

LICENSE AGREEMENT

THIS LICENSE AGREEMENT (hereinafter referred to as the "Agreement") is entered into this, the 29th day of March 2016, between American Association of Poison Control Centers, a not-for-profit corporation with its principal place of business at 515 King Street, Suite 510, Alexandria, VA 22314, (hereinafter referred to as "AAPCC") and the Centers for Disease Control and Prevention, a federal agency, with its principal place of business at 1600 Clifton Road, Atlanta, Georgia 30333 (hereinafter referred to as "CDC") (each hereinafter referred to individually as a "Party" and collectively as the "Parties") and as of the date hereof supersedes the License Agreement entered into by and between AAPCC and CDC dated as of March 30, 2011. The term "CDC" used throughout also applies to its affiliated Agency for Toxic Substances and Disease Registry (ATSDR).

Recitals

WHEREAS, AAPCC is a nationwide organization which maintains data and information related to poison exposures and which represents the poison centers (PCs) of the United States and the interests of poison prevention and treatment of poisoning. These PCs as well as other poison related organizations are members of AAPCC. AAPCC's mission is to advance PCs in their public health mission.

WHEREAS, CDC is a federal agency which develops and applies disease prevention and control, environmental health, and promotes the reduction of morbidity and mortality through public and professional education, hazard surveillance, and scientific research activities designed to improve the health of the people of the United States;

WHEREAS, AAPCC owns and operates the National Poison Data System (hereinafter referred to as "NPDS") as a poisoning surveillance database containing toxicological information on poison exposures reported to U.S. PCs that serve all U.S. states and territories;

WHEREAS, CDC wishes to license from AAPCC the data contained in NPDS (hereinafter referred to as the "Data");

WHEREAS, CDC wishes to use the Data to improve surveillance for intentional and unintentional chemical and poison exposures. CDC and AAPCC will use NPDS to: 1) improve public health surveillance for chemical and poison exposures, 2) identify early markers of hazardous events with the objective of providing rapid and appropriate public health response, and 3) find potential cases and enhance situational awareness during a known event. This is pursuant to the 5-year cooperative agreement 1UE1EH001314-01, "National Public Health Surveillance through the AAPCC National Poison Data System (NPDS)".

WHEREAS, the Parties wish to memorialize the terms and conditions of the rights in the Data granted to the CDC by AAPCC, with such license to be effective *nunc pro tunc* for a term commencing the date of signature of this licensing agreement.

NOW THEREFORE, in consideration of the mutual covenants contained herein, and other good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, the Parties agree as follows:

1. License

AAPCC grants CDC, and CDC accepts from AAPCC pursuant to the terms and conditions of this Agreement, a revocable, royalty-free, non-exclusive, non-transferable license and right to use, to reproduce, and to prepare derivative works of, the Data.

2. Scope of Grant of License

(a) CDC may exercise the rights granted hereunder for the purpose of CDC's national chemical exposure surveillance needs, including development of aberration and outlier detection, situational awareness capabilities and GIS functionality in NPDS pursuant to, and as contemplated in, the contract.

(b) CDC may exercise the rights granted hereunder: 1) to conduct statistical analyses of the Data to identify statistical methods that can be applied to NPDS data to reveal hazards and outbreaks, 2) to apply these statistical methods to the Data to analyze reports to identify patterns, deviations from patterns, outbreaks, and public health events, and 3) to provide access to analyzed data to federal, state and local public health authorities during an event of public health significance as per the AAPCC/CDC Standard Operating Procedures for Use and Release of NPDS Data ("Standard Operating Procedures"), attached.

(c) CDC may exercise the rights granted hereunder to prepare summary reports including, but not limited to, summaries of poison exposure experiences with specific types of poisonings, hazards or outbreaks, and summaries of statistical methods and their application to NPDS data (hereinafter referred to as "Summary Reports"). CDC may not disclose any Summary Report publicly which contains geographic identifiers (e.g. state, county, zip code, area code/exchange), poison center identifiers, hospital identifiers, or product tradename/brand identifiers unless CDC obtains the prior, written consent of AAPCC, provided, however that CDC may release such information pursuant to the Standard Operating Procedures.

3. Term & Termination

(a) This Agreement shall be effective *nunc pro tunc* July 31, 2010 and shall remain in effect until November 9, 2019, at which time the agreement shall automatically renew in conjunction with a new cooperative agreement provided, that CDC continues to fund projects related to toxicosurveillance. The Parties may mutually agree in writing to revise the terms of the Agreement or SOPs. Either party may terminate the agreement in writing; approval of termination by the other party is not required.

