



“Can we
help?”

CALIFORNIA POISON CONTROL SYSTEM

1999-2000 BIENNIAL REPORT



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To protect the health of Californians by providing immediate, uninterrupted high quality emergency telephone advice for poison exposures and to serve as the primary resource for poison education, prevention and treatment in California.

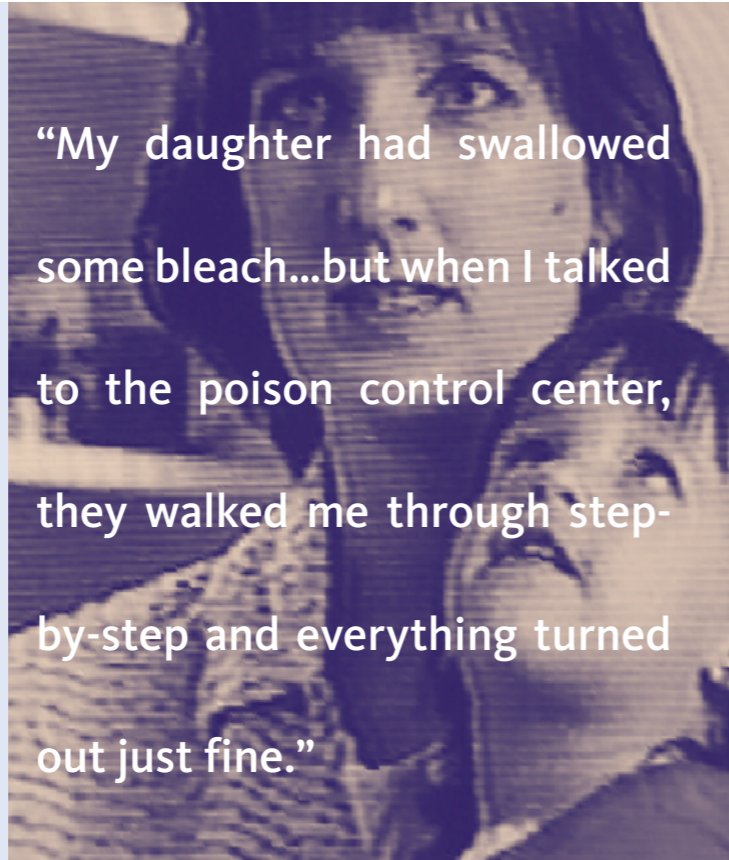
Brief History

The California Poison Control System:

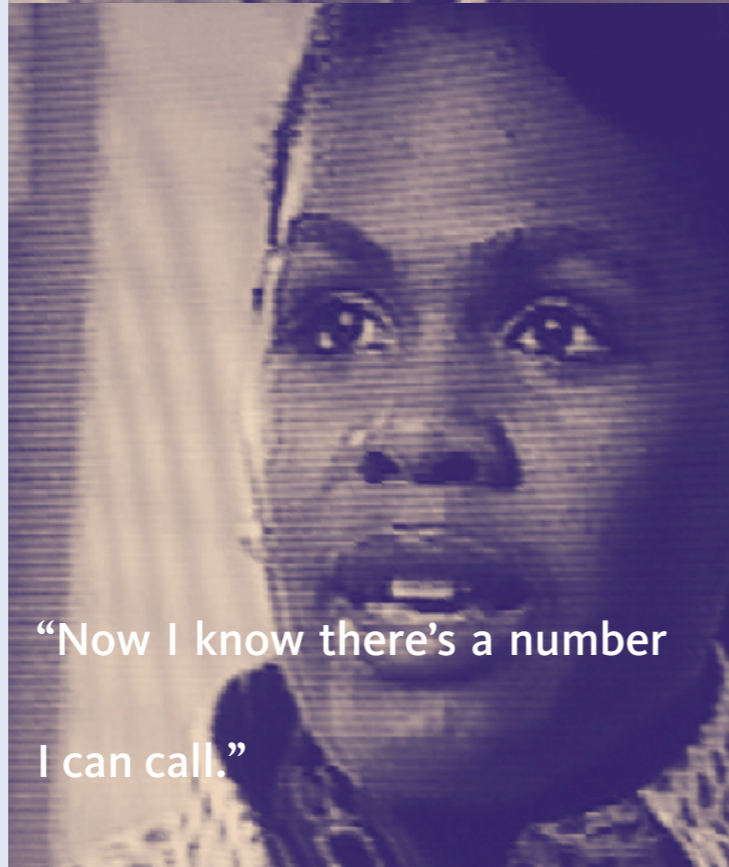
- > Provides treatment advice and referral assistance to the public and health professionals in California 24 hours a day, 7 days a week, 365 days a year, and has been doing so since its inception in 1997.
- > Consists of four highly integrated sites operating under a single administration and medical advisory panel at U.C. Davis Medical Center in Sacramento, San Francisco General Hospital in San Francisco, Valley Children's Hospital in Fresno/Madera, and U.C. San Diego Medical Center in San Diego.
- > Is administered by the University of California San Francisco School of Pharmacy and responsible to the California Emergency Medical Services Authority (EMSA).
- > Consolidated operations, established collective treatment guidelines, instituted common management practices, and brought financial stability to a previously fragmented, unaffiliated collection of seven regional poison centers.

The CPCS provides treatment advice and referral assistance to the public and health professionals through its toll-free emergency hotline 24 hours a day, 7 days a week, 365 days a year.

The CPCS is also the leading source for poison information, prevention and education in California providing educational materials, medical consultation services and programs for all age groups.

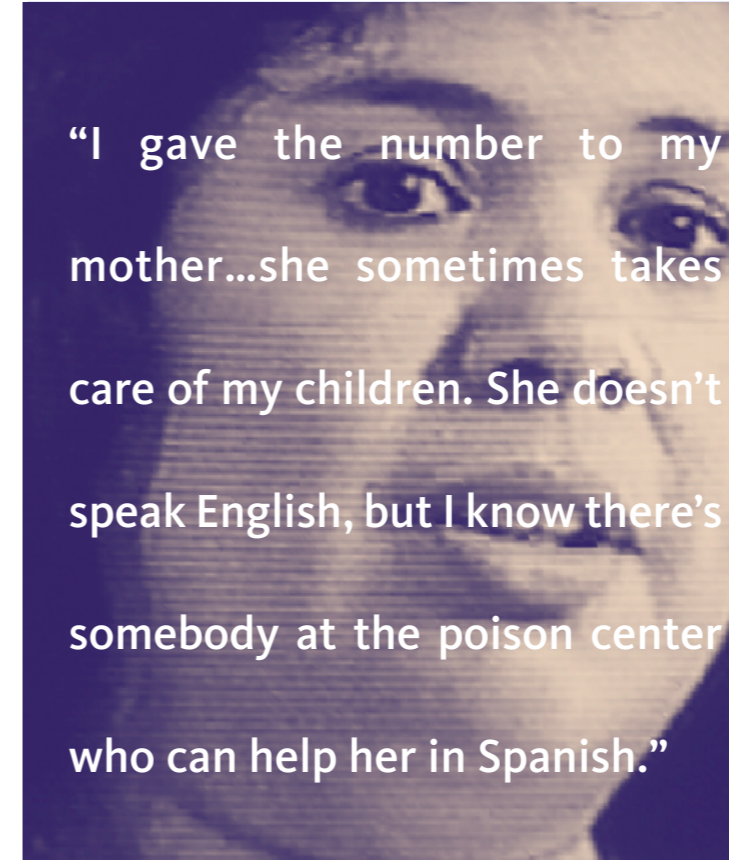


“My daughter had swallowed some bleach...but when I talked to the poison control center, they walked me through step-by-step and everything turned out just fine.”

