April 2019. In addition to assessing awareness of the toll-free line, PCCs and their services, and campaign messaging in general, the survey provided additional insights into Medicare and Medicaid beneficiaries as well as the general public's experiences with poisonings associated with prescription pain medication and/or possible heroin overdose. The survey revealed:

- An estimated 53 percent of Americans were aware of the Poison Help line or number, 1-800-222-1222.
- Poison control centers are an important source of information and help for many people. Of those respondents who sought information or help related to poison from any source in 2017, more than a third (38 percent) reported that they contacted a poison control center. Only 30 percent said the same in 2012.
- In the previous year, 13 percent of respondent households had experienced a reaction or emergency related to a prescription pain medication, a possible heroin overdose, or both. Fifteen percent of this group contacted a poison control center and most facing an opioid scare or emergency said they took immediate emergency action (e.g., called 911, went to an emergency room).
- In calls related to opioid emergencies, 94 percent of respondents said they received helpful information or were referred to a medical facility for treatment.
- Since 2011, the use of search engines as the first way to seek information about poisoning and to locate the Poison Help number has increased among respondents from 19 percent to 46 percent. Among those who knew the Poison Help number, 25 percent said they learned it from the internet, up from 4 percent in 2011.
- Seventeen percent of respondents remembered the Poison Help number without looking it up, and 7 percent have the number stored on their phone. The estimated share of Americans with the number stored on a cell phone has doubled from 3 percent in 2011 to 6 percent in 2017.
- Americans have an increasingly accurate picture of Poison Help services. Large majorities of respondents understand what poison control centers offer and how they can help—including that they are open 24 hours a day and 365 days a year (80 percent

know or believe), that calls are free (86 percent), that services are for everyone (80 percent), and that non-English speakers can get help in other languages (83 percent). Since 2011, knowledge about Poison Help services has increased significantly across these measures.¹³

In FYs 2019 and 2020, the Poison Control Program continued its work with its vendor to promote the Poison Help Line and poison prevention. There was a 66 percent increase to the paid social media budget, allowing the campaign to reach a larger audience.¹⁴ There was also the inaugural launch of the Spanish language website that coincided with National Poison Prevention Week 2020.

HRSA released outreach campaign media materials in FY 2019 and FY 2020 for distribution to Nielsen-monitored broadcast television networks, national and regional cable networks, and radio stations. A paid public service announcement (PSA) distribution for television resulted in 303,761,442 gross impressions, including 51,849 airings through 129 unique markets and 293 stations.¹⁵ The PSA distribution for radio resulted in 196,843,591 gross impressions, including 33,856 airings through 394 stations.¹⁶ A gross impression is defined as the sum of audiences, in terms of people or households viewing or listening, where there is exposure to the same commercial or program on multiple occasions. Two impressions could mean the same person was in the audience on two occasions or that two different people had been exposed only once. The estimated value of the combined television and radio impressions was over \$13 million.¹⁷

The paid social media campaign on Facebook reached 5,301,925 people, of which more than 2.8 million were parents of young children and 2.4 million were Medicaid or Medicare beneficiaries.¹⁸ Videos on Facebook cost the PCP \$0.79 per click for each group, totaling 3,586,180 views.¹⁹ Both click-through and engagements rates were high for this campaign, at 0.94 percent overall.²⁰ This is larger than the standard click-through and engagement rates for government social media campaigns, at 0.50 percent for parents of young children, 0.60 percent for Medicaid beneficiaries, and 0.10 percent for Medicare beneficiaries.²¹

Website Update

HRSA's Poison Help website, www.PoisonHelp.hrsa.gov, recorded 158,722 views and 106,297 unique sessions in FY 2019, and 139,440 views and 83,254 unique sessions in FY 2020. The average time spent on a page in FY 2019 was 1 minute and 52 seconds, an increase of 17.6 percent from FY 2018. However, the average time decreased to 1 minute and 3 seconds in FY

¹³ KRC Research. (9 April 2019). *Poison Help General Population Survey: Finding from the Poison Help General Population Survey for Adults*.