(b) Upon termination of this Agreement, the license granted hereunder is immediately revoked. CDC shall immediately cease any further use of the Data, provided, however, that CDC may continue to make use of materials which incorporate the Data where such materials were created during the term of the Agreement. Termination shall not relieve CDC of its obligations regarding maintaining the confidentiality of the data.

4. Restrictions on Use

(a) CDC shall exercise the rights granted under this Agreement only for public health purposes. As used herein, "public health" shall refer to use which is confined to CDC's centers, institutes and offices; and state and local health departments; and not, except as provided for herein, for the purposes or benefit of others, as outlined in the Standard Operating Procedures.

(b) CDC shall permit public health authorities to use the data as outlined in the Standard Operating Procedures. Otherwise, CDC shall not permit any other party or parties to use or to access the Data in any fashion unless such use is in furtherance of the CDC's business and CDC has secured AAPCC's prior consent to such third party access to, or use of, the Data in writing unless required by Federal law.

(c) In the event that a public health emergency is determined, based in principal on the Data, by CDC, CDC will follow the Standard Operating Procedures attached hereto as jointly developed by AAPCC and CDC to confirm the validity of the relevant portion of the Data with AAPCC prior to publication and to notify the affected PCs and state health departments prior to the issuance of a public advisory. CDC expressly acknowledges that confirmation of data accuracy with AAPCC is of critical importance in the event that poisoning cases are used as the basis of an emergency health advisory or public health decision prior to completion of AAPCC's usual fatality verification process.

(d) CDC shall not re-sell, advertise, transfer, distribute or publish the Data or otherwise allow its distribution other than internally and as stated above or outlined in the Standard Operating Procedures without the prior written consent of AAPCC. Prior to any external publication of data in medical or scientific journals or Morbidity and Mortality Weekly Report (MMWR), CDC staff will submit the manuscript to AAPCC for approval of the release of NPDS data included in the manuscript and will confirm with AAPCC whether any key individuals at AAPCC or at participating PCs need to be acknowledged or designated as co-authors. Where outbreaks or events are geographically isolated or detected by individual PCs or small numbers of PCs, and CDC is preparing any external publication in medical or scientific journals or MMWR which is based on NPDS data or PC information, CDC will specifically offer the opportunity for appropriate co-authorship to all PCs with a significant involvement in the outbreak or cases. The designation of co-authors shall adhere to accepted guidelines for authorship. Nothing in this paragraph shall preclude AAPCC or PCs from independently publishing cases, descriptions of outbreaks, or their own analyses of NPDS data.

(e) CDC agrees that it shall not publish the Data in any manner which expresses or implies that the publication constitutes a comparison of the safety of trademarked products insofar as poison experience is concerned, without the permission of AAPCC, which permission shall not be unreasonably withheld where the comparison data is in furtherance of the public health.

(f) In the event of a Freedom of Information Act (FOIA) request for data licensed under this agreement, CDC, acknowledging that these data are considered proprietary by AAPCC, will apply all appropriate exemptions to withhold from release Data or records containing data that are deemed federal records for purposes of the Act. Records, including data, not in CDC's possession and control are not federal records for purposes of disclosure under the FOIA. CDC will notify AAPCC if such a request is received.

5. Ownership

AAPCC represents that it is the sole owner or licensee of the Data; that it has the full right and authority to grant this license; and that neither this license nor AAPCC's performance under this Agreement conflicts with any other agreement or obligation to which AAPCC is a party or by which it is bound, and that as of the date of this Agreement, to the best of AAPCC's knowledge, the Data does not infringe any valid patents, copyrights, trademarks, or other proprietary rights of any third parties.

6. Title

Except where otherwise agreed in writing between the Parties, AAPCC shall retain all right, title and interest, including copyright, patent and other proprietary rights, in and to the Data.

7. Limitations of Data Validity

(a) The Data should not be interpreted by CDC as constituting the entire poison experience which members of the public may have had with the products included.

(b) AAPCC makes no representation or warranty as to accuracy or validity of the Data concerning the experience furnished other than that the data were reported by affiliated members who were given AAPCC data collection guidelines and field definitions.