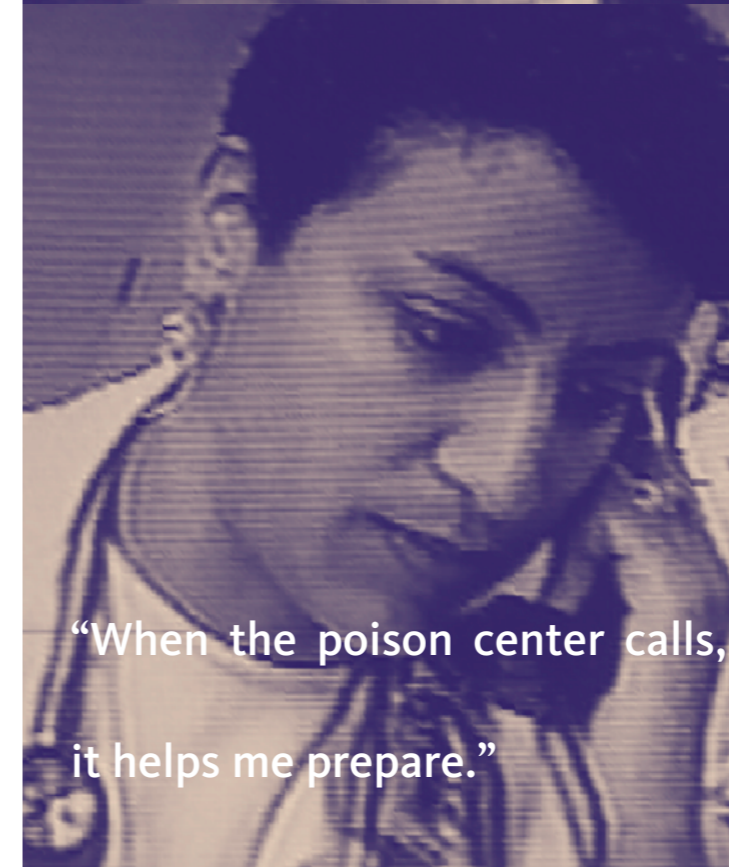


“Now I know there’s a number I can call.”

The Hotline is answered by clinical pharmacists, registered nurses and poison information providers who are friendly, professional and responsive. A combination of staff manages approximately 900 calls per day.



“I gave the number to my mother...she sometimes takes care of my children. She doesn’t speak English, but I know there’s somebody at the poison center who can help her in Spanish.”



“When the poison center calls, it helps me prepare.”

The CPCS has interpreting services available for over 100 languages.

The CPCS also offers a toll-free TTY line for use by the hearing and speech impaired.

The CPCS provides poison exposure and overdose diagnosis and treatment assistance to hospital personnel and health care professionals. Specialty consultants are also available to aid in the care of hospitalized poisoning victims.



“Yes, we can help.”

1 800 876 4766

The California Poison Control System (CPCS) is now in its fifth year of providing poison treatment, prevention and education services to the residents of California. Since publication of the first CPCS Biennial Report in May 1999, we have endeavored to fulfill our mission while capitalizing and expanding upon early achievements. In 1999-2000 important developments and advances were made in overall operations, services, education and prevention and I am pleased to bring you the second CPCS Biennial Report detailing our most significant achievements.

Accomplishments in 1999 and 2000 include the launch of a public Internet web site with extensive information on poison prevention, the institution of an internal intranet site designed to facilitate the sharing of resources and knowledge among staff, the development of creative educational strategies and partnerships, and successful efforts in securing funds.

Education, with an emphasis on safety and prevention, took a strong lead in 1999 and 2000. Collaborative alliances with public agencies and creative partnerships with private business increased outreach opportunities to certain targeted groups. These joint ventures allowed for an improved presence in highly populated or previously underserved areas, such as Los Angeles and surrounding counties.

www.calpoison.org, the CPCS Internet web site, is a new and significant public resource in the effort to reduce accidental poison exposures and an active component of our educational program. The site provides comprehensive non-emergency information, and allows visitors to view, download at no charge or purchase the entire range of CPCS educational materials. Since its inception, visitors to the site have increased steadily from 1,300 per week to a current weekly average of 8,000.

Alliances, such as those forged with county Child Health and Disability Prevention (CHDP) programs, pharmaceutical distributor Bergen Brunswig Corporation and health care organization Kaiser Permanente help fulfill important education and prevention goals on a limited budget. Such partnerships allow many critical CPCS awareness and outreach projects to reach larger and increasingly diverse audiences.

Funding for poison center operations was augmented in 1999 and 2000. The CPCS received extraordinary support and assistance from the Office of the Governor of California and the Legislature in securing state funding. California's U.S. House and Senate members helped pass increased federal support of poison centers nationwide in the form of a grant program beginning in 2001. Although crucial to the enhancement of poison services, federal funding provided through this grant is supplemental and does not preclude our obligation to search for new sources.

High quality, cost-effective services are provided every day by the CPCS. Poison centers save lives and enhance public health at tremendous cost savings and we at the California Poison Control System are proud of our vital and continued contribution.



Stuart E. Heard, PharmD, FCSHP

Executive Director

Assistant Dean

Associate Clinical Professor of Pharmacy

University of California San Francisco

Web site – www.calpoison.org

In April of 1999 the CPCS introduced a highly comprehensive Internet web site, which, since its launch, has received 43,000 visitors. The site is an integral part of the CPCS educational program, enhancing the system's statewide presence and alerting visitors to potential dangers while furnishing practical advice and answers to common poison-related questions. It offers an introduction to poison center services, advice on prevention, tips on poison proofing the home and keeping children safe, an extensive list of toxic and non-toxic plants, bulletins and updates on poison related issues in the news, suggestions for educational activities, the full complement of CPCS educational materials and access to a video lending library. Visitors can order materials online or download free publications for educational use.

