

Speaker 1: Welcome to on the pandemic. This episode is hosted by Mario Dowd, executive director of health systems and population health integration for Rutgers university and former commissioner of health for the state of New Jersey. Joining the discussion today are doctors, Diane Colello and Bruce rock from NJ pies, the New Jersey poison information and education system.

Speaker 2: Good morning. And thank you for joining us. This is Mary O'Dowd from Rutgers university. And today we are talking about [00:00:30] the questions that new Jerseyans are asking about. COVID-19 I'm here today joined with two of my records, colleagues who are answering these questions from the other end of the N J pies hotline, Diane Colello, a physician and Bruce rock a pharmacist work together to run the New Jersey poison control center. And their mission is to provide treatment and information about poisons drugs and targeted health issues through the phone. First off, I want to thank you all for the work that you have been doing throughout the COVID-19 pandemic [00:01:00] and its response. I know, um, that you have been working on this since January, so thank you so much to both of you and all of the staff and volunteers who have worked alongside you, um, for, for over a year now. Um, Bruce, I thought I would start with you and ask you, what is the number one question that you guys are getting on that call center right now related to COVID-19

Speaker 3: The most common question we're getting is how do I get vaccinated and where can I get my vaccine?

Speaker 2: [00:01:30] And what do you tell callers? Well,

Speaker 3: The state of New Jersey, N J V S S website, which is an excellent source of information. And at that website, they can actually register for vaccines and also get a list of place of the quest of state, where they can get vaccinated, as well. As on that website out of last week, there is now a link to see where appointments are open at many of the sites

Speaker 2: We've seen this, um, [00:02:00] grow and change since they launched the vaccination campaign. And it of course was always a little bit more complicated than we wanted it to be, but we've also seen it continue to improve over time as well. Is that fair, um, from your assessment as well,

Speaker 3: It's become much easier in the last few weeks to get an appointment and to find an appointment than it was at the beginning. So the state has been doing an excellent job in ramping up and getting people the information they need.

Speaker 2: What are some of the other hot questions that people call [00:02:30] and ask you about vaccines?

Speaker 3: The other big question is what happens if I test positive or get sick between the two vaccines between my two shots. And that's a fairly common question that we've been getting. And many times we have to suggest that the person wait until after they come out of quarantine to get the second shot.

- Speaker 2: And so what about other vaccine questions? You know, are people concerned about their own health issues call?
- Speaker 3: [00:03:00] Absolutely. We do get questions about people that have recently taken the shingles vaccine, not realizing they were going to get an appointment for the COVID vaccine, in which case they are supposed to delay it for at least two weeks. We've had quite a few women, uh, here in the newspaper about the COVID vaccine and mammography. So we do suggest waiting for at least four to six weeks after the second COVID shot to get them mammography and op obviously check with the mammography center and their physician, [00:03:30] because sometimes you don't want to wait if it appears to be an emergency situation.
- Speaker 2: What about travel that I assume is something that has been changing over time as well. I'm in quarantine. Do you get questions about that?
- Speaker 3: We get a lot of questions about travel right now. The travel guidelines from the CDC has been updated and we expect the state of New Jersey to update it soon as well. Uh, right now in the state of New Jersey, if you travel out of the tri-state area, you are supposed to get tested [00:04:00] before you travel, get tested before you come back and then quality team when you come back, uh, hopefully very soon this may change. And, uh, the CDC for some parts of the country are now suggesting that quarantine is not necessary post travel after you travel, uh, long as you're within the United States. And we will see what happened with New Jersey in the next few days.
- Speaker 2: And that's just for vaccinated people, right?
- Speaker 3: That is just for vaccinated people, the unvaccinated [00:04:30] population, or if your vaccine series is not complete, you still do need to quarantine.
- Speaker 2: So this is getting better, but more complicated at the same time. Cause we're having multiple different classes of people based on where they are in their vaccine cycle. Um, and then of course there are kids who don't have vaccine available to them and the whole family affair. What about school and questions around that? Have you gotten questions related to kids?
- Speaker 3: We [00:05:00] get a lot of questions relating to children and often what happens is a parent or somebody in the household may be positive. So a parent may be sick and a parent may be positive. And the question becomes, how long did the child have to quarantine for when the parent is sick at home or a positive. And it gets very complicated with a lot of calculations we have to do, but sometimes people just think it's the 10 days or the 14 days that the parent is quarantined for. When in actuality, the child's [00:05:30] quarantine may not start until the parents end and the child may have to be at a school for a total of 24 days.
- Speaker 2: Wow. Wow. That's tough. What about, um, people calling, if they've tested positive, are they calling for medical advice?

