



Dr. Knut Erik Hovda

Dr. Hovda is a clinical consultant and a senior physician at the Norwegian CBRNE Centre of Medicine and Department of Acute Medicine, Oslo University Hospital, Norway. He is also a clinical consultant for the National Poison Control Centre. He has a PhD in Clinical Toxicology, and a particular interest in toxic alcohols, intensive care toxicology, acid-base disturbances, epidemiology and toxicology in the developing world. For the last few years, he has been working as an expat with Doctors without Borders (Médecins sans Frontières/MSF) aiming at building an international capacity for methanol poisonings in the developing world through The Methanol Poisoning Initiative (MPI). He has also had a focus on innovation (e.g. a formate dip-stick for a bedside diagnosis of methanol poisoning, and patient isolation unit for highly infectious diseases (<http://epiguard.com>)).

International Efforts to Prevent and Handle Methanol Poisoning Outbreaks

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Outbreaks of methanol poisoning occur frequently on a global basis, with the majority of the cases seen in the low- and middle-income countries. While the vast majority of the outbreaks are only reported in the news, the number of medical reports is also increasing. The size of the incidents varies greatly, from just a few cases to hundreds at a time or more(1). While the mechanisms of toxicology are well studied and uniform regardless of geography, there is a great variety of handling strategies: If strategies for handling is present at all, they vary with availability of diagnostics and treatment facilities, culture, religion and priorities: The typical methanol poisoned patient is frequently in a lower social class, and since the nature of the poisoning usually is self-inflicted, they are often marginalized as a group.

These are all challenges that are difficult to handle on a local level, making international efforts highly important: Individuals and private organizations are working to spread information through community, and (social) media. NGOs like Médecins sans Frontières (MSF/Doctors without Borders) and the World Health Organization (WHO) are increasingly collaborating with governmental organizations to make a systematic approach to the problem. A recent example is a project in Cambodia where the country managed to develop novel treatment protocols from scratch within months from start-up. This was made possible through a close collaboration between Ministry of Health/Centre for disease Control (CDC) Cambodia, WHO and MSF. This stands as a model for other countries in how cross-border collaboration can be of mutual benefit.