Legislative and Funding Update

There were several important local and national developments in 1999 and 2000. The California Legislature and Governor, who have been truly supportive, together increased the annual State General Fund contribution to the CPCS from \$1 to \$4 million. Additionally, the California Medical Assistance Commission has continued to provide substantial financial support, permitting the CPCS to fund the balance of operating expenses and maintain its valuable service.

The California Medical Services Authority, the contracting agency for the CPCS, continues to provide key support, guidance and coordination of our funding efforts.

In February 2000, the U.S. Congress passed, and the President signed, the Poison Control Center Enhancement and Awareness Act. The Act is intended to fund the development and ongoing cost of a single nationwide toll-free number for poison centers, a public awareness media campaign, and uniform patient management guidelines. In the fall of 2000, Congress appropriated funds for the first year of this four-year program. The new national toll free number is projected to go into widespread service in late 2001 and early 2002 as poison centers prepare to manage the anticipated increase in call volume. CPCS intends to apply funds from this program to improve and extend educational efforts, particularly in underserved areas of California, advance clinical management guidelines, improve public health surveillance, and augment staffing.

The Future—2001 and Beyond

National Hotline

The CPCS supports the effort to provide a national public toll-free number for poison emergencies and has contributed technological expertise, aided in the development of uniform treatment guidelines and protocols, and collaborated on educational initiatives with the American Association of Poison Control Centers. The CPCS will continue to serve California callers through its existing hotline, as well as the new national number.

Education and Outreach

As part of an overall blueprint for amplified outreach and educational programming, the CPCS has appointed a Director of Program Development and will increase the number of Health Education Coordinators.

The California Poison Control System provides treatment advice and referral assistance to the public and health professionals through a toll-free emergency hotline number 24 hours a day, 7 days a week, 365 days a year. The CPCS is also the leading source for poison information, prevention and education in California providing educational materials, consultation services and programs for all age groups.

Quick Facts

- > In 1999 the CPCS received and advised on a total of 277,734 poison exposure calls.
- > In 2000 the CPCS hotline received 288,812 poison exposure calls. (4% increase)
- > 51% of all exposures involved children 5 years and younger.
- > 94% of exposures occurred in the home.
- > 78% were effectively treated at home.
- > 17% of all exposure calls originated from a healthcare facility or medical professional.
- > 76% of calls involved human exposure.
- > In 1999 the most common unintentional poisonings involved acetaminophen and bleach.
- > In 2000 the most common unintentional poisonings involved ibuprofen and bleach.

Toll-free help lines:

Public Hotline 1.800.876.4766

Immediate assessment and recommendations for on-site management of poison exposure, referrals to health care facilities when necessary and follow-up telephone calls.

TTY Line 1.800.972.3323

For use by the hearing and speech impaired.

Medical Consultation Line

Poison exposure and overdose diagnosis and treatment assistance to hospital personnel and health care professionals. Specialty consultants are available to aid in the care of hospitalized poisoning victims.

9.1.1

Ambulance dispatchers, police and fire personnel have access to a dedicated CPCS line for assistance in assessing the severity of a poison exposure. The CPCS provides treatment advice and helps determine if transport to a health care facility is necessary. Poison center triage for

9.1.1/Emergency Medical Services (EMS) toxic exposure-related calls provides significant cost savings for supporting government agencies, health care institutions and the public.

Educational Materials Line 1.800.582.3387 (voicemail only)

Order poison prevention materials and request education consultation services.

SPECIAL SERVICES:

Interpreters: Available at all times for over 100 languages.

HazMat: Information and assistance on the health hazards of toxic chemicals to on-scene personnel during a chemical spill disaster or possible chemical attack. Depending upon location, direct scene response by trained toxicologists is available. The CPCS is also a trusted source of health related information regarding the effects of hazardous chemicals.

Public Health Surveillance: The CPCS acts as a community sentinel in instances of food poisoning, adverse drug or product reactions, and drug tampering, notifying local and state agencies, the media, and the public of potential health threats.

State of the Art Information References: The CPCS maintains a complete reference library and computer database, updated quarterly, covering over one million poisons, drugs and toxic substances.

Pesticide Surveillance: The CPCS has a contract with the State Department of Pesticide Regulation to assist physicians in complying with mandatory reporting requirements for pesticide exposures and to provide the state with reliable information on the health issues related to pesticide use in California.

Industry Service Contracts: The CPCS maintains contracts with environmental consulting companies, public health departments and hazardous materials response groups that provide 24-hour information and assistance in case of a poison emergency.

Computerized Case Records: Computerized medical records are maintained on all cases and can serve as valuable indicators in spotting new trends, determining patterns and tailoring services. Data is submitted annually to the American Association of Poison Control Center's Toxic Exposure Surveillance System. Through the efforts of the CPCS, computerized, uniformly formatted data on poison exposure in California has been available since 1997.

Public education goals:

- > Increase public knowledge of the 24-hour toll-free emergency hotline and how to use it.
- > Identify low-use regions and audiences and develop targeted outreach initiatives to increase hotline use.
- > Reduce the frequency of unintentional poison exposure through education.

The California Poison Control System's health education, promotion and outreach supports personal and social development by providing information that enhances life skills, enabling and encouraging people to increase control over their health and environment. CPCS educational strategies and programs assist individuals, families and communities in making choices conducive to health by encouraging prevention and insuring access to approachable, pragmatic information on common household, environmental and behavioral hazards.

The CPCS has sought innovative means by which to improve the delivery of health education and developed resourceful ways to present information about health education and poison prevention. A broad range of up-to-date, low-cost, multi-lingual educational materials is available to serve California's diverse population and CPCS health educators can tailor programs to meet specific local, social and cultural needs. Specially targeted local, regional and statewide education programs which partner the CPCS with organizations and agencies dedicated to public health are planned throughout the year with particular emphasis during each annual Poison Prevention Week (third week of March).

The CPCS actively responds to topical, health-related issues in the news by issuing timely press releases and bulletins. In addition, CPCS hotline staff and experts give interviews to a variety of local, state and national media outlets throughout the year.

Education, Awareness and Outreach in 1999 and 2000

National Poison Prevention Week

1999 - Activity Focus: Hotline Utilization

- > 15,000 National Poison Prevention Week posters with the CPCS hotline number were sent to State Preschools, Head Start, WIC programs and community groups statewide.
- > A "Pharmacist's Poison Prevention Kit" was assembled to increase awareness of poison center services and encourage safety. The kit contained poison hotline telephone stickers

and tear-off sheets with poison prevention tips to include with every prescription, and a “Pills or Candy?” poster for display.

- > A Poster Contest Planning Kit and Health Fair/Presentation Planning Kit were developed to assist teachers, health care professionals and others in disseminating the crucial message of safety and prevention.

