



NEWSLETTER



LETTER FROM THE EDITOR

February 2023

Greetings!

The February 2023 edition of the PCPHCoP newsletter features the collaborative work of our members from different jurisdictions. Interagency collaboration can take many forms and is an important mechanism to effectively address and respond to the large variety of public health issues affecting our communities.

This newsletter highlights a few examples of successful collaboration, from short-term to long-term projects and programs. Learning about other's collaborative work can aid in understanding best practices and opportunities to expand collaborative initiatives in your own jurisdictions.

If you would like to hear more about a specific topic in future newsletters, please let us know.

Sincerely,
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TABLE OF CONTENTS

Letter From the Editor

Collaboration in Public Health

Collaborative Highlights

Acknowledgments

Announcements

Interagency Collaboration in Public Health

What is collaboration?

Collaboration refers to relationships where two or more independent parties work together voluntarily to address a common issue or serve a mutual interest.

Why is interagency collaboration important in public health?

Public health is a vast and diverse field, so collaboration plays an important role in successfully improving population health. Each sector plays its specific role in addressing public health concerns and incidents in a community.

Collaboration provides the following benefits:

- Sharing information, resources, and best practices
- Serving the community best
- Reducing healthcare costs
- Addressing health equity
- Reducing duplicative services

Collaboration can come in many forms, including these activities:

- Informal or formal projects
- Grant proposals
- Multi-sector health assessments
- Facilitating information sharing and training opportunities across programs
- Facilitating collaborative strategic planning to address disparities and disease burden issues
- Participating in data collection and reporting across programs

Collaborative Highlights

Agencies: Georgia Poison Center and the Georgia Department of Public Health

CHEMPACK Program

Poison centers are often the first point of contact when patients present to a healthcare facility after a chemical exposure. When this situation comes to the center's attention, the poison center serves as the initiation point for release of cached antidotes when they are needed beyond what is immediately available at the site, instead of requiring multiple subsequent calls to other agencies. The Georgia Poison Center (GPC) has served as the point of request and release for CHEMPACK assets since the program's inception more than 30 years ago. In doing so, the GPC is acting on behalf of the Georgia Department of Public Health (GDPH) and the State Emergency Management Agency in fulfilling the goals of this joint federal-state program.

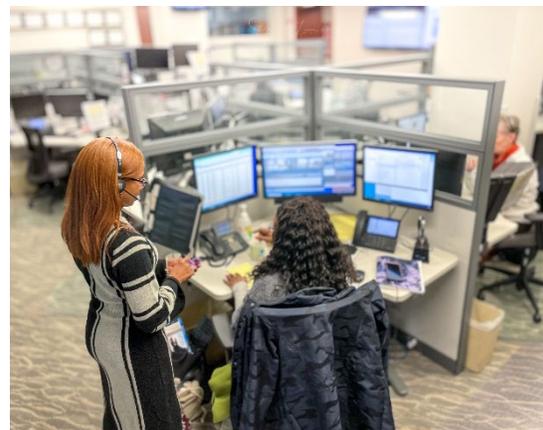


Photo credit: Stephanie Hon, Director of GPC

Rabies

Promoting health and well-being remains central to the agencies' shared missions. One activity that makes the GPC noteworthy is their management of animal bites to humans. Using guidelines and protocols developed jointly by the partners, GPC call center personnel make prompt decisions following these potential rabies exposures. Over the past 30 years, they have managed more than 33,000 of these calls. To further prevent disease, injury, and disability, the critical decision to treat or not to treat with vaccine therapy must be made in a timely manner. The data collected about these cases show appropriate use of rabies post-exposure therapy prevents disease; appropriate triage also reduces unnecessary use of these costly pharmaceuticals. At the same time, GDPH personnel cost for on-call response has been reduced substantially.

Public Health Hotline

The success of the rabies program led to the development of other joint endeavors. Since 2005, GPC has worked closely with GDPH to provide a toll-free hotline for reporting public health emergencies and notifiable diseases. The hotline combines the resources of GDPH at the state and district levels with those of GPC to address both routine public health situations and emergencies. The most common calls the line has received over the years are reports of immediately notifiable diseases (including those that could result from a bioterrorism incident) and public health emergencies. Over the last 23 years, the GPC reported to GDPH over 18,000 infectious diseases of concern that may result from bioterrorism, epidemic or pandemic disease, sexually transmitted disease, or novel and highly fatal infectious agents or toxins that may pose a substantial risk of a public health emergency.