Speaker 3: So we get a lot of calls about medical advice, uh, believe it or not. We've had people call, especially at the beginning with chest pain and symptoms that appear to be more serious, uh, and life-threatening [00:06:00] than just a simple snuffle or a cough or chills. And we've had to send people in by ambulance to hospital for having a heart attack. So yeah, we get a lot of calls about COVID and symptoms. Right now we are suggesting that if somebody is symptomatic or test positive, they do reach out to the practitioner right away because there are monoclonal antibodies available and need monoclonal antibodies may decrease severity.

Speaker 2: Do you want to talk a little bit about the monoclonal [00:06:30] antibodies?

Speaker 4: Sure. I'd be happy to do that. I also wanted to just chime in on something Bruce was mentioning, which is the type of questions that came in since the beginning of the hotline in January, 2020 has really evolved and taken shape just as the pandemic has. And so the symptoms that we initially got calls about were symptoms either of COVID-19 like fever and shortness of breath, but sometimes [00:07:00] also, you know, unrelated but serious medical complaints. And the thing that made those calls so different than the calls now is that back in March of last year in April of last year, access to healthcare was extremely limited. And so people were relying on the hotline here to do a lot of medical care because they couldn't get into a doctor and the hospitals were, you know, inundated. And [00:07:30] so a lot of the calls we got initially were, what do I do? I can't breathe and I have a high fever. Um, and now fortunately we can refer people to their doctors. Um, and that's a lot of what we're doing now, but th that role has really changed a lot over the last year,

Speaker 2: So much has changed. Um, and I imagine some of your work has stayed the same as well, because, so I'm the mom of three boys and I have the magnet for your call [00:08:00] center on my refrigerator, and I have had to use it, um, more than once. Um, during some of the times that I, my children have become adventurous in my home. And one of those times is when my son ate two Flintstone vitamins. And so I wasn't sure what to do. And I called and you guys were great. So thank you for taking my call. Um, I know that, um, the pandemic in addition is causing lots of stress and emotional reactions for people, um, [00:08:30] that, you know, everyone's going through a lot and they have been now for over a year. Um, in some cases, this is causing issues around substance use, child abuse, neglect, addiction, addiction, relapse, and issues of self harm and suicide. And, you know, I'm reading the material coming out from some of our public health resources. So seeing some of these things, but, um, that's more from reading papers. You guys are on the front lines for this in your normal work because of the work that you do around [00:09:00] ingestion of poisons. And it seems that these are the kinds of calls that you might get normally, but are you seeing an increase of this type of call?

Speaker 4: I think we are definitely starting to, um, we know nationally, not just here at the New Jersey poison center, but across the country that opioid overdoses are increasing access to opioid and other addiction treatment is, [00:09:30] has been hampered by the pandemic. Right. And so people being able to get in for any kind of routine or semi-urgent care has been difficult and we're starting to see those patterns emerge. Um, we,

one thing we have noticed is an increase in exposures to things that people have in their house to try to keep themselves safe from COVID-19. So it's less of a, that is less of a mental health [00:10:00] phenomenon, but certainly since, you know, the last year we've seen a lot of increases in cleaners and disinfectants and, um, even some touted, uh, remedies like hydroxychloroquine and things like that. I can't say that we've seen an increase in, uh, poisonings, uh, child abuse by poisonings, but that's fortunately very rare.

Speaker 4: Um, but we, we, it would not surprise me if we saw an increase in that when we started to look, [00:10:30] you know, take a hard look at the data. And then, um, we are seeing an interesting phenomenon of more childhood exposures to, uh, cannabis, to edible cannabis. And I think that is probably multifactorial, right. You know, there's more cannabis round in recent years, um, in New Jersey as well as elsewhere. And then now children are home. And so, and the parents are, you know, trying to work from home and the kids are home. And so anything [00:11:00] that's available in the house may be more of a poisoning source just because of all of the disruption in supervision. Um, so, so that's a few things that we're seeing.