2000 - Activity Focus: Inhalation Awareness

Inhalation Awareness Campaign

In an effort to reduce the number of school children who use household products as inhalants, the CPCS launched a special Inhalant Awareness Campaign. Every middle school science teacher in the state received an educational packet containing:

- > A newsletter on the dangers and signs of inhalant abuse.
- > Suggested classroom activities on the subject.
- > Two posters donated for the occasion by the Chemical Specialties Manufacturing Association.
- > Instructions on how to participate in a statewide “grafeeties” contest.

The contest’s goal was to select a student-designed “bumper stickers for shoes” warning of the dangers of “sniffing” household products. It involved 1,000 students statewide and resulted in the production of 10,000 “grafeeties” with the slogan “Inhale and Fail” that were distributed to all participating middle schools. The campaign also received significant media attention, stimulating awareness and discussion among parents, teachers and students.

Los Angeles County Household Hazardous Waste Public Education Program (HHWPEP)

A joint CPCS/HHWPEP venture during National Poison Prevention Week and National Inhalants and Poisons Awareness Week highlighted the potential dangers and health consequences of inhaling household products.

Education and awareness included:

- > HHWPEP information on proper disposal of common, yet hazardous, household products for families in the CPCS Inhalation Awareness Campaign packet
- > HHWPEP-scheduled media briefings and editorial board meetings
- > Participation in Community and Public Affairs shows in the L.A. county area
- > The active involvement of 88 HHW City Coordinators in the effort
- > A documentary on the growing trend of teen inhalant abuse on the UPN network’s “Teen Files” in April of 2000 to which CPCS poison experts contributed

The Right Call for Poison Help

A pilot training and prevention initiative in collaboration with childcare providers and educators at WIC (Woman, Infant and Child), Head Start and State Preschool programs that was aimed at reducing the number of poison exposures and encouraging utilization of poison services in low-income families with pre-school age children.

Partially funded by a \$30,000 grant from the California Kids License Plate Program (administered through the California Center for Childhood Injury Prevention), The Right Call for Poison Help is an easy-to-use tutorial containing:

- > English and Spanish educational videos
- > Instruction materials for teachers
- > 200 emergency telephone stickers to be handed out
- > A project evaluation and a special order form for discounted materials

Through an additional grant of \$10,000 from Kaiser Permanente, fifteen-hundred kits were assembled and 1300 kits were distributed free of charge to WIC, Head Start, State Preschool programs, Child Resource and Referral Agencies and Child Advocate Programs throughout California. Agencies continue to request additional kits to support on-going efforts.

Campaign 2000

In the spring and summer of 2000 the CPCS launched a multifaceted outreach campaign targeting five southern California counties – Los Angeles, Orange, Riverside, San Bernardino and Ventura. Although densely populated, this region nevertheless shows relatively low use of poison center services. The campaign was aimed at raising awareness of the poison emergency hotline and encouraging families with young children to be prepared in case of an accidental poisoning.

The project comprised several integral components:

- > The design and production of uniform, multi-lingual publicity materials centered around a unique theme.
- > An aggressive, bilingual print, television and radio publicity effort.
- > A direct mail campaign.
- > A collaborative venture with pharmaceutical distributor Bergen Brunswig to make CPCS telephone stickers available in over 800 local pharmacies.
- > A partnership with each county Child Health and Disability Prevention (CHDP) program to

educate underserved and disadvantaged community segments about the poison hotline and distribute telephone stickers.

Campaign 2000 Achievements:

- > News releases, fact sheets, radio public service announcements and a bilingual video press release were produced and distributed to 45 television stations, 192 newspaper outlets and 27 radio stations in the targeted market.
- > 11 local television stations presented the bilingual press release, focusing on the life-saving experience of a Latino grandmother with the poison center.
- > Public Service Announcements were aired on 26 AM and FM radio stations or networks.
- > 6 local/regional radio stations produced editorials on the topic of poison prevention.
- > 14 newspapers with a combined circulation of 787,000 ran features.
- > 6 regional parenting magazines, with a combined circulation of 1,470,000, included an insert of telephone stickers and an accompanying CPCS advertisement.
- > 321,000 households received printed cards with telephone stickers through the mail. A follow-up survey indicated that two-thirds of respondents placed the sticker on a telephone.
- > 872 Bergen Brunswig affiliated pharmacies, over a period of 6 weeks, displayed counter easels supplied with 200 telephone sticker insert cards for customers to take home. A follow-up survey revealed a high degree of satisfaction from pharmacists and continued demand.
- > Child Health and Disability Prevention Programs (CHDP) in 5 counties continue to raise awareness of poison center services while distributing telephone stickers through private providers, county health clinics, social workers and public health nurses. This is an ongoing component of the campaign involving over 1700 CHDP providers in 5 counties.

Educational Materials and Resources

In 1999 and 2000 the CPCS distributed 332,502 educational items and teaching aids to non-profit and government agencies, schools, childcare centers, hospitals, physicians, pharmacies, businesses, parents, teachers and the general public. The following materials can be obtained through the CPCS web site, health education voicemail line, or directly from regional offices:

- > Bilingual telephone stickers with emergency hotline number
- > Refrigerator magnets with emergency hotline number
- > Poison prevention brochures (translations are under way in 12 languages)

- > Coloring books in 8 languages for elementary school children
- > Plant guide
- > Videos in English and Spanish
- > The Right Call for Poison Help, a video and training materials for parent education
- > Educational posters in English and Spanish
- > Resource guides, curriculums and activity sheets for teachers
- > Comprehensive CPCS published Answer Book for commonly asked poison questions
- > Telephone stickers for hospitals and physicians
- > A free multi-lingual video lending library with a collection of 66 poison-related videos for all age groups, from children to adults
- > Loans of presentation props, such as look-alike displays of candy and medicine, photographs and examples of objects containing lead, are available for health fairs and other events

Educational materials and samples can be ordered from the CPCS by calling 1.800.582.3387 or visiting the web site at www.calpoison.org

From the Executive Medical Director

In 1999 the California Poison Control System received and advised on 210,134 poison exposures. In the year 2000 that number increased to 220,978. The staff of the CPCS—clinical pharmacists, nurses and poison information providers supported by board-certified physician toxicologists—were able to effectively manage those cases so that over 70% of the callers did not need to leave home to make a hospital visit.

Such expert consultation prevents medically unnecessary visits to emergency rooms or hospitals, saving health care dollars and resources. The CPCS works diligently to insure that the full range of scientific knowledge about toxicology is reflected in its policy and practice. Hotline staff, each of whom manages about 5,000 poisoning cases per year, are rigorously trained, afforded opportunities for professional education and encouraged to pursue individual and group research.

In response to California’s culturally diverse population, the CPCS has also embraced an expanded mandate sensitive to cultural needs. Callers to the emergency hotline have immediate, confidential and uninterrupted access to translators fluent in over 100 languages.

