

ABSTRACTS



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was to provide a descriptive analysis of cases resulting in fetal death as reported to the US National Poison Data System (NPDS). **Methods:** A retrospective analysis was performed on all cases involving fetal death recorded in the US NPDS database from 2011 to 2015. Data points collected included maternal age, fetal gestational age, chronicity of exposure, substance of exposure, presence of co-ingestants, reason for exposure (e.g., intentional), use of gastrointestinal (GI) decontamination techniques, use of enhanced elimination techniques, and corresponding maternal outcome.

Results: There were 25 fetal deaths reported to US NPDS from 2011 to 2015. Of those, 10 (40%) were directly related, and 11 (44%) were potentially related to the toxicologic exposure. Four (16%) fetal deaths were deemed not related to maternal exposure and were excluded from analysis. Among included cases, maternal age ranged from 15 to 43 years old, and the majority of fetal deaths occurred in mothers who were 19–25 years (42.6%). Most fetal deaths occurred in the first (38.1%) or second (28.6%) trimesters, and were due to acute exposures ($n = 14$, 66.7%). The reason for exposure was intentional in 17 cases (81.0%) cases, with 8 (38.1%) of those cases being suspected suicide attempts. Most cases ($n = 18$, 85.7%) were single-substance exposures, two cases (9.5%) involved exposure to two substances, and one case (4.8%) involved exposure to five substances. Acetaminophen and acetaminophen-containing products were the only substances reported in more than one NPDS case, and were present in 38.1% of cases. GI decontamination techniques were not used in any case. Six patients (28.6%) required intubation, four patients (19%) required vasopressors, and five patients (23.8%) underwent hemodialysis. Maternal clinical outcomes were described as minor in one case (4.8%), moderate in three cases (14.3%), and major in 15 (71.5%) cases. In two cases (9.5%) maternal death accompanied fetal death.

Conclusion: Fetal poisoning deaths, as reported in the US NPDS, are relatively uncommon. Most fetal deaths occurred as a result of exposures in early pregnancy, among mothers 19–25 years, as part of an intentional single substance exposure. Acetaminophen and acetaminophen-containing products were the most commonly encountered substances of exposure.

248. Role of a poison centre in the management of suspected rabies infections

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Objective: Post-exposure prophylaxis (PEP) in suspected rabies human exposures must be applied according to international guidelines and requires prompt administration of vaccine alone or combined with human rabies immunoglobulin (HRIG). Without PEP rabies has a 100% fatality rate. Over the last few years, Pavia Poison Control Centre (Pavia-PCC) registered an increase in specialist advice requests for the clinical management of potentially rabies-infected patients and/or for vaccine/HRIG supplies. Even though Italy was declared free from urban rabies in 1973, sporadic cases of infected animals (in the North East) as well as human rabies imported with fatal outcome have been identified. We evaluated the cases for which the Pavia-PCC provided advice for rabies.

Methods: All human cases of suspected rabies (animal bite or scratch from suspected rabid animal) were retrospectively

analysed (2007–2015) to evaluate in a real emergency (i) the applicability of the routinely adopted risk criteria, (ii) the adherence to national/international guidelines, and (iii) the role of a National Reference Centre. Risk assessment was performed considering type of animal, geographic area and grade of cutaneous lesion.

Results: Overall 161 patients were included, mean age 31 ± 23.3 years (4 months–85 years; 48.5% male). Sixteen cases (10%) regarded travellers bitten in endemic areas (Asia 43%; dogs in 57%) or patients bitten in Italy by an imported suspected animal. According to the adopted risk assessment criteria, patients were divided in four groups, for which the treatment has been assessed. Group-A (risk only for lesion, $n = 87$): treated 5% (vaccine 3 cases, vaccine + HRIG 1 case); Group-B (risk for lesion + geographical area, $n = 6$): treated 33% (vaccine 1 case, vaccine + HRIG 1 case); Group-C (risk for lesion + geographical area + animal, $n = 16$): treated 81% (vaccine 3 cases, vaccine + HRIG 13 cases); group-D (risk only for lesion + animal, $n = 43$): treated 32% (vaccine 7 cases, vaccine + HRIG 7 cases). No acute adverse reaction to vaccine or HRIG administration were reported. No cases of full blown human rabies were diagnosed.

Conclusion: Data evidenced important differences in clinical approach and management of rabies in the emergency setting. In particular, cases at risk only for the characteristic lesion/wound were overtreated in 4.6% of cases. In contrast, cases at high risk for rabies (Group-C) were undertreated in about 20% of cases. International and national guidelines should be updated, taking into consideration the surveillance of veterinarians, and applied/discussed in every suspected case. A critical revision of procedures for the emergency treatment of patients potentially exposed to rabies presenting to hospital is required.

249. Reductions in emergency department referrals from primary care after use of the UK National Poisons Information Service

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Objective: Suspected poisoning is a common reason for referral to hospital emergency departments (ED), general practitioners (GP) or pharmacies, but many referrals could be avoided by consultation with a poisons centre. In the UK advice is available to health professionals from the National Poisons Information Service (NPIS) via its online database TOXBASE[®] and the specialist telephone advice service. This study was performed to establish the proportion of primary care telephone enquiries or TOXBASE[®] accesses where further referral was avoided by use of these NPIS resources.

Methods: A prospective survey was conducted of National Health Service (NHS) primary healthcare providers using the telephone advice service or TOXBASE[®]. Enquirers were asked to choose their planned course of management (a) prior to and (b) after advice and information had been received. Referral options were to (1) ED (2) GP (3) Pharmacy or (4) Home care. Cost calculations were based on minimum 2014/15 National Health Service reference costs (e.g., £156.64 per ED attendance).