8. Security

CDC agrees to maintain in confidence the Data by using at least the same physical and other security measures as CDC uses for its own confidential information and documentation. CDC further agrees not to disclose the Data, or any aspect thereof, to anyone other than employees or agents who have a need to know or obtain access to such information in order to support CDC's authorized use of the Data and are bound to protect such information against any other use or disclosure. These obligations shall not apply to any information generally available to the public; information independently developed or obtained without reliance on AAPCC's information; or information approved for release by AAPCC without restriction.

9. Assignability

CDC may not assign this Agreement and the license contained herein, except upon the prior, written approval of AAPCC and only provided that the assignee agrees in writing to be bound by the terms of this Agreement, and CDC immediately ceases all further use of the Data and exercise of the license granted hereunder in the event of such an assignment.

10. Controlling

In the event that the terms and conditions of this Agreement conflict with the contract, the terms and conditions of this Agreement shall be controlling unless otherwise required by Federal law.

11. Claims

(a) In the event of any claims based upon infringement of any United States copyright or patent by the Data, CDC agrees to notify AAPCC of any such claim promptly in writing and to cooperate fully with AAPCC during such proceedings as appropriate.

(b) In the event of any claims based upon the CDC's use of the Data, AAPCC agrees to notify CDC of any such claim promptly in writing and to cooperate fully with CDC during such proceedings as appropriate.

12. Warranty

AAPCC DISCLAIMS ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. AAPCC SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, EXEMPLARY, PUNITIVE OR INCIDENTAL DAMAGES ARISING FROM ANY CAUSE EVEN IF AAPCC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

13. Complete Agreement

The Parties agree that this Agreement and the accompanying Standard Operating Procedures are the complete and exclusive statement of the agreement between the Parties, which supersedes and merges all prior proposals, understandings and all other agreements, oral or written, between the parties relating to this Agreement.

14. Amendment

This Agreement and the accompanying Standard Operating Procedures may not be modified, altered or amended except by written instrument duly executed by both parties.

15. Waiver

The waiver or failure of either Party to exercise in any respect any right provided for in this Agreement shall not be deemed a waiver of any further right under this Agreement.

16. Severability

If any provision of this Agreement is invalid, illegal or unenforceable under any applicable statute or rule of law, it is, to that extent, to be deemed omitted. The remainder of the Agreement shall be valid and enforceable to the maximum extent possible.

17. Governing Law


This Agreement and performance hereunder shall be governed by the laws of the United States as administered in the Federal Courts of the District of Columbia.

18. Relationship of the Parties

For purposes of this Agreement, neither Party is an agent of the other and neither Party has express or implied authority to act on behalf of or make any representations whatsoever on behalf of the other.

AGREED:

AMERICAN ASSOCIATION OF POISON CONTROL CENTERS


Signature 3/29/16
Date

Stephen Kaminski, JD
Executive Director

CENTERS FOR DISEASE CONTROL AND PREVENTION


Signature 4/15/16
Date

Patrick N. Breysse, Ph.D., C.I.H.
Director, National Center for Environmental Health
and Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention

Attachment 1

Standard Operating Procedures (“SOPs”) for Use and Release of Data from the National Poison Data System (NPDS) between the American Association of Poison Control Centers (AAPCC) & Centers for Disease Control and Prevention (CDC)

Purpose

The purpose of these SOPs is to provide guidance for the use and release of national toxic exposure surveillance data from NPDS to ensure its appropriate, prompt and accurate use for routine public health practice and for public health emergencies.

Access and Use

The Health Studies Branch (HSB) of the National Center for Environmental Health (NCEH) currently has access to data from NPDS.

NCEH/HSB uses NPDS data to 1) improve public health surveillance for chemical and poison exposures, 2) identify early markers of chemical events with the objective of providing rapid and appropriate public health response, and 3) find potential cases and enhance situational awareness during a known event. NCEH/HSB scientists use NPDS daily to conduct national surveillance for hazardous exposures (see ‘Procedures’ section). Staff scientists examine reported NPDS anomalies to identify cases and clusters of illness of potential public health importance and create case-based definitions during public health events to facilitate case finding. CDC works closely with the AAPCC and provides both funding and guidance for system development, as well as epidemiologic and toxicologic expertise during public health events. An AAPCC toxicologist is on call 24/7 to respond to CDC if an anomaly of potential public health importance is identified or for consultation during an event. Anomalies are identified by various automated surveillance mechanisms in NPDS including call volume surveillance, clinical effect (signs and symptoms) surveillance, and case-based surveillance, although new automated surveillance mechanisms may be developed and implemented in the future. Currently, 11 case-based definitions for exposures deemed high priority to CDC are defined (Table 1). Case-based definitions for surveillance can be deleted, added or modified as needed by AAPCC and CDC.