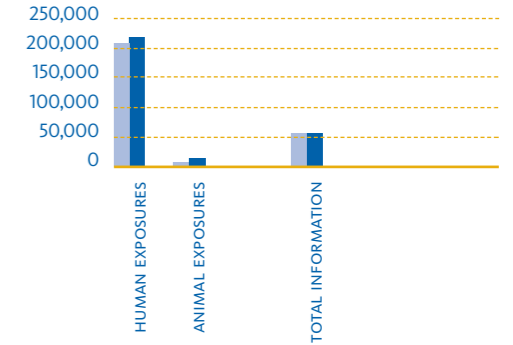
Enhancement of public health requires a secure foundation in expert medical knowledge, expeditious and discerning judgment, and an effective commitment to serve with dedication, patience and consideration. The men and women who make up the CPCS embody these qualities, 24 hours a day, 7 days a week, 365 days a year.



Richard Geller, MD, FACEP, FACMT
Executive Medical Director (2000)

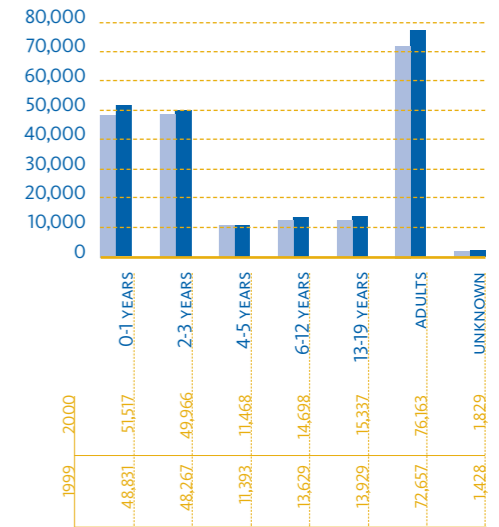
How many calls did CPCS receive?

	1999	%	2000	%
EXPOSURES				
HUMAN EXPOSURES	209,715	75.50%	220,474	76.34%
HUMAN CONFIRMED NONEXPOSURE	419	0.15%	504	0.17%
ANIMAL EXPOSURES	9,915	3.57%	10,418	3.61%
ANIMAL CONFIRMED NONEXPOSURE	0	0.00%	23	0.01%
TOTAL EXPOSURES	220,049	79.22%	231,419	80.13%
INFORMATION				
DRUG INFORMATION	14,074	5.07%	14,422	4.99%
DRUG IDENTIFICATION	12,299	4.43%	12,878	4.46%
ENVIRONMENTAL	485	0.18%	496	0.17%
MEDICAL	2,852	1.03%	2,357	0.82%
OCCUPATIONAL	50	0.02%	79	0.03%
POISON	21,552	7.76%	22,156	7.67%
PREVENTION/SAFETY	5,386	1.94%	2,643	0.92%
TERATOGENICITY	198	0.07%	129	0.04%
OTHER	789	0.28%	2,233	0.77%
TOTAL INFORMATION	57,685	20.78%	57,393	19.87%
TOTAL CALLS	277,734	100.00%	288,812	100.00%



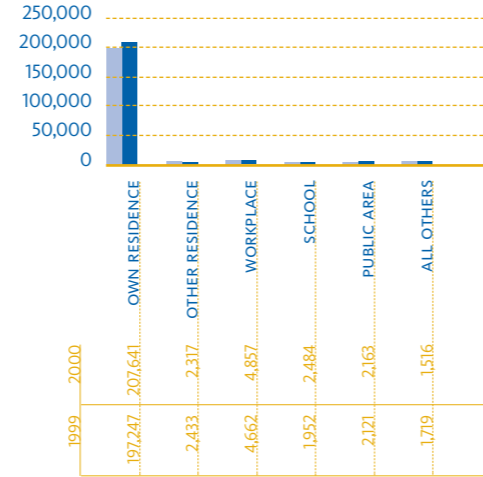
How old was the poisoned victim?

	1999	%	2000	%
< 1 YEARS OLD	13,397	6.37%	14,062	6.36%
1 YEARS OLD	35,434	16.86%	37,455	16.95%
2 YEARS OLD	33,237	15.82%	34,645	15.68%
3 YEARS OLD	15,030	7.15%	15,321	6.93%
4 YEARS OLD	7,269	3.46%	7,021	3.18%
5 YEARS OLD	4,124	1.96%	4,447	2.01%
UNKNOWN < = 5	18	0.00%	28	0.01%
6-12 YEARS OLD	13,629	6.52%	14,698	6.65%
13-19 YEARS OLD	13,929	6.63%	15,337	6.94%
ADULTS	72,657	34.57%	76,163	34.47%
UNKNOWN AGE	1,410	0.66%	1,801	0.82%
TOTAL	210,134	100.00%	220,978	100.00%



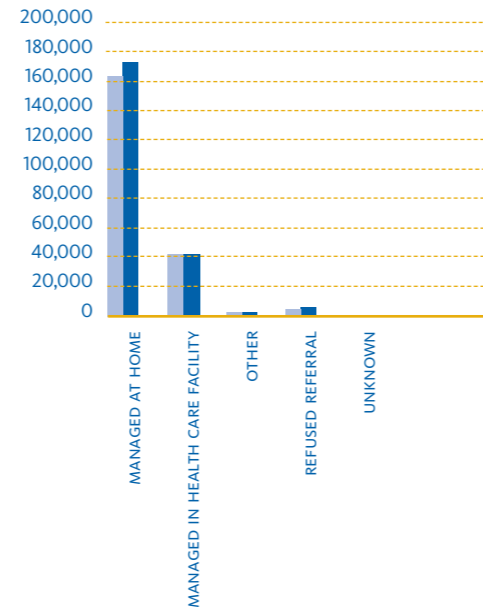
Where did the poisoning happen?

	1999	%	2000	%
OWN RESIDENCE	197,247	93.87%	207,641	93.97%
OTHER RESIDENCE	2,433	1.16%	2,317	1.05%
WORKPLACE	4,662	2.22%	4,857	2.20%
HEALTH CARE FACILITY	266	0.13%	213	0.10%
SCHOOL	1,952	0.93%	2,484	1.12%
RESTAURANT/FOOD SERVICE	911	0.43%	740	0.33%
PUBLIC AREA	2,121	1.01%	2,163	0.98%
OTHER	537	0.25%	532	0.24%
UNKNOWN	5	0.00%	31	0.01%
TOTAL	210,134	100.00%	220,978	100.00%



Where was the patient treated?