¹⁴ Brunet Garcia Advertising. (2020). *Poison Help Campaign Expansion: 2019-2020 Comprehensive Summary Report*.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

2020, a 43.7 percent change from FY 2019. Of note, sessions on mobile devices increased to 55 percent in FY 2020 as compared to 50.6 percent in FY 2019. Also of note is the launch of the new English language site in May 2019. Traffic on the English and Spanish websites has traditionally been seasonal, peaking in the spring in conjunction with National Poison Prevention Week (NPPW) in March.

Partnership Building

Program staff actively foster partnerships within HRSA and HHS. For example, HRSA collaborated with the Centers for Medicare & Medicaid Services to promote NPPW on Facebook and Twitter. The PCP distributed PSAs and infographics to HRSA's National Health Service Corps and Nurse Corps Programs, HRSA's Children's Safety Network, and HHS' Office of Women's Health, in order to promote NPPW through their distribution channels.

Other partnership activities include the following:

- During March 2020, HRSA joined the AAPCC and the poison control centers in Missouri, Virginia, and Florida in a “#PoisonChat” on Twitter. The one-hour session was designed to take questions from the public about common poison exposures and prevention strategies to use at home.
- Also, during March 2020, the PCP held a webinar entitled “Spotlight on Poison Control Centers” along with HRSA's Office of Regional Operations, the AAPCC, and local poison control centers. Attendees included HRSA grantees, health centers and clinics, hospitals, first responders, health departments, child health organizations, tribal entities, parents and caregivers, and faith-based organizations. The speakers provided information on local and national programs, data on poison control centers, and ways to increase awareness of programs and services.

V. Standards of Accreditation

The AAPCC sets the national standard for the accreditation of poison control centers. Both the AAPCC and the Mississippi Department of Health are certified accrediting bodies that the Secretary of HHS has approved as having in effect standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning. The accreditation designations are designed to ensure that all PCCs are providing high-quality services. The body responsible for accreditation consists of appointed individuals according to AAPCC bylaws. The AAPCC is responsible for establishing the policies and procedures.

According to the AAPCC Accreditation Policies and Procedures and the Accreditation Purpose and Definitions, the PCC must be a member of the AAPCC and demonstrate the ability to provide electronic linkage, functional linkage, public education, health care provider education, and quality improvement in order to be eligible for accreditation. Electronic linkage is defined as real time technology allowing another PCC to access medical records when providing coverage for a call region as well as consultants and staff being able to utilize remote access. Functional linkage is defined as a cooperative relationship with another PCC to ensure the coordination of services, patient care guidelines, databases, and other reference materials.

Poison control centers submit applications for accreditation to the AAPCC every 7 years and provide annual updates for the years in between. The Accreditation Committee meets 2 weeks after the receipt of a complete application and votes to either accredit, re-accredit, place on probation, accredit upon compliance, or deny accreditation. If a PCC is placed on probation or receives an accreditation upon compliance status, the Accreditation Committee will provide the PCC feedback on the deficiencies and a deadline to make corrections. If a PCC is denied accreditation, it will be notified in writing and given opportunities to make changes and reapply. There is an appeals process if the center believes that the decision made by the Accreditation Committee was incorrect.

For purposes of eligibility for PCP grants, the Secretary under certain circumstances may provide a waiver of the accreditation requirements (and a renewal of the waiver) to a PCC while it completes its accreditation process. As of October 2019, all poison control centers are accredited and are not under any waivers or renewals.

VI. Conclusion

This report summarizes activities within the Poison Control Network that support poison prevention education, access, and treatment; trends in poison control center call volume; trends in reported poisonings and exposures; the issues affecting poison control centers; the efforts of the Poison Help awareness campaign; and the accreditation process. HRSA will continue to sustain and expand strategic communications efforts. HRSA will also continue to coordinate its primary messages with key constituents, identify opportunities for cross-promotion with other federal poisoning prevention activities, and support the efforts of the poison control centers.