Standard Operating Procedures (SOPs) for NCEH to receive or access and use NPDS data are included below. SOPs include a description of the routine use of NPDS data by each program and the use of NPDS data by each program in the event of a sudden or expected emergency event.

Standard Operating Procedures

Routine Public Health Surveillance

NCEH/Health Studies Branch

- *Data collection*
 - Specialists in Poison Information (SPIs) collect and code data from a caller who has contacted a PCC to get information (an “information” call) or to report an exposure and to get help on treatment (an “exposure” call). Data are collected by the SPI using standard protocols and entered into the regional PCC database.
 - A subset of data from each electronic call record is uploaded from the regional PCCs’ databases to NPDS. Data are uploaded on average every 8 minutes.
 - NCEH/HSB will have real-time access to the NPDS system.

- *Data analysis*
 - Uploaded data are aggregated and analyzed using automated algorithms to detect anomalies in call volume, clinical effects (signs and symptoms), and case-based definitions established by the user.
 - Automated analysis of call volume data identifies hourly anomalies by comparing the hourly total call volume for each PC to a threshold based on historical data. ~~Hourly call volume is also assessed at the national level for total calls and human exposure calls only.~~
 - NPDS also identifies clinical effect anomalies based on the frequencies of clinical effects reported over a 24-hour interval compared to the historical baseline.
 - Case-based definitions identify calls about exposures to specific substances of interest (e.g., ricin) to detect sentinel cases and to track potential cases during a known event. Calls meeting a case-based definition are identified individually and reviewed daily (see Appendix for the current list of case-based definitions).
 - Changes in these automated mechanisms for surveillance can be implemented as needed by AAPCC and CDC.

- *Data Review*
 - Anomalies in clinical effects and case based definitions are reported via automated email notification to CDC and are reviewed daily by HSB epidemiologists and toxicologists, as well as AAPCC toxicologists, to determine if any may indicate an exposure or incident of potential public health significance. The AAPCC reviewer classifies and records the anomaly’s public health significance, the reason for the event (e.g., chemical accident, adverse drug reaction), and the number of calls associated with the reason for the call.
 - Call volume anomalies are reviewed daily by American Association of Poison Control Centers (AAPCC) Toxicology Team members.
 - The AAPCC Toxicology Team will contact PCs as needed to request additional detailed information about reported exposures within 48 hours upon receipt of an anomaly.
 - As needed, HSB scientists will reach back to the AAPCC Toxicology Team to clarify and request any needed additional information about reported anomalies.
 - CDC may request that AAPCC contact an individual PC to obtain additional information.

- *Determination of public health significance*
 - For each type of surveillance anomaly (e.g., clinical effects), NCEH/HSB scientists and AAPCC determine the public health significance of an anomaly or identified case using the following general criteria:
 - reported symptoms are associated with a reportable disease,
 - exposure is a toxin or chemical that can be used for terrorism,
 - exposure is related to a commercial product that is part of an ongoing public health investigation due to its potential adverse health effects,
 - anomaly includes multiple persons with evidence of a common exposure, or
 - anomaly includes illness not normally associated with a particular substance.

These criteria can be modified as needed by AAPCC and CDC and a current list can be found at: <http://www.cdc.gov/nceh/hsb/chemicals/ncrs.htm>.

- *Notification of impacted state(s) and PC(s) of Event*
 - If data from NPDS are determined to indicate an incident of public health significance, CDC will notify the appropriate state health department and PC where the call originated and AAPCC.
 - NCEH/HSB is the CDC organizational unit responsible for the interpretation and communication of information about an event of public health importance detected by NPDS via EpiX, HAN, or other existing communication mechanisms.

Surveillance during a Public Health Emergency

NCEH/Health Studies Branch

- ***Event Identification***
 - A public health emergency can be identified through daily routine surveillance of anomaly reports generated by NPDS (e.g., reports of persons exposed to selenium), identified by state or local public health agencies (e.g., outbreak of salmonella associated peanut butter), or can be a publicly recognized event (e.g., Deepwater Horizon oil spill).