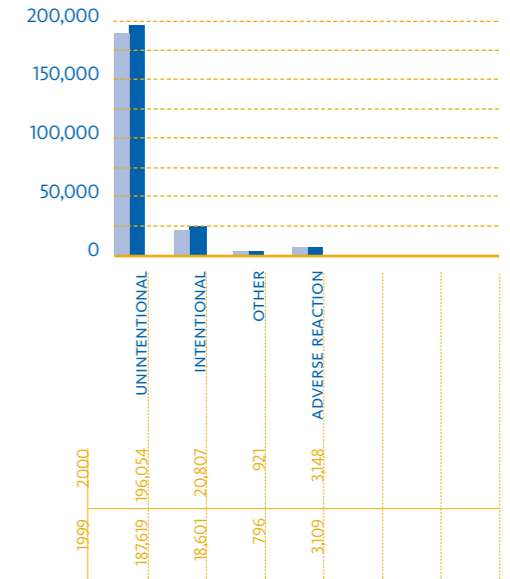
	1999	%	2000	%
MANAGED AT HOME	163,204	77.67%	171,827	77.76%
MANAGED IN HEALTH CARE FACILITY	42,177	20.08%	44,391	20.09%
OTHER	1,267	0.60%	537	0.24%
REFUSED REFERRAL	3,476	1.65%	4,208	1.90%
UNKNOWN	10	0.00%	15	0.01%
TOTAL	210,134	100.00%	220,978	100.00%



■ 1999 ■ 2000

What was the reason for the poisoning?

	1999	%	2000	%
UNINTENTIONAL				
GENERAL*	154,501	73.54%	160,010	72.41%
ENVIRONMENTAL	3,524	1.68%	3,713	1.68%
OCCUPATIONAL	3,068	1.46%	2,855	1.29%
THERAPEUTIC ERROR	11,229	5.34%	11,338	5.13%
MISUSE	4,968	2.36%	5,004	2.26%
BITE/STING	5,947	2.83%	8,631	3.91%
FOOD POISONING	4,373	2.08%	4,475	2.03%
UNKNOWN	9	0.00%	28	0.01%
TOTAL UNINTENTIONAL	187,619	89.29%	196,054	88.72%
INTENTIONAL				
SUSPECTED SUICIDE	12,983	6.18%	14,840	6.72%
MISUSE	2,950	1.40%	2,840	1.29%
ABUSE	2,653	1.26%	3,040	1.38%
UNKNOWN	15	0.01%	87	0.04%
TOTAL INTENTIONAL	18,601	8.85%	20,807	9.42%
OTHER				
CONTAMINATION/TAMPERING	278	0.13%	292	0.13%
MALICIOUS	518	0.25%	629	0.29%
TOTAL OTHER	796	0.38%	921	0.42%
ADVERSE REACTION				
DRUGS	2,489	1.18%	2,512	1.14%
FOOD	316	0.16%	305	0.14%
OTHERS	304	0.14%	331	0.15%
TOTAL ADVERSE REACTION	3,109	1.48%	3,148	1.43%
UNKNOWN REASON				
UNKNOWN REASON	9	0.00%	48	0.02%
TOTAL	210,134	100.00%	220,978	100.00%



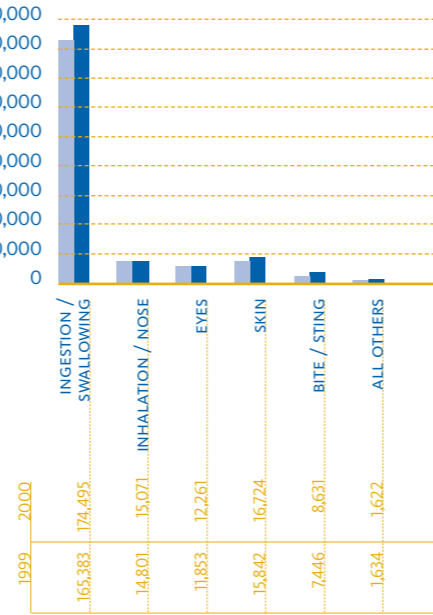
*Includes everything, except the reasons listed below.

■ 1999 ■ 2000

How did the poisoning happen?

	1999	%	2000	%
INGESTION/SWALLOWING	165,383	76.24%	174,495	76.26%
INHALATION/NOSE	14,801	6.82%	15,071	6.59%
LUNGS	343	0.16%	100	0.04%
EYES	11,853	5.46%	12,261	5.36%
SKIN	15,842	7.30%	16,724	7.31%
BITE/STING	7,446	3.43%	8,631	3.77%
THROUGH THE SKIN	748	0.34%	779	0.34%
OTHER	487	0.22%	615	0.27%
UNKNOWN	56	0.03%	128	0.06%
TOTAL	216,959	100.00%	228,804	100.00%

A poisoning incident may enter the body more than one way.



The most common poisonings

By Category	1999	Most Common Product or Substance in Category
ANALGESICS	13,339	ACETAMINOPHEN
CLEANING PRODUCTS	13,122	BLEACH
PERSONAL CARE PRODUCTS	11,749	PERFUME, COLOGNE OR AFTERSHAVE
FOREIGN OBJECTS	8,038	SILICA GEL (DESICCANTS)
FOOD PRODUCTS & FOOD POISONING	8,038	QUESTIONS ABOUT POSSIBLY SPOILED FOOD
PLANTS	7,823	UNKNOWN TOXIC PLANT
COUGH & COLD MEDICATIONS	5,969	ANTIHISTAMINE OR DECONGESTANT W/ PHENYLPROPANOLAMINE W/O NARCOTIC
TOPICALS	5,838	DIAPER CARE AND RASH PRODUCTS
SEDATIVES/HYPNOTICS/ANTIPSYCHOTICS	4,350	BENZODIAZEPINES
ANTIMICROBIALS	3,875	ANTIBIOTICS (ORAL, INJECTIONS, IV)

By Category	2000	Most Common Product or Substance in Category
ANALGESICS	21,153	IBUPROFEN
CLEANING PRODUCTS	19,249	BLEACH
PERSONAL CARE PRODUCTS	17,822	TOOTHPASTE WITH FLUORIDE
FOREIGN OBJECTS	12,242	SILICA GEL (DESICCANTS)
PLANTS	11,790	UNKNOWN TOXIC PLANT
TOPICALS	9,681	DIAPER CARE AND RASH PRODUCTS
COUGH & COLD MEDICATIONS	9,192	ANTIHISTAMINE OR DECONGESTANT W/ PHENYLPROPANOLAMINE W/O NARCOTIC
BITES & ENVENOMATIONS	8,777	UNKNOWN TYPE OF INSECT, SPIDER BITE/ENVENOMATION
FOOD PRODUCTS & FOOD POISONING	7,633	QUESTIONS ABOUT POSSIBLY SPOILED FOOD
SEDATIVE	7,509	BENZODIAZEPINES

■ 1999 ■ 2000

What was the outcome of the poisoning?