COVID-19 Hotline

For COVID-19, a separate public health hotline was established to provide healthcare professionals and the general public guidance and a reporting mechanism during the 2020 SARS-CoV-2 pandemic. To date, over 112,000 calls have been answered by the GPC from this specific COVID hotline. The GPC's COVID specialists answering this line provide guideline-driven advice when answering questions involving isolation and quarantine precautions, COVID testing, and vaccination.

CHEMPACK:

- National program funded by the Administration for Strategic Preparedness and Response as an extension of the Strategic National Stockpile program
- Provides antidotes to nerve agents for state, local, and/or tribal officials

The long-standing partnership between the Georgia Department of Public Health and the Georgia Poison Center has continued to be a strong and mutually beneficial one.

The public health hotline remained particularly active during the Zika, H1N1, Highly Pathogenic Avian Influenza, and Ebola outbreaks.

The GPC hopes to continue this relationship with State Public Health and keep Georgians safe and healthy.

Agencies: Rocky Mountain Poison & Drug Safety and the Hawaii Department of Health

Jet Fuel–Contaminated Drinking Water Investigation

Oahu, Hawaii

On November 28, 2021, the Hawaii Department of Health (HDOH) began receiving hundreds of complaints of illness and a fuel-like odor coming from tap water supplied by the Navy’s Joint Base Pearl Harbor-Hickam water system. The Rocky Mountain Poison & Drug Safety (RMPDS) center in Colorado, which takes all of Hawaii’s poison center calls, also received an increase in calls about exposure and symptoms relating to fuel-contaminated water exposure. With this information, the HDOH quickly issued a water advisory for the whole military base and former base housing, that was now civilian-occupied, and was on the same water system where calls were coming from.

It was later determined that a jet fuel leak at the Red Hill Bulk storage facility had contaminated a water source that supplied water to the base.

Investigation using RMPDS call data

The HDOH requested the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) to assist in assessing the impacts of the water contamination on the community.

Since studies on health effects after ingestion of fuel contaminated water is limited, the team sought to describe the acute health effects after exposure to the contaminated water using multiple data sources, including surveillance data from RMPDS caller records.

RMPDS specialists coded calls related to the incident, both for humans and animals. They collected multiple data points:

- Caller location
- Route of exposure
- Reported health effects
- Therapy received
- Health outcome for each record

Results of RMPDS call data analysis

Among the callers reporting exposure to the contaminated water, these were the most reported signs or symptoms:

- Headaches
- Diarrhea
- Abdominal pain
- Rashes
- Nausea

Some callers received treatment recommendations over the phone and did not require a medical referral. Others were documented as being enroute to a healthcare provider.

Callers that reported more than minor symptoms were referred to a healthcare provider.



Photo credit: Stacey Konkle (ATSDR)

A de-identified database was shared with the CDC/ATSDR team for analysis.

By including RMPDS surveillance data, the team was able to provide a multifaceted picture of acute health effects after the water contamination.

*A peer reviewed manuscript that incorporates data from RMPDS is under development.

Collaborative Highlights

The Origin of Toxicovigilance Canada

When laundry packages that resemble brightly colored candy first hit the Canadian market in 2012 and led to children being exposed, there was no way to track the extent of the issue. It became very clear that [*“Canada lacks a robust national center that collects poisoning statistics and helps alert officials to new threats as they emerge.”*](#) The need for a national surveillance system for poison center data was reiterated in 2013 at a pan-Canadian workshop that initiated dialogue and collaboration between Canada’s poison centers, public health agencies, and health security and regulatory partners.

In response to this clear need, a Task Force was formed with the five Canadian poison centers; the federal, provincial, and territorial health authorities; and injury prevention centers. The initiative started as a grassroots dream, but some key elements helped make it into reality:

- Direct engagement with senior health leadership at all levels of government (The Canadian Institutes of Health Research [Best Brains Exchange](#) was a strong catalyst for advancing this work.)
- Strong horizontal leadership that collaboratively led the business analysis, pilot phase activities, and championing of the initiative
- The formation of a virtual Poison Centre Community of Practice on the Canadian Network for Public Health Intelligence, which fostered linkages and collaboration between poison centers, public health agencies, regulators, injury prevention centers, non-governmental organizations, and health security partners.

By 2018, the network was becoming a focal point for timely detection, assessment, and response to poisonings. It was then that the network became known as Toxicovigilance Canada, in recognition of the expanded diversity of its membership of roughly 450 partners, including public safety agencies, law enforcement agencies, academia, border services, international counterparts, toxicology laboratories, and others.