Speaker 2: Thanks. Um, you know, when the commissioner of health came on the podcast, um, a few episodes ago and I asked her what Rutgers had done that really helps during the pandemic response. The very first thing she mentioned was the call center. Um, and I know that when I was the commissioner, [00:11:30] I relied upon you many times because you're always operating. Um, you guys are always willing and ready to jump in when there's an event. Um, I remember specifically during a public health crisis that we, we had, um, during my term with Superstorm Sandy, um, you did a lot of work on carbon monoxide poisoning, for example, when there were power outages and, and people weren't sure, um, you know, how to protect themselves, what has it been like working with the department of [00:12:00] health during this pandemic response? Because it's certainly outlived any time of any incident that I have worked on, you know, over a year coming up on a year and a half almost now, um, for you guys, that's a really long time.

Speaker 4: Yeah. We've always been really proud to be a 24 seven hotline with healthcare providers on the other end the pickup and answer the phone. And if, because if you really think about it, that's a gym that doesn't exist in a lot of [00:12:30] other places, right? Most times when you need help or medical advice, there's a process involved in getting that, you know, and, and it can take some time, but the ability to pick up the phone and get somebody picks it up and says, hello, how can I help you? Is, uh, a unique resource we've always been really proud of. And we're also proud of working with our colleagues at the department of health to respond to health crises and be it the super storm Sandy, which preceded my time, [00:13:00] I'm here as the director. But I know, um, was a major event here at NJ pies or other what I sometimes call pop-up hotlines, which is, you know, we've got an issue related to some outbreak.

Speaker 4: Can you help us, um, answer those calls? We've, we've been very glad to do that, the way that things evolved here in January of last year, Bruce and I kind of look back on, um, because [00:13:30] I just remember we were reading the news and looking at

everything that was starting to come out about COVID-19 and, um, I just remember the conversation very well in the second week in January, when I said this virus situation looks pretty bad. He says, yeah, you think, you know, yeah, it does look pretty bad. And I said, um, I think it's going to get ugly. Um, [00:14:00] and I think that we should call and ask department of health if it's time to set up a hotline. And, um, of course they were very glad that we did that. And we were very proud to have the commissioner here, as well as, um, Senator Menendez and, and, uh, mayor Baraka, and a lot of people here to kind of announce the opening of the hotline. And yet at that time, I think we had no idea exactly how big it was going to get, right? So normally the poison center [00:14:30] takes 150, 160 calls a day. And for the first month, um, we were taking 20, 30, 50 extra calls a day and we were feeling it, but we were managing it and everybody was really excited to do it. Um, and then it became 500 calls a day.

Speaker 2: I think I remember talking to you during that time. Cause that's when the Rutgers of response team started to meet more regularly in January. [00:15:00] And I remember sort of an SOS.

Speaker 4: Yes. And, you know, and, and you could just feel like initially here, the answer to, how did we do it? Is everybody worked more and harder and longer. And Bruce started, you know, answering the phones. You know, I like to say with hands and feet, I mean, we were just answering the phone constantly. And our boys and specialists who are really fantastic professionals were working extra shifts [00:15:30] and longer hours, and everybody was just working faster. Um, but then 500 became seven 50. Then it became a thousand extra calls a day. Um, and that's when you were there, Mary, we put out our SOS to Rutgers, um, and got a lot of help from a lot of places. Put out our SOS to our department of health colleagues in the office of emergency management who connected us with some volunteer organizations. Um, they [00:16:00] brought, um, also New Jersey, two, one, one online, which is, um, uh, valuable hotline that kind of helped to answer a lot of the nonmedical questions surrounding COVID-19 like just logistics and how to process volunteers and donations and, and all of the various things that, that kind of arose. And so bringing them on helped take some of the weight off. And we became a much bigger operation, you know, as, as the hotline grew [00:16:30] to accommodate all the calls and, and, um, we are still running with a lot of help from many aspects of Rutgers, um, internships and, uh, just healthcare literate, motivated volunteers here, answering the phones and helping us keep providing the service.