	1999	%	2000	%
NO EFFECT	57,634	27.43%	39,933	18.08%
MINOR EFFECT	23,750	11.30%	24,349	11.02%
MODERATE EFFECT	6,158	2.93%	6,999	3.16%
MAJOR EFFECT	1,216	0.58%	1,412	0.64%
DEATH (DIRECTLY REPORTED TO CPCS)	106	0.05%	108	0.05%
DEATH (INDIRECT REPORT)	-	0.00%	9	0.00%
NOT FOLLOWED, JUDGED AS NONTOXIC EXPOSURE	28,121	13.38%	35,383	16.01%
NOT FOLLOWED, MINIMAL CLINICAL EFFECTS POSSIBLE	75,279	35.82%	93,912	42.50%
UNABLE TO FOLLOW, POTENTIALLY TOXIC EXPOSURE	8,083	3.85%	9,983	4.52%
UNRELATED EFFECT	9,368	4.46%	8,372	3.79%
OUTCOME NOT CODED	419	0.20%	518	0.23%
TOTAL	210,134	100.00%	220,978	100.00%

Definitions:

No Effect: The patient developed no symptoms as a result of the exposure.

Minor Effect: The patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient. The symptoms usually resolve rapidly and usually involve skin or mucous membrane manifestations. The patient has returned to a pre-exposure state of well being and has no residual disability or disfigurement.

Moderate Effect: The patient exhibited symptoms as a result of the exposure which are more pronounced, more prolonged or more of a systemic nature than minor symptoms.

Major Effect: The patient has exhibited some symptoms as a result of the exposure. The symptoms were life-threatening or resulted in significant residual disability or disfigurement.

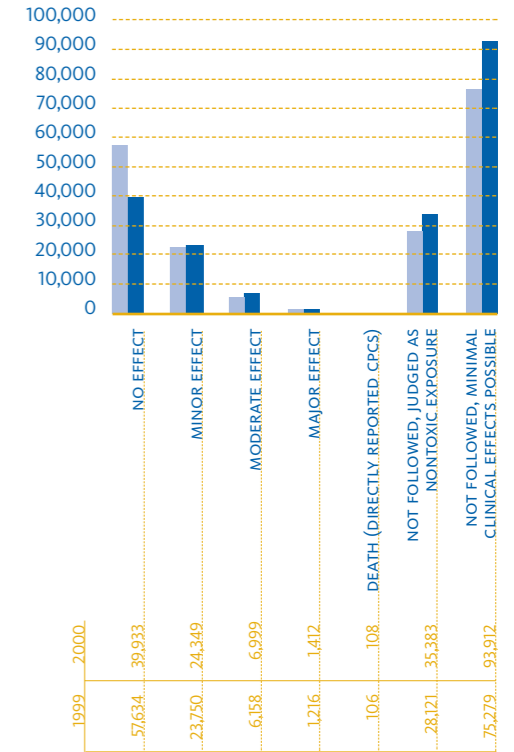
Death: The patient died as a result of the exposure or as a direct complication of the exposure which was unlikely to have occurred had the toxic exposure not preceded the complication. Only included are those deaths which are probably or undoubtedly related to the exposure.

Not followed, judged as nontoxic exposure: The patient was not followed because the exposure was likely to be nontoxic because: 1) the agent involved was nontoxic; 2) the amount implicated in the exposure was insignificant; and/or 3) the route of exposure was unlikely to result in a clinical effect.

Not followed, minimal clinical effects possible: The patient was not followed because the exposure was likely to result in only minimal toxicity of a trivial nature.

Unable to follow, judged as a potentially toxic exposure: The patient was lost to follow-up and the exposure was significant and may have resulted in toxic manifestations with clinical effects greater than minor effect.

Unrelated Effect: Based upon all the information available, the exposure was probably not responsible for the effect(s).



■ 1999 ■ 2000

Human exposures calls per county—1999 and 2000

COUNTY	1999			2000			00 vs.99
	HUMAN EXPOSURES	POPULATION	PENETRANCE	HUMAN EXPOSURES	POPULATION	PENETRANCE	PENETRANCE CHANGE
ALAMEDA	10,233	1,415,582	7.23	10,475	1,443,741	7.26	0.03
ALPINE	5	1,161	4.31	29	1,208	24.01	19.70
AMADOR	339	34,153	9.93	344	35,100	9.80	-0.13
BUTTE	1,882	195,220	9.64	2,120	203,171	10.43	0.79
CALAVERAS	333	40,051	8.31	368	40,554	9.07	0.76
COLUSA	99	18,844	5.25	121	18,804	6.43	1.18
CONTRA COSTA	7,714	933,141	8.27	7,556	948,816	7.96	-0.30
DEL NORTE	281	26,477	10.61	288	27,507	10.47	-0.14
EL DORADO	1,729	161,358	10.72	1,995	156,299	12.76	2.05
FRESNO	6,765	763,069	8.87	6,978	799,407	8.73	-0.14
GLENN	192	26,328	7.29	200	26,453	7.56	0.27
HUMBOLDT	1,410	121,358	11.62	1,516	126,518	11.98	0.36
IMPERIAL	685	145,287	4.71	649	142,361	4.56	-0.16
INYO	148	17,958	8.24	112	17,945	6.24	-2.00
KERN	4,102	642,495	6.38	4,342	661,645	6.56	0.18
KINGS	899	123,241	7.29	975	129,461	7.53	0.24
LAKE	656	55,405	11.84	691	58,309	11.85	0.01
LASSEN	296	33,028	8.96	346	33,828	10.23	1.27
LOS ANGELES	33,563	9,329,989	3.60	36,322	9,519,338	3.82	0.22
MADERA	1,050	116,760	8.99	1,186	123,109	9.63	0.64
MARIN	2,469	236,768	10.43	2,417	247,289	9.77	-0.65
MARIPOSA	150	15,605	9.61	174	17,130	10.16	0.55
MENDOCINO	748	84,085	8.90	883	86,265	10.24	1.34
MERCED	1,443	200,746	7.19	1,544	210,554	7.33	0.14
MODOC	54	9,210	5.86	90	9,449	9.52	3.66
MONO	54	10,512	5.14	93	12,853	7.24	2.10
MONTEREY	1,915	371,756	5.15	1,923	401,762	4.79	-0.36
NAPA	981	120,962	8.11	1,589	124,279	12.79	4.68
NEVADA	880	92,014	9.56	925	92,033	10.05	0.49
ORANGE	13,253	2,760,948	4.80	14,645	2,846,289	5.15	0.35
PLACER	2,521	239,485	10.53	2,780	248,399	11.19	0.66
PLUMAS	307	20,370	15.07	302	20,824	14.50	-0.57
RIVERSIDE	8,390	1,530,653	5.48	9,452	1,545,387	6.12	0.63