- ***Data Use***
 - During an emergency CDC will use NPDS for case-finding and/or for situational awareness.
 - HSB epidemiologists in consultation with the AAPCC toxicosurveillance team may examine the data regarding each potential case identified using this definition and will determine whether or not the potential case is a false positive or is a potential case.
 - If necessary, the toxicosurveillance team will contact the PCC reporting the exposure to obtain the detailed report about the initial call.
 - HSB scientists compile a line list of NPDS data based on their or the toxicosurveillance team query of PCC data or who may have been exposed in a given event.

- ***Sharing Information***
 - Health Departments and Other Federal Agencies**
 - CDC will notify AAPCC when it has been asked to coordinate surveillance across jurisdictions (e.g., during a large, multi-jurisdictional event).
 - CDC may share information about potential cases (e.g., type of exposure, source of exposure, extent of exposure to date, signs and symptoms) to the appropriate state, local, tribal, territorial public health departments and to other federal agencies.
 - AAPCC will follow its policy and guidelines for emergent surveillance data release related to known or suspected public health threats.
 - Personal identifying information about the potential case, such as name, address, and phone number, is not shared through NPDS with CDC. Identifying information is only available at the regional PCC, which could share it with state and local public health officials as necessary for public health follow up.

General Public

- HSB and AAPCC may develop informational materials for the public (e.g., press releases) advising people on what actions to take (e.g., to contact their local HD or regional PCC) if they think they may have been exposed or if they need information regarding the exposure and its potential health effects. These efforts increase capacity for potential case finding using NPDS.

Medical Community

- HSB and AAPCC will develop communications for the medical community to place clinicians on alert for patients displaying symptoms consistent with the exposure, as well as to remind them that the PCCs are an excellent resource for information regarding the management of exposed patients.

Table 1. Description of case-based definitions NCEH/HSB uses to identify persons with potentially high priority exposures in NPDS.

Cholinesterase Inhibitors (AAPCC Def 411)

<CT|Exposure|0> AND <PS|Human|1> AND (<CE|Excess secretions|408> OR <CE|Diaphoresis|406> OR <CE|Lacrimation|375>) AND (<CE|Diarrhea|327> OR <CE|Fecal incontinence|331>)

Smallpox (AAPCC Def 413)

<CT|Exposure|0> AND <PS|Human|1> AND (<PC|SMALLPOX|5780542> OR <GC|Other Biological Weapons|0201060>)

Ricin-Toxalbumins (AAPCC Def 892)

<CT|Exposure|0> AND <PS|Human|1> AND <GC|Plants: Toxalbumins|0095000> AND NOT (<MO|No effect|0> OR <MO|Not followed, judged as nontoxic exposure (clinical effects not expected)|5> OR <MO|Not followed, minimal clinical effects possible (no more than minor effect possible)|6> OR <MO|Unrelated effect, the exposure was probably not responsible for the effect(s)|8>) AND NOT <PC|Robinia pseudoacacia (Botanic name)|2278285>

Cyanide Syndromic (AAPCC Def 416)

<CT|Exposure|0> AND <PS|Human|1> AND (<CE|Agitated/irritable|348> OR <CE|Coma|350> OR <CE|Confusion|351> OR <CE|Drowsiness/lethargy|354>) AND <CE|Acidosis|400> AND NOT <ER|Suspected suicide|9> AND NOT <GC|Ethylene glycol|0051260> AND NOT <GC|Ethylene glycol|0051221> AND NOT <GC|Methanol|0031281> AND NOT <GC|Methanol|0031220> AND NOT <GC|Methanol|0031140> AND NOT <GC|Methanol|0031280> AND NOT <GC|Adult formulation|0041701> AND NOT <GC|Pediatric formulation|0041703> AND NOT <GC|Unknown formulation|0041000> AND <CE|Hypotension|306> AND NOT <GC|Lithium|0265233> AND NOT <GC|Lithium|0101000> OR <GC|Cyanide|0012000> OR <GC|Cyanide|0012563> AND NOT <CT|Drug information|1> AND NOT <CT|Poison information|6> AND NOT <CT|Environmental information|3> AND NOT <GC|Pediatric formulation|0072707> AND NOT <GC|Adult formulation|0072705> AND NOT <GC|Unknown formulation|0072000>

Paralytic Shellfish Poisoning (AAPCC Def 426)