Speaker 2: One of the things that I thought was pretty inspiring about the call center and the work that you do is how you bring so many different types of professionals together. [00:17:00] And, you know, I specifically remember the school of pharmacy pharmacists coming on, um, sending students and the school of public health nursing. Of course, some of the physicians in their residency programs in particular, in the beginning, because a lot of student, um, uh, clinicians were kicked out of their, their training programs in the hospital for lack of PPE and not in, you know, the practicing physicians needed to focus on, um, you know, not [00:17:30] teaching, but treating. And, um, and so many of those students came and were able to work alongside you. And so I think the fact that so many different professionals can come together and work in a collaborative environment like that is, is, is really special.

Speaker 4: I agree, and I have to hand it to Bruce. Um, I'm going embarrass him now, but he has really been responsible for the training and development of so many learners on [00:18:00] the hotline this year. And particularly the pharmacy students, which we've always had, um, a lot of, a lot of students here at the poison center because it's important for their education anyway. But, but now, um, you know, they're in, and they're handling calls and Bruce has been responsible for all of the training and development of this great team of motivated volunteers, whether they're pharmacy or public [00:18:30] health, or like you said, from, from all aspects. And, um, every day he's here answering their questions so they can answer the questions on the hotline. Um, and he's just made the whole thing work.

Speaker 2: You also find the time to respond to my emails when I ask you, Hey, what are people calling you about these days? Just to sort of get some intelligence in the field.

Speaker 3: It's a great team here. It, you know, it's beyond belief to team from our it director, Amman, Rigo to our education team, Danielle and Alicia, [00:19:00] it's in the specialist. We are just one phenomenal team that I can't do it without them. They can't do it without me. It's just, it's just an unbelievable experience. And one of the nice things that we do, what's called real-time training. And over the years from these pop-up hotline, we've learned how to get the staff, the information they need. It's coming down from the state, we get it to the staff, we get it to the volunteer and real-time training as a key.

Speaker 2: How many calls have you taken on COVID-19 since the beginning [00:19:30] of all of this,

Speaker 3: We're at over a hundred thousand, we're probably a few hundred calls over a hundred thousand at this point.

Speaker 2: And that's just the COVID calls. That's not the, all the other calls,

Speaker 3: Right? Strictly COVID and no, the all live discussions, every single person of those hundred thousand people reached a live person on our end of the phone to speak to

Speaker 2: It's sort of feels like a telehealth visit having called it, you know, um, and now having the experience of tele-health and with [00:20:00] particular, my kids is saying, you know, this is what happened. And then you ask a lot of clinical questions and are able to give some, you know, really helpful and thoughtful guidance about, you know, first of all, what, what my situation was and then what I should be looking for in next steps. And so that's a lot of what telehealth is today.

Speaker 4: I'll just chime in and say the ability to talk to a live person. Um, I think has been a theme of the COVID hotline because we're in an age [00:20:30] now where a lot of people particularly, you know, a little younger than may like to text or chat, you know, non-verbal interactions. But, um, many of the calls that I took for COVID, I may have not been able to answer the question. It was unanswerable, but I can't tell you how many people, even if they couldn't get the information they were calling for, thanked us for getting on the phone and talking to them. And I think just like, uh, a mother with a child who has taken [00:21:00] too many vitamins, when people call the hotline, they're in

distress, they're worried, you know? And, um, that's another thing I'm just really proud of is the fact that you can actually have an interaction just like you said, telemedicine without the, which is so meaningfully different than looking something up online.

Speaker 2: Right. And to know that there's not an answer to your question sometimes, and you can stop searching frantically, um, you know, and have someone who knows, right. Answer [00:21:30] your question versus you, you know, who sometimes, you know something, but you know, you're not the expert. So you really need that expertise.

Speaker 3: The term that I'd like to use for that. And we use it for poison. We use it for COVID is that we provide factual, unbiased information. And to me, that's what we're all about.