Human exposures calls per county—1999 and 2000

COUNTY	1999			2000			00 vs.99
	HUMAN EXPOSURES	POPULATION	PENETRANCE	HUMAN EXPOSURES	POPULATION	PENETRANCE	PENETRANCE CHANGE
SACRAMENTO	12,839	1,184,586	10.84	13,127	1,223,499	10.73	-0.11
SAN BENITO	346	51,276	6.75	335	53,234	6.29	-0.45
SAN BERNARDINO	10,001	1,669,934	5.99	10,439	1,709,434	6.11	0.12
SAN DIEGO	24,075	2,820,844	8.53	24,679	2,813,833	8.77	0.24
SAN FRANCISCO	5,607	746,777	7.51	5,632	776,733	7.25	-0.26
SAN JOAQUIN	4,665	563,183	8.28	4,839	563,598	8.59	0.30
SAN LUIS OBISPO	2,029	236,953	8.56	2,010	246,681	8.15	-0.41
SAN MATEO	4,934	702,102	7.03	4,918	707,161	6.95	-0.07
SANTA BARBARA	2,198	391,071	5.62	2,289	399,347	5.73	0.11
SANTA CLARA	11,070	1,647,419	6.72	10,485	1,682,585	6.23	-0.49
SANTA CRUZ	2,345	245,201	9.56	2,239	255,602	8.76	-0.80
SHASTA	1,620	164,530	9.85	1,625	163,256	9.95	0.11
SIERRA	21	3,334	6.30	27	3,555	7.59	1.30
SISKIYOU	392	43,570	9.00	394	44,301	8.89	-0.10
SOLANO	4,416	385,723	11.45	4,275	394,542	10.84	-0.61
SONOMA	3,922	439,970	8.91	4,267	458,614	9.30	0.39
STANISLAUS	4,180	436,790	9.57	4,443	446,997	9.94	0.37
SUTTER	531	78,423	6.77	629	78,930	7.97	1.20
TEHAMA	463	54,012	8.57	551	56,039	9.83	1.26
TRINITY	92	12,927	7.12	98	13,022	7.53	0.41
TULARE	2,394	358,470	6.68	2,537	368,021	6.89	0.22
TUOLUMNE	487	53,764	9.06	605	54,501	11.10	2.04
VENTURA	3,842	745,063	5.16	4,172	753,197	5.54	0.38
YOLO	1,433	155,573	9.21	1,554	168,660	9.21	0.00
YUBA	703	59,607	11.79	766	60,219	12.72	0.93
UNKNOWN				556			
TOTAL	210,151	33,145,121	6.34	220,921	33,871,648	6.52	0.18

Note: Penetrance is defined as the number of human exposures cases managed per 1,000 population per year.

Population Data Source:

1999 Data
Population Estimates Program, U.S. Census Bureau
JULY 1, 1999 target date

2000 Data
Official U.S. Census 2000 Report
April 1, 2000 target date

In addition to answering the poison emergency and information hotline, CPCS staff conduct research projects, analyze and contribute data to other institutions and researchers, publish texts, journal articles and abstracts, provide interviews to a variety of media outlets, and offer training sessions and presentations to health professionals throughout the state.

Presentations and Publications

- > In 1999 and 2000 CPCS staff made more than 90 presentations to an estimated total of over 4,500 health professionals throughout the state.
- > In 1999 and 2000 CPCS staff published more than 20 book chapters, medical journal articles and abstracts.

The Annual Meeting of the American Association of Poison Control Centers and the American Academy of Clinical Toxicology

- > In 1999 CPCS staff offered 18 posters and platform presentations on various subjects to the organization's annual meeting in La Jolla, CA
- > In 2000 15 posters and platform presentations were given by CPCS staff at the annual meeting in Tucson, AZ

The Lange Clinical Manual

Providing concise, practical advice for the diagnosis and treatment of poisoning and drug overdose, including chemical and occupational exposures, the 3rd edition of *Poisoning & Drug Overdose* by the faculty, staff and associates of the California Poison Control System was published in 1999. *Olson, Kent R., ed., Poisoning & Drug Overdose, with Ilene B. Anderson, Neal L. Benowitz, Paul D. Blanc, Richard F. Clark, Thomas E. Kearney, and John D. Osterloh, 3rd ed, Appleton & Lange, Stamford, CT*

Special Projects and Research

“Guidelines for Practice in Poison Control Systems: The California Poison Control System Experience”. (Panel presentation with Alsop J, Heard S, Albertson T, Clark R, and Ekins B), American Association of Poison Control Centers Mid-Year Director’s Meeting. Denver, CO (Feb 1999)

Continuing Education Program: “Poison Prevention in Children,” Pediatric Considerations in Self-Care Seminar. Raley’s Pharmacists (Oct 1999), Sacramento, CA presented by Kathy Marquardt and Judith Alsop

Superwarfarin anticoagulant rat poison study, 1999

The majority of CPCS operational funds are from the Disproportionate Share Hospital Medi-Cal matching program, which is authorized by the California Medical Assistance Commission (CMAC), the State Emergency Medical Services Authority (EMSA), and the State Department of Health Services (DHS). Industry contracts, community hazardous materials, educational material sales, royalties, and drug studies provide the remainder of operating funds.

The CPCS receives in-kind support, in the form of office space, accounting, and administrative services, from campus and medical center facilities of the University of California, which houses the CPCS Central Office and hotline sites in San Diego and Sacramento. Valley Children’s Hospital in Fresno/Madera and the San Francisco Community Health Network in San Francisco also house and support hotline sites.

	FY 98 - 99		FY 99 - 00		FY 00 - 01**	
OPERATING REVENUE						
MEDI-CAL/DHS/EMSA	5,844,506	96.0%	6,298,238	95.5%	6,838,033	96.5%
SALES AND SERVICE	178,516	2.9%	205,303	3.1%	200,000	2.8%
CONTRACTS AND GRANTS	58,589	1.0%	84,411	1.3%	42,000	0.6%
INDIVIDUAL DONATIONS	5,964	0.1%	7,658	0.1%	5,000	0.1%
TOTAL	6,087,575	100.0%	6,595,610	100.0%	7,085,033	100.0%
OPERATING EXPENSES						
SALARIES & BENEFITS	5,314,100	87.3%	5,853,509	88.7%	6,280,710	88.6%
COMMUNICATIONS	393,876	6.4%	340,356	5.2%	288,813	4.1%
OTHER (SUPPLIES, EQUIPMENT, TRAVEL, ETC.)	303,413	5.0%	314,355	4.8%	418,510	5.9%
HEALTH EDUCATION MATERIALS	76,186	1.3%	87,390	1.3%	97,000	1.4%
TOTAL	6,087,575	100.0%	6,595,610	100.0%	7,085,033	100.0%
IN KIND SUPPORT	1,700,000		1,900,000		2,000,000	

* Fiscal years are July-June

** Projections based on July to December expenses of current FY 99-01

The California Poison Control System wishes to express sincere thanks to the following individuals and associations who contributed in support of our efforts.

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Diplomate American Board of Applied Toxicology

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CPhT

Certified Pharmacy Technician

CSPI

Certified Specialist in Poison Information, certified by the American Association of Poison Control Centers

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PIP

Poison Information Provider

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Thank you to our colleagues who serve as attending physicians:

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