

ASSESSMENT OF RESOURCES AND SERVICES UTILIZATION OF ALEXANDRIA POISON CENTER

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Background: The structure and function of poison centers varies around the world; however, at a minimum a poison center is an information service. Some poison centers may also include a toxicology laboratory and/or a clinical treatment unit. Unfortunately, there is little information about poison centers in Arabian countries, especially in Egypt.

Aim: To assess structure, resources of Alexandria Poison Center (APC) based on WHO criteria. To assess admission rates, identify demographic characteristics of admitted patients and types of poisons incriminated.

Subject & Methods: Cross-sectional survey was carried out in Alexandria Poison Center (observational checklist). Retrospective study: center admission registries was reviewed to collect data throughout 2017 (transfer sheet) ethical considerations: confidentiality of data was ensured all through the study work. An approval from Alexandria faculty of medicine ethics committee was obtained.

Results: In 2017, 6171 were admitted to APC with mean age of 19 ± 15 years and gender distribution was 55% females and 45% males. Patients admitted from Alexandria governorate was 69.7%, from Elbehira 25% and few percentages from other governorates. The rate of admission was higher in summer time with two peaks at May and July, critical cases account for about 5% of cases. Most of cases were accidental 63.2%, suicidal poisoning account for 36.8% of cases, the major route of poisoning was oral one 93.8%, a minimal percentage for inhalation and skin exposure. As regard types of poisons drug poisoning and organophosphates took the higher percent of cases 21.7%, 21.4% respectively then corrosives 12.3%, then food poisoning and sedative abuse of 11% for each, poisoning by alcohol account for 5.5% of cases and gas inhalation 2.3% of cases. 2.2% for animal and insect stings, and only 0.6% of cases were opioid and cannabis abuse. The center has an adequate staff including toxicologists, nurses and administrative staff covering 24 h daily and seven days weekly, poison information center receives few numbers of calls daily as most of patients adapted to come to emergency services directly in case of poisoning. Laboratory devices are somewhat adequate based mainly on immunoassays still lacking more confirmatory techniques as chromatography. Toxicological units and intensive care units are well prepared with all devices and drugs which are needed for care of poisoned patients. Automated information systems are still under development, the center was lacking poisoning prevention programs and plans for major disasters.

Conclusion: APC carry the three functions of poison center that is clinical, laboratory and information center services.

BIOGRAPHY

Maha Ghanem is a Professor of Forensic Medicine and Clinical Toxicology since 2006, Egypt. She is the Director of Alexandria Poison Center. She has over 40 publications. She works as Chairperson of Ethics Committee Faculty of Medicine – Alexandria University. She was the General Secretary of the Supreme Council of Health. She is a Member in many committees as Eastern Mediterranean Association of Medical Editors (EMAME) Egyptian Network of Research Ethics Committees (ENREC). In 2015, she became external evaluator of doctorate degrees of Forensic Medicine and Clinical Toxicology and master's degrees of Forensic Medicine and Clinical Toxicology, Faculty of Medicine, Tanta University and Cairo University. She was chosen as an Associate Editor in *AJME*, peer reviewer in *Food and Chemical Toxicity*, *Egyptian Heart Journal*, peer reviewer in *SQUMJ*, *Human and Experimental Toxicology* and Editorial Manager and peer reviewer in *Environmental Science and Pollution Research*.

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