<GC|Paralytic shellfish|0252000> AND <CT|Exposure|0> AND <ET|Ingestion|70>

Ciguatera (AAPCC Def 427)

<GC|Ciguatera|0256000> AND <CT|Exposure|0> AND <PS|Human|1>

Puffer Fish (AAPCC Def 428)

<GC|Tetrodotoxin|0261000> AND <CT|Exposure|0> AND <PS|Human|1> AND <ET|Ingestion|70> AND NOT <ET|Bite/sting|75> AND NOT <PC|Salamanders|3685918>

Botulism (AAPCC Def 971)

<CT|Exposure|0> AND <PS|Human|1> AND NOT (<MO|Confirmed nonexposure|9> OR <MO|No effect|0> OR <MO|Not followed, judged as nontoxic exposure (clinical effects not expected)|5> OR <MO|Unrelated effect, the exposure was probably not responsible for the effect(s)|8>) AND (<PC|Botulism (Biological warfare agent)|4357491> OR <PC|BOTULISM|2279655> OR

<GC|Botulism|0127000>) AND ((<CE|Blurred vision|371> OR <CE|Photophobia|507> OR <CE|Visual defect|381> AND NOT <CE|Ocular - Irritation/pain|374>) OR (<CE|Dysphagia|328> OR <CE|Muscle weakness|361> OR <CE|Paralysis|362>))

Arsenic Syndromic (AAPCC Def 1018)

<CT|Exposure|0> AND <PS|Human|1> AND (((<GC|Arsenic Pesticides|0004562> OR <GC|Arsenic (Excluding Pesticides)|0004000>)) OR ((<CE|Muscle weakness|361> OR <CE|Hypotension|306>) AND <CE|Abdominal Pain|323> AND <CE|Diarrhea|327> AND (<CE|Nausea|334> OR <CE|Vomiting|338>))) AND NOT (<ET|Dermal|74> OR <ER|Other - Malicious|14> OR <ER|Unknown reason|18> OR <MO|No effect|0> OR <MO|Not followed, judged as nontoxic exposure (clinical effects not expected)|5> OR <MO|Not followed, minimal clinical effects possible (no more than minor effect possible)|6> OR <MO|Unrelated effect, the exposure was probably not responsible for the effect(s)|8> OR <MO|Minor effect|1> OR <PC|Grant's Ant Control|2409609> OR <PC|Grant's Ant Control|6779073> OR <PC|Grant's Kills Ants - Ant Control Stakes|2409749>)

Radiation (AAPCC Def 1268)

(<PS|Human|1> AND <CT|Exposure|0>) AND ((<GC|Alpha Radiation|0200649> OR <GC|Beta Radiation|0200650> OR <GC|Gamma Radiation|0200651> OR <GC|Neutron Radiation|0200652> OR <GC|X-ray Radiation|0200648> OR <GC|Specific Nonpharmaceutical Radionuclides|0200653> OR <GC|Specific Pharmaceutical Radionuclides|0077591> OR <GC|Ionizing Radiation: Type Unknown|0200656>) AND NOT (<GC|Radon|0200654> OR <GC|Non-ionizing Radiation: Type Unknown|0200655> OR <ER|Unintentional - Bite / sting|6> OR <ER|Adverse reaction - Drug|15> OR <PC|Smoke detectors|2757685> OR <CT|Caller Referred|12> OR <PC|NONIONIZING RADIATION|5320546>))

Weapons of Mass Destruction (AAPCC Def 1288)

(<CT|Exposure|0> AND <PS|Human|1>) AND (<GC|Anthrax|0201059> OR <GC|Nerve Gases|0201061> OR <GC|Other Biological Weapons|0201060> OR <GC|Other Chemical Weapons|0201062> OR <GC|Other Nuclear Weapons|0200640> OR <GC|Other Radiological Weapons|0200639> OR <GC|Other Suspicious Substances (Non-Powder)|0201134>) AND NOT (<MO|No effect|0> OR <MO|Unrelated effect, the exposure was probably not responsible for the effect(s)|8> OR <MO|Not followed, minimal clinical effects possible (no more than minor effect possible)|6> OR <MO|Unable to follow, judged as a potentially toxic exposure|7> OR <PC|Unknown Substance (Non-Powder)|7354733>) AND NOT (<ER|Unintentional - Occupational|3> OR <PC|Ebola Virus|6963684> OR <PC|FILOVIRUS INFECTIONS|5731686>)

