2019-2024 Public Health Emergency Preparedness (PHEP) Notice of Funding Opportunity – Supplemental Guidance and Resources

Domain 6: Considerations for Poison Control Center Data Usage

March 2019

Overview

Timely and accurate poison control center (PCC) data helps public health officials detect, monitor, and respond to evolving health threats and, ultimately, minimize morbidity and mortality. State use of PCC data for public health surveillance and response varies widely. At the national level, CDC's National Center for Environmental Health (NCEH), Health Studies Branch (HSB), collaborates with the American Association of Poison Control Centers (AAPCC) to conduct national surveillance using PCC data. This collaboration began in 2001 and uses data uploaded to the National Poison Data System (NPDS). The NPDS is a national, near real-time reporting database for the nation's 55 PCCs and electronic surveillance system for chemical, radiological, and biological exposures and illnesses of potential public health significance. Individual PCCs and the state health departments that they serve vary with regard to how much PCC state and or local data are used for surveillance. Public health departments can use data collected by PCCs to improve surveillance, identify emerging threats, and track exposures during a public health emergency.

Purpose

Barriers to collaboration between health departments and PCCs can hinder the timeliness of state public health-based surveillance and response activities. Timely and accurate PCC data helps public health officials detect, monitor, and respond to evolving health threats and, ultimately, minimize morbidity and mortality.

Requirement

Per the 2019-2024 PHEP notice of funding opportunity, CDC expects recipients to implement processes for using PCC data for public health surveillance. CDC encourages recipients to work with their public health epidemiological partners to collaborate with PCCs to improve surveillance, identify emerging threats, and track exposures during a public health emergency.

Sample Strategies and Activities

The strategies and activities below are examples that PHEP recipients have used over time. Recipients should select strategies and implement activities that expand and sustain their current capacity based on the priorities and public health needs of their jurisdiction. This will help jurisdictions make progress toward the outcomes defined in the PHEP logic model. The following strategies and activities can also improve collaboration between public health agencies and PCCs.

- Identify information sharing (data) barriers for increasing PCC data availability, quality, and accessibility.
- Assess the capacity of current state and local public health surveillance systems that currently incorporate PCC data and develop concrete plans and strategies to increase data collection accuracy
- Create real or near-time access to PCC data within jurisdictions, in include enhancing state and local syndromic surveillance by including PCC data as a syndromic surveillance data stream and protocols for real-time reporting of acute hazardous exposures related to public health emergencies.
- Integrate PCC data surveillance into public health preparedness and response planning.
- Include a PCC or PCC data in an exercise, such as incorporating PCC operations and consultation on a public health emergency and incorporating PCC data in public health response following a chemical or radiological release.

Poison Control Centers (PCC) Resources

Title	Description	Location
National Poison Data System	Method to collect near, real-time surveillance of exposures to hazardous substances of potential public health significance.	http://www.aapcc.org/data-system/
Poison Center and Public Health Collaborations Community of Practice (CoP)	Bolsters collaboration among federal, state, and local health agencies and departments and PCCs through sharing best practices and facilitating networking between members	https://www.cdc.gov/nceh/hsb/chemicals/poison_center.htm

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