Poisoning is the leading cause of injury-related death in the U.S. In 2015, there were 55 poison centers serving 323 million people, nationwide. Poison centers managed 2.8 million cases, about 2.2 million of which were about people coming into contact with dangerous or potentially dangerous substances. These types of cases are called exposures.*

**Who calls the poison center?** Anyone can experience a poison emergency. Poison centers take calls from and manage cases about people of all ages, and can provide live, tailored help to callers in 150 languages. In 2015, just under half of exposure cases managed by poison centers involved children younger than six, but as in previous years, many of the more serious cases occurred among adolescents and adults.

**When someone calls the poison center, who answers the phone?** Poison center cases are managed by medical experts – doctors, nurses, and pharmacists who have extensive training in poisoning prevention and treatment.

**About what kinds of things do people call the poison center?** In 2015, 57% of human exposures involved medications, or pharmaceuticals. Other exposures were to household products, plants, mushrooms, pesticides, animal bites and stings, carbon monoxide, and many other types of nonpharmaceutical substances.

*From Table 3A of the 2015 AAPCC NPDS Annual Report - Age and Distribution of Human Exposures. N=2,168,371 exposure cases.

*From Table 2 of the 2015 AAPCC NPDS Annual Report - Site of Call and Site of Exposure, Human Exposure Cases. N=2,168,371 exposure cases.
**Where do the most poison exposures occur?** In 2015, 93% of human exposures reported to poison centers occurred at a residence, but they can also occur in the workplace, schools, outdoors, and anywhere else! About 67% of the 2.2 million exposures reported to poison centers were treated at the exposure site, saving millions of dollars in medical expenses. In fact, poison centers save Americans more than $1.8 billion every year in medical costs and lost productivity.

**Why do people call the poison center?** People call the poison center when they think someone may have been exposed to something that could hurt them. People also call the poison center for information about medications, pesticides, chemicals, bites and stings, carbon monoxide, and many other topics. In 2015, 80% of exposures involved people who swallowed a substance. However, people were also exposed through the lungs, skin, eyes, and in other ways. Most poison exposures were unintentional (78%). Poison centers also received calls about medication side effects, substance abuse, malicious poisonings, and suicide attempts.

**Poison Center Case Types**

- Human exposures: 78%
- Animal exposures: 20%
- Information calls: 2%
- Confirmed nonexposures: 0%

**Routes of Exposure**

- Parenteral: 18%
- Inhalation/Inhalation: 1%
- Ocular: 1%
- Respiratory & Inhalation: 1%
- Cutaneous: 2%
- Other: 79%

**Reason for Exposure**

- Unintentional: 78%
- Intentional: 18%
- Adverse Reaction: 1%
- Unknown: 1%
- Parenteral: 0%

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**To locate your local poison center call 1(800) 222-1222 or visit aapcc.org.**

The American Association of Poison Control Centers (AAPCC) maintains the National Poison Data System (NPDS). Developed in 1983, NPDS contains more than 60 million poison exposures managed over the telephone by U.S. poison centers. NPDS is the only comprehensive, near real-time poisoning surveillance database in the U.S.

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\*DISCLAIMER: The term “exposure” means someone has had contact with the substance in some way; for example, ingested, inhaled, or absorbed a substance by the skin or eyes, etc. Exposures do not necessarily represent poisonings or overdoses. The American Association of Poison Control Centers (AAPCC; http://www.aapcc.org) maintains the National Poison Data System (NPDS), the national database of information logged by the country’s regional Poison Centers (PCs) serving all 50 United States, Puerto Rico, the District of Columbia, and territories. Case records in this database are from self-reported calls: they reflect only information provided when the public or healthcare professionals report an actual or potential exposure to a substance, or request information or educational materials. AAPCC is not able to completely verify the accuracy of every report made to member centers. Additional exposures may go unreported to PCs and data referenced from the AAPCC should not be construed to represent the complete incidence of national exposures to any substance(s).

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