Some of the core components of Toxicovigilance Canada include these:

- The Canadian Surveillance System for Poison Information allows for surveillance and monitoring of toxicological threats across Canadian poison centers.
- The Toxicology Laboratory Response Network is an informal pan-Canadian network of over 25 forensic and clinical toxicology laboratories that promotes information sharing including the monitoring and early warning of emergent drugs to Toxicovigilance Canada partners.
- The Public Outreach and Communications Working Group is dedicated to developing a consistent, coordinated pan-Canadian approach to poison awareness and prevention messaging.



Situational Awareness and Early Warning



Canadian Surveillance System for Poison Information



Reach back Support



Toxicology Laboratory Response Network



Antidote Registry



Public Outreach and Communication

WHO Guidelines for establishing a poison center (2021)

[*“Toxicovigilance comprises the detection and management of toxic exposure events of public health concern”*](#)—Chapter 5
Toxicovigilance and Prevention of Poisoning

Understanding that the roles and responsibilities to address toxic risks are shared across several institutions from different sectors and jurisdictions, the goals of Toxicovigilance Canada include fostering

- partnerships and collaboration,
- situational awareness,
- early warning,
- targeted health threat monitoring, and
- reach back to specialists.

While the components of Toxicovigilance Canada are still being implemented, its members are keen to foster strong partnerships with Poison Centre and Public Health Community of Practice colleagues to advance the collective goal of reducing the burden of disease caused by poisonings.

Collaborative Highlights

Agencies: Alabama Poison Information Center and the Alabama Department of Public Health

Healthy Child Care Alabama (HCCA)

Healthy Child Care Alabama (HCCA) is a program that supports people who take care of other people's children—whether it is in a childcare center or day care home, or it is through family, friend, or neighbor care.

HCCA is sponsored by the Alabama Department of Public Health and the Alabama Department of Human Resources. HCCA receives national support from the American Academy of Pediatrics in partnership with the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

The HCCA has 12 registered nurses (RNs) that visit every daycare, preschool, and health department in all 67 counties. For over 20 years the HCCA has collaborated with the Alabama Poison Information Center (APIC) to train their RNs on poisonings and poison prevention. They are trained by the APIC educator to give presentations on behalf of the APIC and hand out poison center materials.

The collaboration was initiated by the APIC division director at the time, who had a relationship with this organization. Over time the APIC developed the train-the-trainer program, so they could make sure that every county in Alabama could receive poison prevention education. **Here is a [link](#) to the program page.**

In **2021**, HCCA provided **1,733** poison prevention programs reaching a total of **8,802** parents throughout all 67 counties. HCCA RNs distributed **15,332** poison prevention items provided by the APIC.

Maternal and Child-Health Birth Outcomes



The Maternal and Child-Health Birth Outcomes collaboration was initiated by the Maternal and Child-Health Birth Outcomes, From Day One (FDO) program coordinator who is the assistant director of clinical services at Jefferson County Department of Health. When the FDO program began in 2018, she reached out to the APIC to provide much-needed education for the parent.

The APIC has been giving 10-minute presentations at quarterly FDO Baby Safety Showers since 2018. The presentations focus on preventing medication errors and overdoses in infants. We also discuss the most common toxic exposures from items in the home. **Here is a [link](#) to the program page.**

HCCA Project goals

- Safe, healthy childcare environments for all children, including those with special needs
- Health, nutrition, and safety education for children, their families, and childcare providers



Check out HCCA's graphic above [here!](#)

Conclusion

These examples are a small snapshot of the collaborative work being done by our PCPHCoP members. Collaboration relies on communication, so please reach out to us if you want to get in contact with these partners for more information, and we will put you in contact with the appropriate person.

Acknowledgements

*Thank you to those from the **Georgia Poison Center and Georgia Department of Public Health** for providing the information on their collaborative programs highlighted.*

*Thank you to those from **CDC/ATSDR** for providing the information on the collaborative investigation of jet fuel–contaminated drinking water in Hawaii.*

*Thank you to those from **Toxicovigilance Canada** for providing the information on the Origin of Toxicovigilance Canada.*

*Thank you to those from the **Alabama Poison Information Center** for providing the information on their collaborative programs highlighted.*

Announcements

The next quarterly PCPHCoP webinar will be held **April 19th, 2023, from 3:00 p.m. to 4:00 p.m. Eastern Time.**

If anyone wants to be added to the CoP email distribution list, they can email their request to PCPHCoP@cdc.gov.