Speaker 2: You know, one of the things that I've talked to, some of my other guests about is how we can build resiliency, um, in our communities. And I think that's some of the work [00:22:00] that you do all the time is working with people, um, throughout their lives. And, and based on, you know, what emergency has just emerged in their home. And I think this also fits into what you recently, um, you know, just went through in March, which was poison prevention week. And so to me, resiliency is a lot about prevention. So, you know, you ha you can put those medicines up top, but if you have monkey like children like mine, they can get up there and get it. And then the next round [00:22:30] is that you have the phone number right on your refrigerator so that you, um, can get that help and not frantically try to figure out or try to Google what the number is. Right? So in your non COVID work, what are some of the issues that you get calls on most frequently,

Speaker 3: We get calls of very frequently about children under age five, that as you said, get into household products, whether it's cleaning products, whether it is maker perfumes, whether it is [00:23:00] over the counter medicine to prescription medicines. So 50% of our called approximately a for children under age five.

Speaker 2: Wow. That makes me feel a little bit better. Cause I'm in company then, um, I, I checked out your website and you have a lot of great education, materials and documents available in multiple languages. And, you know, I think the theme in them is how to prevent bad things from happening you're in your home and that, um, those types of things that can have a very bad outcome [00:23:30] and you have things from food safety, how to recognize and prevent carbon monoxide poisoning that we talked about with Superstorm Sandy, that was a big one. Um, you also have tips on how to deal with kids in medicine and you know what to go over with a babysitter even to make home safe when you're not there. Um, you know, based on the calls that you get, what are the top three tips that you would give people on how to make their homes a safer place?

Speaker 3: Well, some of the things that we will talk about again, it's not just keeping [00:24:00] it up high, but actually locking it up. That is so important. Especially we're getting into the spring. So chemicals, we want to keep everything in their original containers. Well labeled, we have multiple accidents from people who move things to unfortunately, water bottles and other drink containers cause they're smaller. So we want to make sure that those are locked up. We want to make sure they are labeled well with child

safety containers and believe it or not. We want people to double check the directions. Uh, as somebody who, with [00:24:30] reading classes, I need to put my reading glasses on when I read the labels to some of these things or when I'm giving directions to other people, because you can easily miss right or misread if you're not,

Speaker 2: Wow. Yeah, I have those child locks on top of the cabinets, but at least my nine-year-old now can outdo them. But the little guys, at least it's a challenge and I have a fighting chance to get to them before. Um, they, they take it out. So those are good tips and really common sense, um, [00:25:00] and helpful tips. Anybody can do them if you, if you remember to. And that's the important thing. So thank you for all of that work.

Speaker 4: One thing I wanted to say about childproofing, I don't know if the word we use the word childproof or not, but you just illustrated an important point, which is what child safety for poisoning gets you is time, but kids will still get through it if they have enough time. So, um, there is no actually such thing as bully childproof,

Speaker 3: One less thing that I had also had your pets. Please remember your pets [00:25:30] also get into a lot of medicines and we want to keep your pets well protected.

Speaker 4: And then, um, one other poison, uh, phenomenon back in the conversation about cannabis, et cetera, um, is that we're starting to see some worrisome signs about children with lead exposure. Uh, and just last week there was a press release from the state of New Jersey saying what we know to be true, which is kids are not being [00:26:00] able to kind of get in and get their lead tests, screening led tests at one and two years of age. And the combination of that with kids being home more and the home usually being the source of lead exposure. I think we're going to see a lot more trouble with kids, particularly in the cities with exposure to lead and getting them detected and treated is a new challenge with COVID-19.

Speaker 2: Yeah, I've seen, I think that is also a national problem, um, with access to, uh, [00:26:30] a lot of routine medical care. So whether it's lead testing or getting your vaccines on time for kids, both of those things are proving to be a real challenge in the past

Speaker 4: A hundred percent. The American Academy of pediatrics has put out to that effect,

Speaker 2: For sure. Just kind of emphasizing the need for routine care. And just as the emergency departments, I think saw a drop in necessary medical visits during the surge for people with chest pain and stroke and other things. We're now seeing the echoes of that in [00:27:00] primary care with people not getting kind of the screening that they need. Well, Bruce, Diane, again, thank you so much for joining us here today. It's really an important conversation. Um, good luck continuing to do your work because I think it will still be ongoing for some time. Um, if you're ever in need of help because of a potential exposure to a poison, you can speak to a live health expert by calling +1 800-222-1222. [00:27:30] Any time and ask, we've talked about here today, it's a 24 seven hotline. You can also text and pies at (973) 339-0702.

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